

NEW YORK STATE DEPARTMENT OF HEALTH

A Request for Proposal for

Maternal and Infant Health Center of Excellence

Center for Community Health
Division of Family Health
Bureau of Maternal and Child Health

RFP No. 15318

Schedule of Key Events

RFP Release Date	February 11, 2014
Written Questions Due	March 7, 2014
Letter of Intent to Bid (optional)	March 7, 2014
Registration for Non-Mandatory Bidder's Conference Due	March 7, 2014
Bidder's Conference	March 14, 2014
Response to Written Questions and Questions Received at Bidder's Conference	On or about March 25, 2014
Proposal Due Date and Time	April 18, 2014 5:00 PM ET

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Contacts Pursuant to State Finance Law § 139-j and 139-k

DESIGNATED CONTACTS:

Pursuant to State Finance Law §§ 139-j and 139-k, the NYSDOH identifies the following designated contacts to whom all communications attempting to influence this procurement must be made:

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Permissible Subject Matter Contacts:

Pursuant to State Finance Law § 139-j(3)(a), the NYSDOH also identifies the following allowable contacts for communications related to the following subjects:

1. Submission of written proposals or bids, via surface mail only:
2. Submission of Questions via surface mail or e-mail:
3. Debriefings
4. Negotiation of Contract Terms after Award:

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For further information regarding these statutory provisions, see the Lobbying Statute Summary in Section VI, 12 of this solicitation.

I. INTRODUCTION

The New York State Department of Health (NYSDOH), as the lead State agency for maternal and child health programs, is issuing this Request for Proposals (RFP) to identify a contractor(s) to serve as the Maternal and Infant Health Center of Excellence (COE) to support the NYSDOH's efforts to promote a standard of excellence among programs funded statewide through the Maternal and Infant Health Initiative (MIHI). The MIHI includes two programs: the Maternal and Infant Community Health Collaboratives (MICHC) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. These programs work to improve maternal and infant health outcomes for high-need, Medicaid-eligible women and families in targeted communities and to reduce racial, ethnic, and economic disparities in those outcomes. This RFP is a companion to the Request for Applications (RFA) that was issued to solicit the MIHI grantees. The selected COE will support MIHI grantees' efforts to implement evidence-based and/or best practice strategies across the reproductive life course and evaluate program implementation and outcomes.

This COE RFP consists of two parts. Part 1: Training, Technical Assistance and Evaluation is the provision of training, technical assistance and expertise to the NYSDOH and MICHC and MIECHV grantees on the development, dissemination, and implementation of evidence-based strategies to improve maternal and infant health outcomes and will support evaluation activities through data collection and analysis, and Part 2: Development, Maintenance and Management of a Data Management Information System is designing, implementing and managing a Web-based information system for collecting and analyzing client-level and program-level data from MIHI grantees. **Bidders may submit proposals for Part 1, Part 2 or both parts of this RFP. Bidders are encouraged to submit proposals to address both Parts, and may fulfill Part 2 requirements through a sub-contractual arrangement. Contractors for Part 1 and Part 2 are expected to work in close collaboration to effectively translate/integrate technical assistance and training activities into data collection, analysis and interpretation. The coordination and collaboration between contractors, which is critical to the effective implementation of this project, could be achieved through a sub-contractual relationship. Administrative efficiencies should be reflected in the cost proposal of a single bidder responding to Parts 1 and 2.**

Up to \$750,000 a year will be awarded to meet all deliverables outlined in Parts 1 and 2 of this RFP. A contract(s) will be awarded for a five year period contingent on satisfactory performance and subject to the availability of continued funding.

II. BACKGROUND

Improving maternal, infant, and child health and reducing health disparities are key priorities for the NYSDOH *Prevention Agenda* and Title V/Maternal Child Health Services Block Grant. Of great concern, key population MCH indicators - including early entry into prenatal care, low birth weight, and maternal mortality - have not improved significantly over the last decade in NYS, and in some instances have worsened. Moreover, there are striking and persistent racial, ethnic, and economic disparities in these measures. Even in measures where trends are improving – such as adolescent pregnancy, preterm birth, and infant mortality rates, there are

significant racial/ethnic and economic disparities. A recent focused review of 2009 Medicaid prenatal care records conducted for Office of Health Insurance Programs by the Island Peer Review Organization highlights a number of areas where additional effort is needed to improve the delivery and coordination of health care and related supportive services for high-risk pregnant and postpartum women in accordance with the current statewide Medicaid prenatal care standards.

The NYSDOH was designated by the Governor as the state lead agency responsible for administering the home visiting funds authorized by the Patient Protection and Affordable Care Act in 2010. The MIECHV initiative provides funds for the establishment, expansion, and/or enhancement of evidence-based home visiting services. Home visiting models deemed evidence-based were identified by the U.S. Department of Health and Human Services' Administration for Children and Families (ACF) review of home visiting evidence conducted by Mathematica Policy Research.¹

In response to the need to further develop the evidence base for intervention strategies and to address maternal and infant health outcomes in NYS, the NYSDOH has developed the **Maternal and Infant Health Initiative (MIHI)**. The MIHI consists of two components: the Maternal and Infant Community Health Collaboratives (MICHC) and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. MIHI funding has been distributed through a companion competitive Request for Applications (RFA), which outlines in specific detail the framework, goals, and expectations of the MIHI grantees, that the successful bidder on this RFP will be supporting. The RFA in its entirety can be accessed on the NYSDOH Website.² The MIHI was developed using a performance management framework, the practice of actively using performance data to improve the public's health.³ The performance management framework centers on a clear and focused aim and the strategic use of performance standards to guide the development and implementation of specific improvement strategies. The specific performance standards for each component of the MIHI are discussed in detail below. MIHI grantees from both components will be asked to show how chosen improvement strategies align with the core set of performance standards and the needs of their communities, and will work with NYSDOH and the COE to develop relevant performance measures to monitor the effectiveness of those strategies. It is expected that grantees will continuously monitor progress in improving defined short- and longer-term outcomes, and refine strategies to improve effectiveness with assistance from the COE.

III. PART 1: TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

Funding through this RFP will be provided to the successful bidder to serve as the MIH COE by providing training, technical assistance, evaluation, and expertise on maternal and infant health to grantees of the two components of the MIHI, described below as a reference. The MIHI grantees have been chosen through the companion MIHI RFA described above.

¹ Home Visiting Evidence of Effectiveness (HomVEE) Web site: <http://homvee.acf.hhs.gov/>

² A detailed description of the MIHI is available in the Maternal and Infant Health Initiative Request for Applications at: <http://www.health.ny.gov/funding/rfa/1207271237/index.htm>

³ Turning Point Performance Management Collaborative, <http://www.turningpointprogram.org/Pages/perfmgt.html> last accessed April 9, 2012.

- Through the MIHI RFA, **Maternal and Infant Community Health Collaboratives (MICHC)** has funded 24 grantees to support implementation and coordination of evidence-based and/or best practice, collaborative strategies designed to achieve a set of performance standards that include:
 - High-need women and infants are enrolled in health insurance;
 - High-need women and infants are engaged in primary and specialty health care services appropriate to their needs;
 - The medical, behavioral and psychosocial risk factors of high-need women and infants are identified and addressed through timely and coordinated counseling, management, referral and follow-up; and
 - Within the community there are supports and opportunities in place that help high-need women to be engaged in and maintain healthy behaviors and reduce or eliminate risky behaviors.

The MICHC initiative integrates and replaces the NYSDOH’s current community-based maternal and infant health programs - including the Comprehensive Prenatal – Perinatal Services Networks, the Community Health Worker Program, and the Healthy Mom – Health Baby Prenatal and Postpartum Home Visiting initiative - to develop multi-dimensional community-wide systems of integrated and coordinated community health programs and services to improve maternal and infant health outcomes. **Figure 1** presents a summary overview of the conceptual framework for the MICHC initiative. All MICHC grantees are expected to address maternal and infant health behaviors, supports, and service systems across three key life course stages: **preconception, prenatal/postpartum, and interconception**. All grantees must design strategies tailored to their target communities and their needs at both the **community/organizational level** and at the **individual/family level**. The core individual/family-level strategy required under the MICHC initiative is the use of **community health workers (CHW)** (also known as lay health advisors, natural helpers, indigenous helpers, or *promotoras*). For over two decades, the NYSDOH has administered its Community Health Worker Program (CHWP), which traditionally focused on working with women and infants during the prenatal and postpartum periods; the new MICHC will broaden the scope of the CHWP to include ongoing support during preconception and interconception periods to promote healthy behaviors, including initial and continuous engagement with health and community services, for high-need women of reproductive age. MICHC grantees are also expected to focus on **collaboration** with other community partners to be able to implement strategies tailored to their target population at **multiple ecological levels** (individual, family, organizational, community, and societal). Assessing the impacts of these strategies across multiple ecological levels and multiple life course stages will be a priority of the MIHI.

In collaboration with NYSDOH and the COE, MICHC grantees will develop a core set of performance measures in Year 1 to assess levels of progress towards the defined set of performance standards for the MICHC programs. This will include the identification of the data sources needed for each performance measure; the development of a tool to be used to capture data to measure and assess the level of community collaboration in the MICHC initiative; and the development of a template for an annual needs assessment that demonstrates targeted community-level, regional, and statewide needs and strengths related to each MICHC performance standard.

Figure 1: Component A: Maternal and Infant Community Health Collaboratives (MICHC)



- The **Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program** funds 10 sites to support expansion, enhancement and/or establishment of specific evidence-based home visiting programs that have been shown to positively impact maternal health, infant and child health, and child maltreatment outcomes (as identified in the ACF/Mathematica review described above). In NYS, the two evidence-based home visiting models currently available for grantees to select are Nurse Family Partnership (NFP) and Healthy Families New York (HFNY). Beginning in 2010, two NFP and four HFNY sites were funded by MIECHV in NYS. Through the recent MIHI RFA, an additional three NFP sites and one HFNY site were funded. This component of the MIHI serves to implement New York State's MIECHV federal grant funding and approved MIECHV State Plan. These grantees will be required to implement local home visiting programs with fidelity to the selected evidence-based model (NFP or HFNY), and to coordinate with other community providers, including MICHHC grantees, to assure that home visiting services are coordinated with, and embedded within, larger community maternal, infant, and child health systems. MIECHV grantees are also required to collect and submit data pertaining to the federally-mandated benchmarks that must be submitted to the Health Resources and Services Administration (HRSA) for reporting purposes (see Attachment 1 for MIECHV data reporting requirements). Currently, each home visiting program submits data to their respective Web-based management information systems —NFP sites submit data through *Efforts to Outcomes* to the NFP National Service Office (NFP-NSO) and HFNY sites submit data through a Web-based system to the Center for Human Services Research at the University at Albany, State University of New York, on behalf of the NYS Office of Children and Family Services. The COE will receive quarterly data submissions from each program's MIS as .csv or .xls files for processing MIECHV benchmark reports and general evaluation activities. MIECHV grantees are also expected to achieve a set of performance standards established by the MIHI RFA, including:
 - Home visitors are recruited, trained and deployed consistent with model-specific requirements;
 - High-need families are identified, screened for eligibility and enrolled in evidence-based home visiting program services;
 - Home visiting services are provided to enrolled clients with fidelity to the evidence-based program model selected;
 - Measurable improvements across key benchmark areas (Attachment 1) will be achieved for families participating in home visiting services; and
 - Home visiting programs will be coordinated and integrated with larger community maternal, infant and early childhood service systems.

The COE will work with NYSDOH, MIECHV grantees, and national home visiting model developers to develop a core set of performance measures to assess levels of progress towards the performance standards listed above.

The COE will have a central role in the development and dissemination of information on evidence-based or best practice strategies, while also supporting the coordination of other existing key resources and organizations, including the local MICHHC and MIECHV grantees, each grantee's local coalition, national home visiting program developers, and state and local

program administrators. The COE will coordinate and facilitate the development, dissemination and implementation of evidence-based and promising practices through training, technical assistance, research-to-practice information and resources, and evaluation – thereby integrating support for the MICHC and MIECHV initiatives within a broader focus on maternal and infant health interventions and outcomes (Figure 2). This COE is expected to help support further integration of home visiting and other strategies within maternal, infant, and child health programs and systems, and support the coordination of evaluation activities, data management, and data reporting.

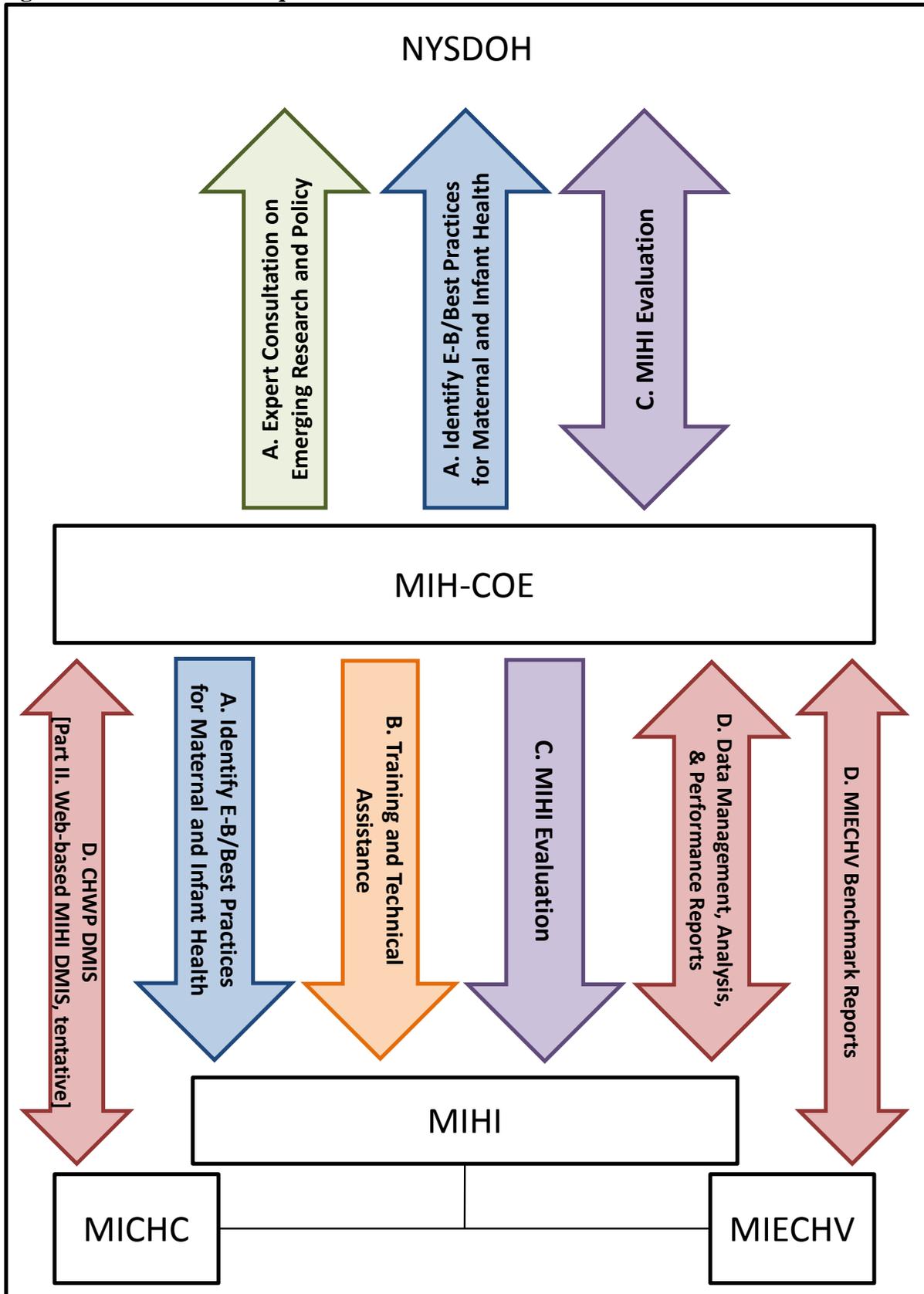
1. SCOPE OF WORK

A. *Identification of evidence-based/best practice strategies relevant to improving maternal and infant health outcomes.* The NYS *Prevention Agenda* was recently updated for 2013-2017, establishing the goals and data indicators for the State’s identified health priorities, and identifying interventions shown to be effective to reach each goal. This resource will serve as a guide to local health departments and other agencies and organizations throughout the state and from a variety of levels of influence to assist their work in improving the health and quality of life of all New Yorkers. The MIHI grantees will also be included as key partners in supporting the local implementation of the *Prevention Agenda*. The COE will continue to research the literature for evidence-based or promising practices/ interventions that will effectively contribute to the evidence or theory base for activities that improve maternal and infant health outcomes, building upon the work developed by the *Prevention Agenda* stakeholders. This literature review will support the discontinuation of practices that are deemed not to be effective, and the COE will be expected to support MIHI grantees in adjusting their strategies based on the results of this research. Through this research and through collaboration and evaluation with the MIHI grantees, the COE will have a central role in the development and dissemination of information on evidence-based or best practice strategies.

To facilitate the dissemination of resources, trainings, and webinars, the COE will be expected to develop and maintain a Web site that meets accessibility standards developed by the Federal government in compliance with Section 508 of the Rehabilitation Act of 1973, as amended 29 U.S.C. § 794 (d). Please see Section VI, 13, for additional information on this requirement.

The COE will also provide expert consultation regarding emerging research, policy, and program needs related to maternal, infant, and child health and other priority areas as they relate to maternal, infant and child health (e.g., domestic violence, mental health, substance abuse). This support will be provided to the NYSDOH and its grantees through written reports, oral presentations, face-to-face meetings, conference calls, and custom research.

Figure 2: The roles and requirements of the COE in the MIHI



- B. *Training and technical assistance for the MICHC and MIECHV initiatives.* The COE will coordinate site-specific as well as system-wide shared and contractor specific training, technical assistance, and research-to-practice information and resources. In this capacity, the COE will serve a key coordinating function between local maternal and infant health promotion agencies, local home visiting programs, state agencies, national home visiting program developers and other state and local partner organizations. The COE will supplement and help coordinate training and technical assistance activities provided by the administering bodies of NFP and HFNY to NYSDOH funded partners, to ensure required goals and objectives of MIECHV are satisfied.

The COE will develop and provide training for paraprofessional CHWs to support their roles in the MICHC initiative. This will include Web-based introductory training for new CHWs on topics to be developed jointly with the NYSDOH. Additional in-person trainings for enhanced topics and skills building will be provided regionally. Further, the COE will work with the NYSDOH and other state agencies to identify gaps in training. The NYSDOH and COE will work with each home visiting program to integrate a plan for supplemental training that assures access to and ongoing tracking and monitoring of training activities. The NYSDOH will work with its State agency partners and the COE to ensure knowledge-based training of home visitors, and to promote screening and referrals of clients related to domestic violence, substance use, child maltreatment, and maternal depression. The COE will provide additional coordination through the identification and dissemination of best practices, and provide training and technical assistance to local programs and state program administrators.

- C. *Evaluation of the Maternal and Infant Health Initiative.* The COE will assist NYSDOH in developing a comprehensive evaluation plan for the MICHC and MIECHV programs. The new COE will provide evaluation of the MIHI, coordinating with MICHC and MIECHV programs, including national home visiting model developers and state and local program administrators. The COE will develop and implement an evaluation of the MICHC initiative, including assessment of the implementation and effectiveness/ impact of specific required strategies on performance standards and associated performance measures, utilizing program data and client-level data submitted by MICHC grantees. Similarly, the COE will develop and implement an evaluation plan of the MIECHV initiative, monitoring grantees' progress towards achieving the MIECHV performance standards and federally-mandated MIECHV benchmarks, utilizing data submitted by each model developer from their respective data systems (NFP and HFNY) and program data submitted by each funded site. The COE will also prepare reports, monitor fidelity in the implementation of the chosen models, and support continuous quality improvement activities. Specific activities include:
- A review of the literature on performance management, as it relates to maternal and child health, to identify best practices and strategies to improve program performance and client-level outcomes;
 - Working with NYSDOH staff to design and implement a comprehensive evaluation plan of the MIHI;
 - Development of a core set of performance measures to assess levels of progress towards the defined set of performance standards for the MICHC and MIECHV programs (listed

in Section III of this RFP), and identify the data sources needed for each performance measure (e.g., program data, administrative data);

- Development of a tool to be used by each grantee to capture data to measure and assess the level of community collaboration in the MICHC initiative;
- Development of a template for an annual needs assessment that demonstrates targeted community-level, regional, and statewide needs and strengths related to each MICHC performance standard; and
- Supporting continuous quality improvement (CQI) activities as required by the MIECHV grant, including updating and implementing an existing CQI plan (Attachment 2) and assisting MIECHV grantees with developing and implementing improvement strategies.

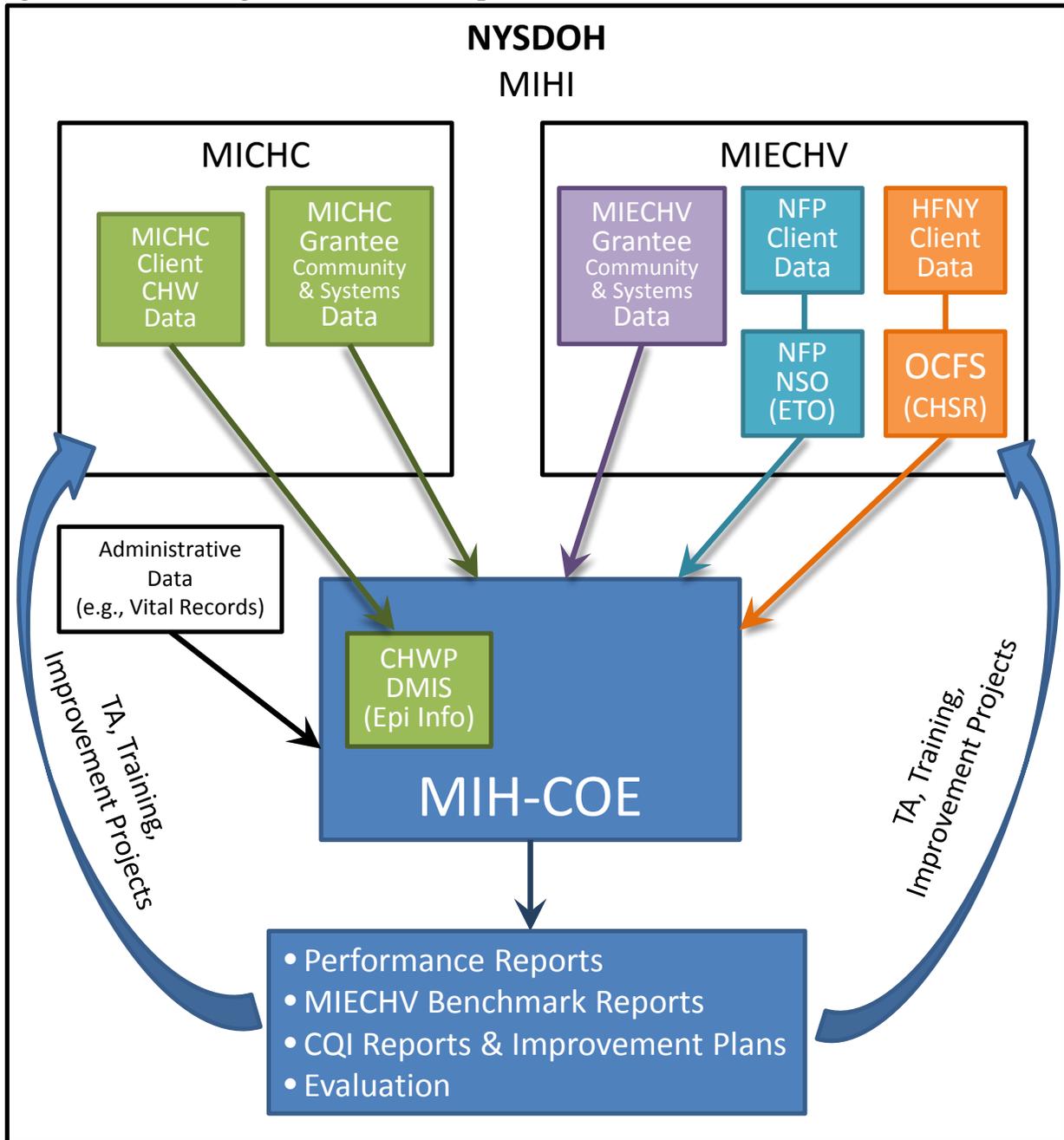
D. *Management of data collection and analysis.* The COE will be responsible for managing and maintaining the data collection necessary to support the evaluation of the MICHC and MIECHV initiatives and the mandated federal reporting for the MIECHV initiative. The COE will also assume responsibility for the operation of the current CHW Data Management Information System (DMIS). Figure 3 provides a graphic representation of the COE's data management role in the MIHI under Part 1 of this RFP.

MICHC Initiative

For the MICHC initiative, data for assessing strategies at multiple ecological levels will be collected—including program-level data and client-level CHW encounter data. The MICHC data will be one of the sources for performance measures, which are to be developed in Year 1, to monitor and assess MICHC grantee activities and progress towards achieving the performance standards. The COE will be expected to assist NYSDOH with planning and developing the performance measures and to coordinate data collection. This will include:

- Collecting program-level and client-level performance measure data from grantees or compiling relevant performance measure data from administrative sources (e.g. Vital Records). If Part 2 of this RFP is funded, it is required that performance measure data will be incorporated into the resulting Web application;
- Generating quarterly performance reports for each grantee to monitor their progress towards achieving the performance standards. If Part 2 of this RFP is funded, it is required that these quarterly reports will be incorporated into the resulting Web application;
- Assuming responsibility for management of the current CHW DMIS and for recommending revisions to the system to reflect the expanded scope of CHWs under the MICHC initiative (i.e., encounters beyond perinatal home visits). Currently, the CHW DMIS is based on the Centers for Disease Control and Prevention's (CDC's) Epi Info software and is PC-based (i.e., it is installed and run locally by CHWPs). Detailed information about the current CHW DMIS is contained in Attachment 3. Under Part 2 of this RFP, the client-level data system, which captures CHW encounter-specific information, will be transitioned to a Web-based data collection and reporting system, to be developed, implemented, managed, and maintained by the bidder to be funded under Part 2 of this RFP; and
- Providing training and technical assistance to grantees newly implementing the CHW DMIS.

Figure 3: Data management roles and requirements of the COE under Part 1 of this RFP



Data Systems:
 CHWP DMIS: Community Health Worker Program Data Management Information System
 ETO: Efforts to Outcomes
 CHSR: Center for Human Services Research (Manages HFNY DMIS)

Home Visiting Model Developers:
 NFP NSO: Nurse-Family Partnership National Service Organization
 HFNY: Healthy Families New York
 OCFS: NYS Office of Children and Family Services

MIECHV Initiative

For the MIECHV component, the COE will assist NYSDOH in compiling client- and program-level data collected and submitted by the two evidence-based programs (NFP and HFNY) to monitor progress towards achieving the performance standards and for reporting on the federal MIECHV benchmarks and demographic and service utilization data (See Attachment 1 for the MIECHV benchmark data collection plan and MIECHV data reporting forms required by HRSA). This will include the following:

- Each home visiting program submits data to their respective MIS; the COE will receive quarterly data submissions from each program's MIS as .csv or .xls files, which will be compiled and processed to generate annual reports of aggregate data;
- Coordinating the submission of administrative data from other state agencies, as required by some MIECHV data constructs per the approved MIECHV benchmark data collection plan and quarterly performance reports to MIECHV grantees;
- Supporting and coordinating MIECHV grantees in the collection of data necessary for the performance measures, to be developed, and compiling program data as necessary;
- Generating quarterly performance reports for each grantee to monitor their progress towards achieving the performance standards. If Part 2 of this RFP is funded, it is expected that these quarterly reports will be incorporated into the resulting Web application;
- Working with NFP and HFNY programs and model developers to bridge data collection and standardized measures across the two programs, to facilitate the development of any new measures or data collection tools as needed to meet federal MIECHV requirements, and to coordinate reporting for the MIECHV initiative. The enhancements will be made in conjunction with the model developers and the state agency responsible for implementation of the MIECHV model; and,
- Supporting continuous quality improvement (CQI) activities as required by the MIECHV grant, including updating and implementing an existing CQI plan (Attachment 2) and assisting MIECHV grantees with developing improvement strategies.

E. *Support for data analysis and surveillance.* The COE will provide additional data analysis and surveillance support to the NYSDOH through the recruitment of a research associate (1.0 FTE), to function as a liaison between the COE, NYSDOH and the Part 2 contractor (if Part 2 is awarded and the Part 2 contractor is different from the Part 1 contractor), providing support related to the implementation of the deliverables outlined in this RFP. This staff person will be required to access confidential data on-site and will be required to be in Albany approximately 1-2 days per week to accomplish this task. The staff person will participate in additional weekly conference calls and meetings, and closely collaborate with NYSDOH staff and the Part 2 contractor. Examples of projects in which the research associate will participate include:

- The linkage of MIHI data with other NYSDOH data sets (Vital Records, SPARCS) to assess the effectiveness of MIHI in improving maternal and infant outcomes, including preterm birth, infant mortality, low birth weight, and maternal mortality;
- Updating the Needs Assessment data on which the Updated State Plan for MIECHV is based, including maternal, infant and child health, child maltreatment, substance abuse, crime, and poverty indicators;

- Analysis of birth and hospital discharge data to examine regional trends in birth outcomes, including analyses to examine the effects of newborn and maternal characteristics on neonatal mortality; and
- Other analysis as determined by the NYSDOH.

2. DETAILED SPECIFICATIONS

A. Eligible Bidders

Minimum Eligibility

Please note: PROPOSALS NOT MEETING THE MINIMUM ELIGIBILITY REQUIREMENTS WILL NOT BE REVIEWED.

The following entities are eligible to apply for funding:

- For-profit or not-for-profit organizations; academic, research, and education institutions/organizations; teaching hospitals/medical centers; local health departments or public/social policy organizations.

Preferred Qualifications

Preference will be given to bidders and/or their subcontractors with:

- At least five years of demonstrated knowledge and expertise in the development of resources, services and evaluation related to maternal, infant and child health topics, with an emphasis on maternal, infant and early childhood home visiting and community-based programming;
- Documentation of the organizational capacity, knowledge, and expertise to perform all the tasks necessary to identify and support the implementation of evidence-based/promising strategies of relevance to a specific public health issue;
- The organizational capacity, experience, and expertise to perform all the tasks necessary for the management and maintenance of a management information system as specified in this RFP;
- Demonstrated experience working in collaborative partnerships with other entities to implement public health initiatives, including utilizing information systems to monitor and improve outcomes; and
- Expertise addressing health disparities and working with culturally or ethnically diverse groups.

The bidder shall identify one lead organization; however subcontracting is allowed with approval of the NYSDOH.

B. Performance Requirements

The NYSDOH will award a contract through this RFP to an organization to provide training, technical assistance and resources for 24 MICHC and 10 MIECHV evidence-based home visiting programs on multiple maternal, infant, and child health related topics through the development

and implementation of improvement strategies and services that achieve intended performance standards. The bidder must perform the following specific contract requirements to the satisfaction of the NYSDOH:

Resource for Evidence-based and Best Practice Strategies

- i. Serve as a clearinghouse and resource for the most current, research-based best practices in maternal, infant, and child health, and community based interventions to improve outcomes in these areas. Build upon the previous work and research compiled in the *NYS Prevention Agenda* to expand the resources available to agencies and organizations working to improve maternal, infant, and child health. Disseminate this information to NYSDOH and funded maternal and infant health programs, and others interested in these content areas through the development of a Web site and other methods targeted to community-based program staff, and other interested parties. This should include pertinent resources that are disseminated to programs and the NYSDOH annually, as well as archived webinars referenced below.
- ii. Develop and maintain a Web site for professionals and other interested parties to include resources, best practices and relevant research. This should include six original reports or publications each year.
- iii. Provide expert consultation to NYSDOH on emerging policy and program needs related to maternal, infant, and child health and other priority areas (e.g., domestic violence, mental health, substance abuse, preconception/ interconception health as they relate to maternal and child health).

Training and Technical Assistance

- iv. Provide training, technical assistance and resources for 24 MICHC and 10 MIECHV evidence based home visiting programs on multiple maternal, infant, and child health related topics through the development and implementation of program strategies and services that achieve intended outcomes. This will include trainings on topics to enhance implementation of MIECHV evidence-based models, such as mental health, substance abuse and domestic violence issues, as they relate to maternal and child health. Training should include four in-person trainings in each of the four NYS regions (Buffalo, Syracuse, Albany and New York City [NYC]) for a total of 16 in-person trainings annually, and eight webinars, annually. Training should also be provided on maternal, infant and child health, and community coordination and development topics using printed materials and via Web site. All training topics will be as agreed upon by NYSDOH. Training should also be provided through written documents on maternal, infant and child health, and community coordination and development topics and via Web site.
- v. Provide training for 24 MICHC on selecting and implementing evidence-based/promising strategies and adapting these strategies to specific communities and target populations, if needed. Develop materials on five training topics related to implementing evidence-based/promising strategies and provide six trainings annually for 24 MICHC on the implementation of evidence-based/promising strategies. Training can be in-person, via webinars or conference calls.
- vi. Within the first nine months of the project, develop Web-based introductory training for paraprofessional CHWs on topics to be developed jointly with the NYSDOH. This

- training should include post-tests to demonstrate comprehension and competency with materials presented and should provide a certification of completion. This training will be updated annually in Years 2 to 5 based on results and feedback.
- vii. Provide annual in-person trainings for the duration of the contract on enhanced topics and skills building in each of four NYS regions (Buffalo, Syracuse, Albany and NYC) for approximately 150 CHWs and for a total of four trainings annually. Knowledge-based trainings should be added to the Web-based training described above. It is the contractor's responsibility to pay for all expenses, such as room rental and other materials, needed to accomplish the trainings.
 - viii. Provide technical assistance to 24 MICHC and approximately 10 MIECHV providers through a dedicated e-mail address and a telephone number that is available during normal business hours, well staffed, and responsive to agency consultation, and on-site as needed.
 - ix. Convene an annual two-day meeting in Albany of NYSDOH-funded maternal and infant programs (approximately 150 participants) on current and emerging topics on maternal, infant, and child health. It is the contractor's responsibility to pay for all expenses needed to accomplish the meeting, such as room rental, lunch, speaker honoraria and travel expenses, and cost of print and other materials. Leading national experts should be included as meeting speakers. The COE will be responsible for completing an evaluation and written summary of the meeting participants.

Evaluation of the Maternal and Infant Health Initiative

- x. Within the first nine months, develop a core set of performance measures to assess levels of progress towards the defined set of performance standards listed in Section III of this RFP for the MICHC (four performance standards) and MIECHV (five performance standards) programs and identify the data sources needed for each performance measure. The performance measures will be developed in consultation with NYSDOH and the funded MICHC and MIECHV projects and will be based on other existing validated measures. In addition to the respective sets of uniform core performance measures for the MICHC and MIECHV initiatives that will be reported by all grantees, other process measures specific to MICHC projects will be collected and monitored.
- xi. Develop and implement an evaluation plan for the MICHC initiative, including assessment of the implementation and effectiveness/ impact of specific required strategies on performance standards and associated performance measures, utilizing program data and CHW client-level data submitted by MICHC grantees.
- xii. Develop and implement an evaluation plan of the MIECHV initiative, monitoring grantees' progress towards achieving the MIECHV performance standards and federally-mandated MIECHV benchmarks, utilizing data submitted by each model developer from their respective data systems (NFP and HFNY).
- xiii. Update and implement an existing CQI plan (Attachment 2) for the MIECHV initiative in consultation with NYSDOH, meeting federal requirements put forth by HRSA, and coordinate the development of improvement projects for MIECHV grantees.
- xiv. Within the first six months, develop a tool for grantees to measure and assess their level of community collaboration for the MICHC initiative. This may be informed by a literature review of similar tools.

- xv. Within the first six months, develop a template for the annual needs assessment to be submitted by MICHC grantees. This template should facilitate reporting of targeted community-level, regional, and statewide needs and strengths related to each MICHC performance standard.

Management of Data Collection and Analysis

- xvi. Coordinate the specific data management and develop evaluation activities required to fulfill the MIECHV grant requirements and for the MIECHV performance measures. In conjunction with NYSDOH, NFP-NSO and the Office of Children and Family Services (as the administrator of Healthy Families New York), the COE will ensure that home visiting programs collect data in each benchmark and construct area for all program participants (Attachment 1). Data will also be collected on participant demographics, including socioeconomic indicators, and service utilization. Fidelity to the evidence-based models implemented, including caseload, home visitor characteristics and supervision, will be monitored. The COE will compile data from each model developer's MIS and prepare all data required to satisfy the benchmark reports for MIECHV. The COE will also coordinate the collection or compilation of data required for the core set of performance measures for MIECHV programs. If Part 2 of this RFP is funded, the data submitted by each MIECHV model will be incorporated into the deduplicated longitudinal data system.
- xvii. Coordinate the collection of performance measure data from MICHC grantees or the compilation of relevant performance measure data from administrative sources as needed. This will include data required from all MICHC grantees for the core set of performance measures, and data for performance measures unique to each MICHC project. If Part 2 of this RFP is funded, it is required that this data collection will be incorporated into the resulting Web application.
- xviii. Generate quarterly Performance Reports based on performance measure data for each grantee to monitor their progress towards achieving the performance standards. If Part 2 of this RFP is funded, it is required that these quarterly reports will be incorporated into the resulting Web application.
- xix. During the first twelve months of the project, assume management of the current CHW DMIS, which is based on Epi Info software, including collecting and processing quarterly data submissions from MICHC program sites and providing technical assistance to new program sites for implementing the use of the Epi Info-based system. The COE will review the current CHW DMIS and generate recommendations for revisions to reflect the expanded scope of CHW activities under the MICHC initiative. The COE will also provide training and technical assistance to grantees newly implementing the CHW DMIS. In the event an award is not made under Part 2 and the web-based CHW DMIS is not developed, the COE will be required to manage the current CHW DMIS for the full five-year term of the contract.

Support for Data Analysis and Surveillance.

- xx. Recruit a qualified research associate to liaise with the COE, NYSDOH and the Part 2 contractor (if Part 2 is awarded and the Part 2 contractor is different from the Part 1 contractor), assisting with data analysis and surveillance projects in close collaboration with the Data Analysis, Research and Surveillance Unit manager, and accessing data on-

site in Albany as appropriate. The COE will define the qualifications and recruit for the research associate, who must be approved by NYSDOH.

C. Implementation and Administration

It is expected that the contract resulting from this RFP will be for the five-year time period July 1, 2014 to June 30, 2019, contingent upon satisfactory performance and subject to the availability of funding. Any contract resulting from this RFP will be effective only upon approval by the New York State Office of the Comptroller.

i. Reporting

The contractor will be required to submit quarterly progress reports along with quarterly vouchers. The progress report needs to detail the contractor's progress with the contract performance requirements detailed in Section III, 2, B. Quarterly progress reports will be due 45 days after the end of the quarter.

ii. Quality Assurance

The contractor shall employ a review method that adheres to robust research standards and is defensible to outside inquiries. The contractor is responsible for reviewing and assuring the accuracy of all work conducted under this contract. Specific quality assurance measures should be detailed in the proposal.

iii. Staffing Requirements

The contractor must assign to the project a full-time project director who will act as the primary contact with the NYSDOH and other key staff, as needed, to meet the performance requirement in this RFP. The project director will have the background and expertise to oversee the requirements of the contract and be available to meet with NYSDOH staff approximately eight times per year in Albany.

Note: The project director or their designee should be accessible full-time by phone or e-mail during NYSDOH business hours. Indicate this position on the organizational chart **and include a current resume if the candidate to fill the position is known. Include resumes for other key project staff.** Provide a job description for this and other key staff positions. This information is not included in the page limit.

The contractor shall ensure that all of the staff assigned to the project have the required knowledge and experience to complete the specifications of the RFP.

3. PROPOSAL REQUIREMENTS

A. Review

The requirements established by this RFP for proposal content and format will be used to evaluate the bidder's proposal. The bidder's compliance with the format prescribed herein as well as the bidder's response to each specific requirement and question stated in this RFP will be considered during the evaluation process. Any and all objections to the requirements in this RFP

should be raised in the Question and Answer phase. Bidders are instructed not to include any assumptions or proposed changes to RFP requirements in their proposal.

Organizations choosing not to bid are requested to fill out and return a No-Bid Form (Attachment 4) to the address listed on the form.

B. Proposal Format

Proposals should provide a concise but complete description of the bidder's ability to meet the requirements of the RFP. Each proposal will include **two distinct sections**, Section 1 – Technical Proposal and Section 2 – Cost Proposal. **No financial bid or pricing information should be included in a bidder's Technical Proposal. Technical and Cost Proposals should be submitted in separate and sealed envelopes and identified with "NYSDOH Maternal and Infant Health Center of Excellence RFP #15318 – Part 1" and the name of the bidder.** Bidders shall submit one original and ten copies of each proposal. The bidder should also submit an electronic copy in a standard searchable PDF format on a closed session CD-R (not CD-RW), with copy/read permissions only.

The 11 hardcopy sets and CD of the technical proposal should be packaged, labeled and sealed separately from the 11 hardcopy sets and CD of the cost proposal. If practical, the separate technical and cost packages should be mailed as one parcel clearly marked as stated above. No electronic or email submissions will be accepted.

Each page of the proposal should be numbered consecutively from the beginning of the proposal through all appendices. Proposal evaluators will not review any material that is submitted above the maximum page limit stated for each section of the proposal.

The bidder's proposal should include a completed Lobbying Form (Attachment 5) and Transmittal Letter (Attachment 6) signed by an official authorized to bind the bidder to the provisions of the RFP. The transmittal letter response should attest that the bidder has a minimum of five years of demonstrated knowledge and expertise in the development of resources and services related to multiple maternal, infant, and child health topics. The transmittal letter should also disclose any business relationships and/or ownership interests that may represent a conflict of interest for the bidder, or state that no conflict of interest relationship exists. In cases where such a relationship exists, the bidder should submit with the transmittal letter a description of how the potential conflict of interest and / or disclosure of confidential information relating to this contract will be avoided.

C. Technical Proposal

Responses should address all Technical Proposal requirements. The Technical Proposal consists of narrative descriptions of how the bidder will manage all aspects of the performance requirements of the contract as expressed in **Section III, 2, B, Performance Requirements of this RFP.**

The technical proposal for Part 1 will not exceed the page limits for each section stated below, for a maximum of 24 pages of text, not including attachments. Proposals may be double-sided, but the total number of pages of text should not exceed page limits stated for each section below. If a section of the proposal exceeds the stated page limit, only the number of pages of text for that section stated below will be reviewed.

- Executive Summary 4 page limit
- Organizational Background and Experience 3 page limit
- Staffing Background and Experience 2 page limit
- Program Implementation and Administration 15 page limit

Each page of the proposal should be numbered consecutively from the beginning of the proposal through all appendices. The narrative should be double-spaced using a minimum 12 point font with minimum one inch margins on all sides on standard white 8 ½ x 11 paper.

Each bidder's Technical Proposal will include separate responses to the following requirements pertaining to format and content for the specific parts of this RFP. Organize the proposal into the sections described below:

i. **Cover Sheet**

The bidder should submit a cover sheet for each Technical Proposal (Attachment 7) signed by an official authorized to bind the bidder to the provisions of the RFP and the bidder's response. All requested information should be supplied on this form. **The cover page will not count toward the page limit.**

ii. **Executive Summary** (Four page limit)

Summarize your proposed program for a COE to provide expertise and technical assistance to community-based maternal and infant health and MIECHV initiatives statewide related to the Performance Requirements outlined in Section III, 2, B of the RFP. Describe the intent of the initiative, the population(s) to be served, the scope of activities, and anticipated outcomes.

iii. **Organizational Background and Experience** (Three page limit)

- Describe the mission and services of your organization, and collaborating organizations (if applicable), as they relate to the goals of this initiative.
- Describe your organization's experience in conducting the systematic review of scientific literature, including experience in moving research based knowledge into practice.
- Describe your organization's knowledge and expertise in the development of resources and services related to multiple maternal, infant, and child health topics, with an emphasis on birth outcomes, mental health, substance abuse, domestic violence, and preconception/ interconception health.
- Describe your organization's knowledge and experience in the implementation and evaluation of evidence-based programs, and the development and evaluation of community-based programs.

- Describe your organization’s capacity, knowledge and expertise to perform all tasks necessary to serve as a COE for NYSDOH funded MICHC and MIECHV programs.
- Describe your organization’s capacity, knowledge and expertise in incorporating the expertise of community leaders, academicians, community-based organizations, the corporate sector, leaders from communities of faith, as well as the racial, ethnic and cultural strengths and qualities of consumers into the services that are delivered.
- Describe your organization’s experience working in collaborative partnerships utilizing information systems to monitor performance and improve outcomes.

iv. **Staffing Background and Experience** (Two page limit)

- Describe the work experience and other relevant background of key individuals who will be assigned to work under the contract resulting from this RFP and provide resumes for key staff as attachments.
- Describe the role, duties, qualifications, and availability of the full-time project director who will act as the primary contact with the NYSDOH and other key staff, as needed, to meet the performance requirements in this RFP.
- Provide a job description for the project director and other key staff positions and the percentage of time for each, presented in the Key MIH COE Staff form in Attachment 8. Provide resumes of key project staff as attachments to the proposal (not included in the page limit).
- Provide an organizational chart that includes the project director as an attachment to the proposal (not included in the page limit).

v. **Program Implementation and Administration** (Fifteen page limit)

The contractor will be responsible for conducting all work necessary to meet the contract performance requirements. In the event an award is made for Part 2, the contractor also will be required to collaborate effectively with the data vendor to ensure that the core set of performance measures and requirements for evaluation of the MIHI are incorporated into the data system design. **Provide a detailed description of the bidder’s proposed plan to perform the contract requirements as specified in Section II, B of the RFP.**

D. Cost Proposal

The bidder should submit a cover sheet for the Cost Proposal (Attachment 9), signed by an official authorized to bind the bidder to the provisions of the RFP and the bidder’s response. The signed cover sheet includes an attestation that the bidder’s Cost Proposal will remain valid for a minimum of 365 days from the RFP proposal due date. All relevant fields should be completed legibly to assure that the evaluation committee can contact the bidder for clarification of bid contents.

The Cost Proposal must include a completed Cost Proposal Bid Detail Sheet (Attachment 10). The Cost Proposal Bid Detail Sheet will contain prices for contract activities listed in this RFP. All costs associated with the contract activities must be included in prices listed on the Cost Proposal Bid Detail Sheet including but not limited to travel, personnel costs (including fringe), overhead, supplies and miscellaneous costs. The contractor will not be reimbursed for any other

expenses incurred above what is listed on the Cost Proposal Bid Detail Sheet. The schedule and terms of payment for deliverables are contained in Attachment 11.

The Cost Proposal Bid Detail Sheet is broken into categories for which the bidder should provide prices. The bidder should consider all costs related to the operation and administration of the Center of Excellence when determining a price. This includes the scope of work outlined in Section III, 2, B Performance Requirements for Part 1.

IV. PART 2: DEVELOPMENT, IMPLEMENTATION AND MAINTENANCE OF THE MIHI DATA MANAGEMENT INFORMATION SYSTEM

Part 2 of this RFP will be implemented at the NYSDOH's discretion subject to the availability of funds. The MIHI Data Management Information System (DMIS) will be the principal source of information for the MIHI, which aims to improve maternal and infant health outcomes for high-need, Medicaid-eligible women and families by implementing evidence-based and/or best practice strategies across the reproductive life course. Twenty four MICHC grantees and 10 MIECHV grantees were funded under this initiative through a companion RFA. The MIHI DMIS will capture both program-level data and client-level data to support evaluation activities for the MIHI, monitor grantee progress towards impacting performance standards, and serve as a client management system to notify community health workers (CHW) of screening, education, and other services that are due. The program-level data will consist of performance measures for monitoring and assessing MIHI grantee activities and progress towards achieving each component's respective performance standards; the COE will assist the NYSDOH with planning and developing these performance measures under Part 1 of this RFP.⁴ The client-level data will capture information related to CHW encounters in a Web-based data collection and reporting system developed, managed, and maintained by the successful bidder for Part 2 of this RFP.

Currently, the data system used by the CHWP is based on the CDC's Epi Info software (see Attachment 3 for the CHWP system guide), which is installed and operated locally on CHWP personal computers; the COE will initially assume responsibility for management of the current

⁴ The four MICHC performance standards include:

- High-need women and infants are enrolled in health insurance.
- High-need women and infants are engaged in primary and specialty health care services appropriate to their needs.
- The medical, behavioral and psychosocial risk factors of high-need women and infants are identified and addressed through timely and coordinated counseling, management, referral and follow-up.
- Within the community there are supports and opportunities in place that help high-need women to be engaged in and maintain healthy behaviors and reduce or eliminate risky behaviors.

The five MIECHV performance standards include:

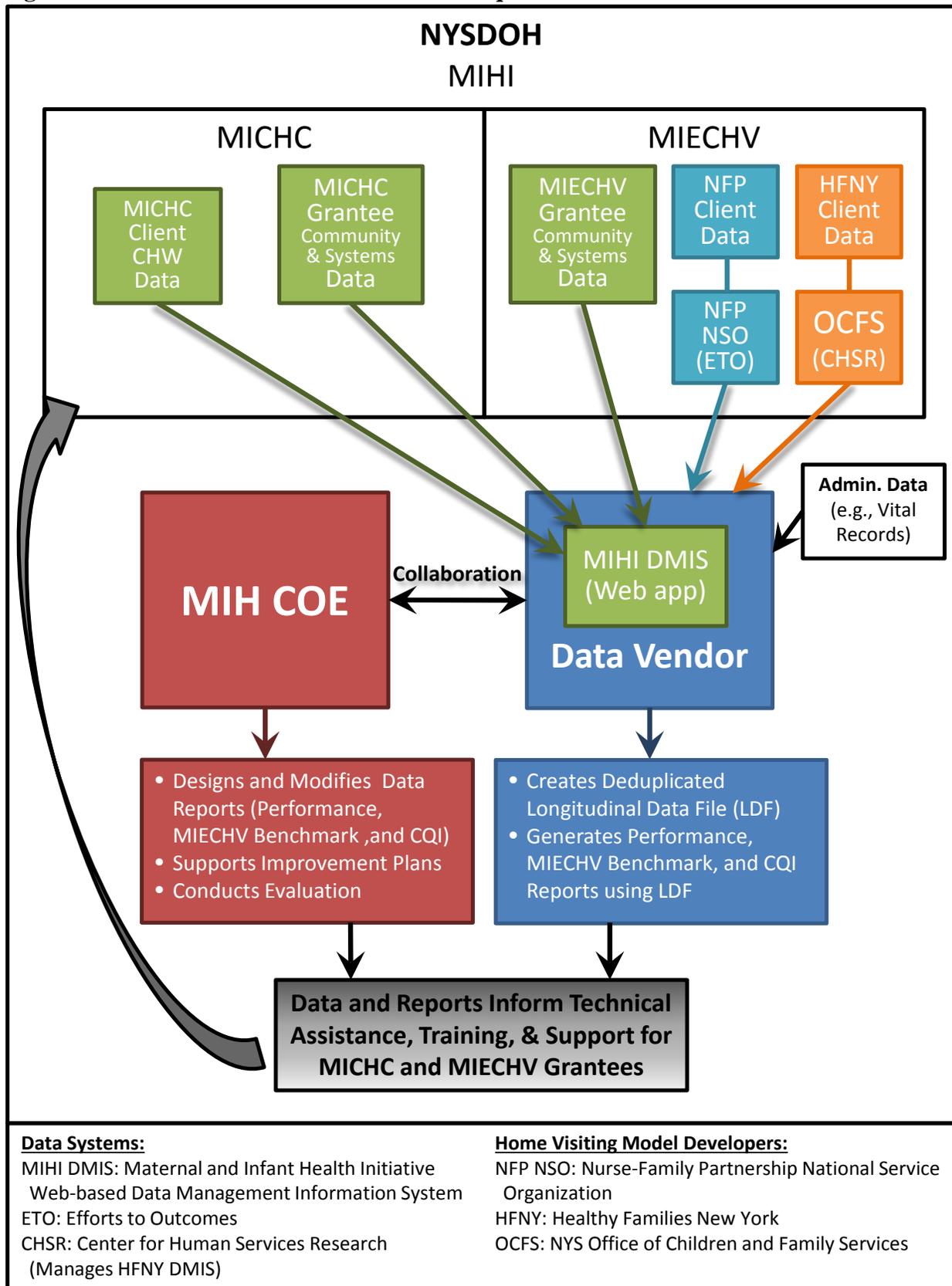
- Home visitors are recruited, trained and deployed consistent with model-specific requirements;
- High-need families are identified, screened for eligibility and enrolled in evidence-based home visiting program services;
- Home Visiting services are provided to enrolled clients with fidelity to the evidence-based program model selected;
- Measurable improvements across key benchmark areas will be achieved for families participating in home visiting services; and
- Home visiting programs will be coordinated and integrated with larger community maternal, infant and early childhood service systems.

system under Part 1 of this RFP, while conducting an analysis for updating and revising the information collected to reflect the expanded scope of CHWs in the MICHC initiative (i.e., encounters beyond maternal and infant home visits) and to include data components of the performance measures for MICHC and MIECHV grantees as mentioned above. The successful bidder for Part 2 will be responsible for updating the current system according to the specifications developed by the COE under Part 1, and transitioning the system's essential functionality to a secure, Web-based system for capturing client-level data from all grantees. In addition to its data entry and access capability, the DMIS will store program- and client-specific data in a centralized relational database and the application will include search, edit, and alert functions.

All MICHC grantees will be required to use the system to submit data documenting services provided to clients by CHWs, and all MICHC and MIECHV grantees will be required to use the system to submit data pertaining to their respective performance measures (to be developed). The client-level data elements that must be reported include client demographics, and medical, educational, counseling, and other services provided to clients as necessary. The DMIS will record information on an anticipated 4,000 clients each year, with historical records maintained for the five-year funding cycle. This system will support the MIHI evaluation, generation of quarterly Performance Reports, generation of federally mandated reports, and research regarding use of home visiting and other maternal and infant health services and health systems.

The successful bidder for Part 2 will also be required to develop and analyze a deduplicated longitudinal data file that compiles client-level data from MICHC and MIECHV grantees. Sources of data to be compiled in this data file include: client-level data submitted by MIECHV grantees through each home visiting program's respective MIS (NFP submits through ETO and HFNY uses a web-based system operated by the CHSR), and client-level data submitted via the Web-based MIHI DMIS described above. Figure 4 provides a graphic representation of the data management roles in the MIHI under Part 2 of this RFP. The client-level data from the three sources will be linked to identify clients participating in multiple home visiting programs and to develop a deduplicated dataset that will be used to address broader research questions regarding utilization of maternal and infant health services and health systems.

Figure 4: COE and Data Vendor Roles and Requirements under Part 2 of this RFP



1. SCOPE OF WORK

A. *Development, implementation, and management of data collection and analysis.* The successful bidder for Part 2 of this RFP will be responsible for developing and maintaining a Web-based application for capturing the program-level and client-level data from the MICHC grantees and program-level data from MIECHV grantees. This system may be based on the current CHW DMIS and should reflect the expanded role of CHWs under this new initiative. The specific parameters regarding the current Epi Info software, PC-based CHW DMIS and the NYSDOH's standards are provided in Attachments 3 and 12, respectively. Responsibilities will include:

- Revising, developing, and formatting data variables and application functionality to address the expanded role of CHWs and measure the performance standards;
- Assisting the NYSDOH and COE in the development of performance measures for both MICHC and MIECHV performance standards, and integrating these performance measures into the new Web-based data system;
- Designing, developing, testing, implementing, and maintaining a role-contingent, secure and user-friendly Web-based system for capturing and storing client-level encounter and systems/organization data that are complete, accurate, consistent and result in dependable and timely reporting from all MIHI (MICHC and MIECHV) grantees, and for generating reports for grantees, the COE, and the NYSDOH, as acceptable to NYSDOH;
- Adhere to system development lifecycle and project management industry standards or NYS Office of Information Technology Service (OITS) defined standards (<http://www.its.ny.gov/pmmp/guidebook2/index.htm>);
- Developing and providing to NYSDOH a documented analysis of the system, including user business requirements and functional specifications (e.g., logical models for data flow and entity relationship diagrams, updated data dictionary, user role/function matrix, function definitions); technical specification and system design and operational support descriptions (e.g., hardware architectures, recommended software, cost of implementation, staffing required, network distribution, etc.); a logical design (e.g., menu and command structures, data catalog, required logical data structure, logical process model); and a physical design (i.e., a complete description of the hardware and software of the system).
- Ensuring data and reports are easily accessible to NYSDOH and grantees via the Web-based application and that the system will have the capability to regularly produce reports for NYSDOH and grantees that are easily interpreted, resulting in enhanced program oversight and service delivery;
- Generating quarterly Performance Reports for MICHC and MIECHV grantees to assist with assessing their progress towards achieving the performance standards;
- Providing regular updates to the NYSDOH regarding the status of grantee data submission;
- Monitoring and ensuring system stability and security, including secure and confidential storage of electronic data and reports posted on the World Wide Web (Attachments 12 & 13 and any new NYSDOH or OITS requirements that

- occur during the life of the contract), and a comprehensive, dependable, and effective disaster recovery plan for the application; and
- Providing training and technical assistance to all MIHI grantees on data entry and report generation, interpretation, and usage.

The system will perform daily incremental and weekly full backups of the data to tape and archive log files for recovery, and maintain a secure and accessible historical database of information dating back a minimum of five years. The contractor will be expected to store and process data for MICHC and MIECHV performance measures and approximately 45,000 CHW encounters with 4,000 clients per year, and provide NYSDOH with client-level data sets for specified time periods.

The MIHI DMIS shall meet these constraints:

- A. The application shall not contravene any federal or state legislation and regulation;
- B. The application shall meet all Health Insurance Portability and Accountability Act (HIPAA) requirements; and
- C. Work performed on the MIHI DMIS shall at all times be conducted in a manner that ensures the strictest confidentiality of individually identifiable information in accordance with any applicable NYSDOH rules and regulations. The winning Bidder must agree:
 1. Not to access or disclose information collected or maintained under this agreement except for the purposes articulated in the agreement, without the written permission of the NYSDOH;
 2. Not to utilize these funds to support research;
 3. Utilize reasonable physical, administrative, and electronic safeguards to maintain the confidentiality, integrity, accessibility, and security of program information (including but not limited to secured physical office or storage areas, electronic firewalls, and passwords);
 4. Utilize appropriate physical, administrative, and electronic procedures and processes when transferring or transmitting program information to other persons or entities external to the winning bidder's entity (including but not limited to encryption);
 5. Train and provide information to their workforce regarding the requirements of relevant law and regulations to ensure confidentiality; and
 6. Provide for workplace sanctions for inappropriate disclosure or access to program information (including but not limited to suspension and termination). The winning bidder will immediately notify the NYSDOH when it is determined that an inappropriate disclosure has occurred.
 7. The Bidder shall incorporate and account for all HIPAA requirements. HIPAA requirements can be found at: <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/index.html?q=HIPAA+regulations>.

The bidder should describe in detail in the technical proposal its ability to meet these requirements. The selected bidder will be responsible for all costs associated with developing, implementing and managing the data system as described above and for providing all hardware and equipment necessary.

- B. *Development, implementation, and maintenance of a longitudinal data file.* The successful bidder for Part 2 of this RFP will be responsible for compiling data from multiple sources into a deduplicated longitudinal data file. Data sources include client-level data submitted by MICHC grantees via the MIHI DMIS (the Web application described in item 1 above), and client-level data submitted by MIECHV grantees via their respective MIS. The client-level data will be deduplicated to identify clients who have participated in multiple home visiting programs. Client data must be linked through a NYSDOH approved matching algorithm using NYSDOH defined or agreed upon data elements such as identifying information (e.g., client and child’s full name, date of birth, race/ethnicity, any known addresses). This system will support the MIHI evaluation, and will be used to support broad research questions regarding utilization of maternal and infant health services and health systems. This system will be subject to the same storage, security, recovery, and confidentiality requirements as described in Section A above.

2. DETAILED SPECIFICATIONS

A. Eligible Bidders

Minimum Eligibility

The following entities are eligible to apply for funding:

- i. Vendors with a minimum of five years of successful and comprehensive experience in all aspects of Web-based data management and information systems (including design, development, implementation, testing, maintenance, enhancement, technical and user support, and documentation). Experience of subcontractors can be used to meet these requirements.

Preferred Eligibility

Preference will be given to bidders with:

- i. Demonstrated organizational capacity, knowledge, and expertise to perform all the tasks necessary for application development, database design and data management and Web site development and maintenance as specified in this RFP; and
- ii. Experience working in a collaborative partnership that operationalizes translational research into data systems designs, data collection and program evaluation.

B. Project Scope

The data management and information technology role of the successful bidder for Part 2 of this RFP for the MIHI includes:

- Designing, developing, testing, implementing, and maintaining a new Web-based, client-level MIHI data system to replace the current CHW DMIS Epi Info-based system and incorporate the new client-level and program-level metrics mentioned above, adhering to system development lifecycle and project management industry standards or NYS Office of Information Technology Service (OITS) defined standards (<http://www.its.ny.gov/pmmp/guidebook2/index.htm>). Designing additional data

components and metrics to capture the expanded role of CHWs in the MICHC initiative, including encounters beyond home visiting and outside the perinatal period.

- Incorporating the performance measure data components created under Part 1 of this RFP into the MIHI DMIS to assess grantee progress towards achieving the performance standards of the initiative and other systems- or organizational-level metrics to evaluate program performance.
- Developing, implementing, and maintaining a deduplicated longitudinal data file, compiling data from administrative sources, home visiting program MISs, and the Web-based MIHI DMIS to facilitate evaluation activities, Performance Reports (see Attachment 3 for examples), federally required reports (see Attachment 1), and broader research activities.

Technical information on the production of forms and formats, data collection, computer processing and security, report generation and distribution, and support and training follows:

i. Data Collection and Formatting

a. Duties and Responsibilities:

The contractor will be responsible for developing a user-friendly, easily navigable Web-based application. In addition to its design, development, and implementation, the scope of work for the NYSDOH's new MIHI DMIS involves the complete operation of the system, including complete data life cycle management, data collection, data editing, data processing, data transmission, data storage, data reporting, data archiving, and any related software development to manage the data. It also includes the dissemination of information through the design, preparation, and posting of data and reports on a secure, but easily accessed, and user-friendly Web-based application. The Web-based application should be able to utilize role-based security that allow authorized access by grantees to their data and reports, and allow complete access by authorized COE and NYSDOH personnel to all data and reports on a statewide, as well as grantee-specific basis. The Web-based application should be able to maintain an audit report identifying authorized users who enter, update, or delete records within the database.

The contractor will be responsible for developing data collection forms for use by all grantees. An example of the data collection forms for the current Epi Info-based system is attached (See Attachment 3). The successful bidder for Part 2 of this RFP will design new forms to address the new data elements and metrics, subject to NYSDOH approval. Once a form has been approved, no changes may be made without the express written permission of the NYSDOH.

The contractor will be responsible for developing and distributing data collection guidelines to all participating grantees, with detailed data field specifications that clearly and concisely describe the required information, including the data element name, definition and acceptable values. The data specifications are subject to

NYSDOH approval, and once approved, no changes may be made without the express written permission of the NYSDOH.

The contractor will also be responsible for developing training documentation to guide users in navigating the Web-based data entry and reporting system. This guide shall describe in full all functionality of the system (i.e., access, entry, editing, report generation, etc.) that will be available to users with varying levels of access (e.g., grantee, NYSDOH), be user-friendly and be readily available for reference via the data system Web-based application. The training documentation is subject to NYSDOH approval, and once approved, no changes may be made without the express written permission of NYSDOH.

b. Required Items:

The bidder must demonstrate the ability to design, develop, test, and implement a Web-based application, including the complete data life cycle management (collection, editing, auditing, storage, reporting, archiving and related software development), required for the complete operation of the MIHI DMIS. The bidder must also demonstrate the ability to develop a system that utilizes role-specific security certificates and the ability to maintain an audit report identifying authorized users who enter, update, or delete records within the database.

The bidder must describe in detail in the technical proposal its ability to design data collection forms in a format approvable by the NYSDOH. The bidder must also describe in detail its ability to develop data collection guidelines for participating grantees, in formats and with edits approvable by the NYSDOH. In addition, the bidder must describe in detail its ability to develop and distribute user guidelines for systems navigation.

The bidder must discuss their experience with targeted training and support efforts to ensure accurate data entry and submission quality, and provide information on experience with developing data collection guidelines, data submission and editing specifications, and user guides for navigating Web-based applications and systems.

ii. Analysis and Documentation of the Data System

a. Duties and Responsibilities:

The contractor will be responsible for fully documenting all technical aspects, business processes, planning, development, testing and implementation of the system using recognized methodologies and documentation.

b. Required Items:

The bidder will develop a documented analysis of the system, including:

- Requirements specifications (e.g., logical models for data flow and entity relationship diagrams, updated data catalog, user role/function matrix, function definitions);
- Technical system descriptions (e.g., hardware architectures, recommended software, cost of implementation, staffing required, network distribution, etc.);
- A logical design (e.g., menu and command structures, data catalog, required logical data structure, logical process model); and
- A physical design (i.e., a complete description of the hardware and software of the system).

The bidder will develop a detailed project management workplan and schedule (e.g., Gantt chart) showing the proposed timeline for design, development, and implementation. All design-related documentation will be provided to NYSDOH for review, discussion, and approval prior to the onset of the development phase.

In conjunction with NYSDOH identified/approved subject matter experts, the bidder will develop test plans and test scripts to ensure all user requirements have been met, and will present them to the NYSDOH for review and approval prior to initiating testing. All phases of development will be thoroughly tested, including user acceptance testing, prior to implementation and with results presented to NYSDOH for review and approval. The system in its entirety will be subjected to complete retesting post-implementation and upon introduction of any corrections or enhancements. Any corrective action would be at no additional expense to NYSDOH, delay to the schedule, or minimizing the scope of the project. Testing must encompass security, performance, load, stress, accessibility, usability, and HTML/CSS and cross-browser validation.

iii. Data Processing and Control

a. Duties and Responsibilities:

The contractor will be responsible for electronically capturing and processing data from all grantees and developing control procedures that will ensure a high level of accuracy and accountability. The contractor will also provide a plan and system capability to correct and/or update the data along with any necessary audit trail capability. The contractor will be responsible for ensuring data accuracy by record-specific editing specifications. Any major problem in the receipt or distribution of data must be reported to the NYSDOH in a timely manner. Quarterly Processing Reports that detail the number of records entered by each grantee by calendar quarter should be provided in electronic format, and made easily accessible via the Web-based system. The contractor will also be responsible for developing procedures that will alert grantees when client follow-up services and data reporting are due, as well as when data quality issues have arisen.

b. Required Items:

Quality control procedures practiced or proposed by the bidder must be discussed in a set of specification documents fully detailing the Web-based data system, including but not limited to a formal set of business rules, a structural model of the relational database, detailed data dictionary, and metadata and transformations associated with data feeds to the system.

iv. Computer Production System

a. Duties and Responsibilities:

Bidders must own or have access to computer software and hardware capable of storing and processing this volume of data. This RFP does not include the purchase or lease of hardware equipment or software packages. The successful bidder is required to conduct daily incremental and weekly full backups to tape of the data captured in the system, to archive log files for recovery, and to maintain a minimum five-year active database of client and encounter records as well as systems/organizational-level data. Master computer files should have a five-year retention period; at least one copy must be stored securely off-site in case of fire or other catastrophe. In the event that any of the data are lost, stolen, or destroyed through negligence or fault of the contractor or any other person or firms employed by or associated with it, the contractor agrees to recreate the information at no cost to the NYSDOH. The NYSDOH reserves the right to review and approve all programming languages, file layouts, coding and editing schemes, and utility programs used to operate the system. Bidder must adhere to current and subsequent NYSDOH Security and Network Configuration Policies over the life of the contract.

At the end of the contract period, the NYSDOH reserves the right to migrate the system, application code, database schema, and data, to its own central computer or to that of a new contractor. In this event, the NYSDOH requires the contractor to turn over files and proprietary and nonproprietary system software (e.g., application code) developed for this system. A transition period of up to three months will be implemented to ensure that operational and knowledge transfer is accomplished in a smooth and efficient manner.

b. Required Items:

The technical proposal must include a description of the bidder's computer hardware, software, and other operating equipment, as well as secure off-site storage. The bidder must demonstrate that it owns or has access to computer software and hardware capable of at least daily incremental and weekly full backup of captured data to tape, of archiving log files for recovery, and of storing and processing the required volume of data to minimally maintain 5-year active databases of client encounter and systems/organizational-level records for the data system.

The bidder should provide detailed evidence that it can provide a Web-based application structured in a user-friendly manner that is easily navigated, and where data and reports are securely posted, with controlled, role-specific, but easy access. The bidder must be able to provide the NYSDOH with an electronically formatted dataset of all client encounter data and systems/ organizational-level data collected via secure file transfer protocols, in standard format (e.g., .xls, .csv, or .txt formats). The bidder must have the capacity to respond to special programming requests and requests for systems modifications within a reasonable time frame, not to exceed 30 calendar days or a timeframe as agreed to by the bidder and NYSDOH.

The bidder must demonstrate that it is capable of recovering any data lost, stolen, or destroyed by malfunction or through negligence or fault of the bidder or any other person or firms employed by or associated with it, and that must agree to recreate such information at no cost to the NYSDOH.

v. System Security

a. Duties and Responsibilities:

The contractor must be capable of posting data and reports on the Web-based application in a manner that is secure, with controlled, role-specific access by participants and NYSDOH representatives. Passwords for accessing the Web-based application must follow NYSDOH Account Management and Access Control Policies and Procedures when defined (See Attachment 12). These will be based on the minimum policies, standards, and procedures found in the Federal HIPAA Security Regulation and the [NYS Cyber Security Critical Infrastructure and Coordination \(CSCIC\) Policy P 03-002](#), Information Security Policy.

The contractor must also provide secure and confidential storage for electronically stored information, as well as that posted on the World Wide Web. All data storage, posting, and access must comply with the minimum policies, standards, and procedures found in the Federal HIPAA Security Regulation and the [NYS Cyber Security Critical Infrastructure and Coordination \(CSCIC\) Policy P 03-002](#), Information Security Policy and with the NYSDOH Network Configuration Policy (Attachment 13). The Web-based application and corresponding data and network configuration are subject to review by the NYSDOH Security Officer and must also comply with the current NYSDOH Network Configuration Policy.

The respective policies are accessible in .pdf format at the NYS CSCIC Web address:

<http://www.dhSES.ny.gov/ocs/resources/>

and the Centers for Medicare and Medicaid Services Web address:

<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/index.html?redirect=/HIPAAGenInfo/>

The NYSDOH will be notified immediately if any breach of confidentiality occurs. Under no circumstances will any records or any information contained therein, be released to any person, grantee, or organization without specific written permission of the NYSDOH and the grantee (grantees) whose records are involved.

b. Required Items:

The bidder must supply a schematic diagram of its network configuration that clearly and concisely demonstrates its compliance with the NYSDOH protocols and policies. The bidder must also include a specific statement of security and confidentiality for stored information, as well as the security of information posted on the Web-based application.

The bidder must describe how it will provide a NYSDOH security-compliant Web-based application where data may be easily retrieved in standard ASCII, print, text, and PDF formats and encrypted for electronic transmission, and reports may be easily saved locally and/or legibly printed. The Web-based application and corresponding data and network configuration are subject to review by the NYSDOH or its designated Security Officer, and are required to conform to current and future NYSDOH Security & Network Configuration Policy (Attachment 13).

A detailed discussion of the bidder's data security procedures and controls must also be included in the proposal. At a minimum, this discussion should address:

- The identity of the person(s) responsible for computer security;
- Steps taken to safeguard data at each step of the data collection lifecycle, as well as information posted on the bidder's Web application;
- Data security and confidentiality, including employee access;
- Employee training and any written policies on confidentiality;
- Data redundancy and back-up plans including plans in the event of a catastrophic loss of equipment or facilities; and
- An understanding of HIPAA-related restrictions and requirements, including the need to execute a Business Agreement with each grantee.

vi. Report Generation and Distribution

a. Duties and Responsibilities

The Web-based system must include the capability to generate reports that must be available at the grantee, regional and statewide levels. Web-based reports and information must be easily accessible and user-friendly to facilitate their utilization by grantees, the COE, and the NYSDOH. Periodically, the NYSDOH may require special analyses and/or tables. The contractor must be prepared to respond to special requests for reports and/or to supply data via electronic media to the NYSDOH on short notice as requested. Additional ad hoc report generating capability to monitor data trends should include frequencies of clients and encounters by gender, race,

poverty level, type of encounter, source of payment, referral, and for specifiable date ranges.

Simple reporting requests, such as descriptive analyses involving only a few variables, must be responded to within one week's time. More complex analyses requiring a formal design and change control component would be required within a timeframe agreed to jointly by the bidder and NYSDOH.

Following is the list of reports currently utilized by the CHW DMIS Epi Info-based data system, detailed explanations of which are contained in Attachment 3:

- Detailed Data Analysis
- Pregnancy Form Analysis
- Infant Form Analysis
- Child Form Analysis
- Analysis of Long Term Cases
- Analysis of Short Term Cases
- Management Reports
- Client Recall
- Data Export
- Tickler Report

Reports similar to those listed above will be designed, maintained, and modified as needed by the bidder based on the new Web-based application, dependent on NYSDOH approval. These reports must be available via the new Web-based application to the appropriate parties as specified by NYSDOH. Reports must be downloadable and presented in a printer-friendly format for use by NYSDOH and MIHI grantees.

The successful bidder will also be responsible for designing a Performance Report for MICHC and MIECHV grantees to use for monitoring their progress towards achieving their respective performance standards. It will be based on the performance measures developed based on COE and NYSDOH requirements and will display quarterly data tracked across the time of the grant as well as year-to-date figures. This report will be updated and be made available to grantees quarterly.

b. Required Items

The bidder must describe in detail its ability to:

- Ensure capability to generate accurate and valid reports at the grantee-, regional- and statewide-levels is built into the secure Web-based system in a format that is easily accessible and user-friendly.
- Periodically produce special analyses and/or tables that may be required by NYSDOH, and to respond to special requests for reports and/or to supply data via

electronic media to the NYSDOH as requested, within a timeframe agreed to be reasonable for the task.

- Ensure the Web-based data system include capability to generate additional ad hoc reports to monitor data trends, such as frequencies of clients and encounters by gender, race, poverty level, type of encounter, source of payment, referral, and for specifiable date ranges.
- Produce and make available on-line the reports discussed above to the appropriate parties and in the prescribed manner, including the Performance Report, which must be updated and available to grantees quarterly;
- Provide samples of data management, detail and summary reports that the bidder proposes to produce in accordance with this RFP and any other reports that the bidder proposes to produce for NYSDOH to be able to analyze and evaluate the bidder's effectiveness in providing the DMIS services;
- Modify existing report formats and develop new formats, including the new Performance Report, to support the COE and NYSDOH requirements, including how long it would take to provide these reports once specifications are agreed upon;
- Assure accuracy of reports using established and NYSDOH/COE approved quality control procedures;
- Provide ad hoc reports upon request, including the length of time it would take to prepare such reports; and
- Provide role-based ad hoc reporting functionality on-line, including the ability to generate and print a variety of agency, regional, county-level and statewide reports on data elements of particular and periodic interest.

vii. Training and Technical Support of MICHC and MIECHV Grantee Staff

a. Duties and Responsibilities:

The bidder will be responsible for providing training and technical support to MIHI grantees in the completion of forms, submission of data, use of the Web-based-application, and interpretation of prepared reports. Training and support of personnel from MIHI grantees funded through the companion RFA will require:

- Demonstrations of the data system and training on its use conducted with test data provided in-person in each of the four regions (Buffalo, Syracuse, Albany and NYC) across NYS during the first year and via webinar in subsequent years;
- Provision of detailed data systems manuals and Web-based application specifications for users at each grantee site, the COE, and the NYSDOH; and
- A dedicated e-mail address and a toll-free telephone number (operable Monday through Friday between the hours of 8:00 AM and 5:00 PM Eastern Time) for grantee consultation.

The contractor (including the project director and key staff working on the project) should be prepared to meet with staff from the NYSDOH as required. These meetings may take place up to 4 times annually in Albany. Separate reimbursement will not be provided to the bidder for these meetings.

b. Required Items:

Bidders should submit a detailed plan documenting how they will develop and implement training and technical support of MICHC and MIECHV grantees required to serve as the COE. The technical proposal must include a detailed description of the bidder's experience in providing training of and technical support for grantee personnel, including:

- Providing multiple on-site regional training sessions;
- Conducting training/demonstrations using test data;
- Development of an effective training syllabus to include:
 - Completeness and accuracy of data collection, timely submission and correction of data,
 - Access and navigation of Web-based application, and
 - Interpretation and use of reports;
- Development of detailed data systems manuals and Web-based application specifications relevant to the data system, as noted under Reports specifications above; and,
- Providing dedicated technical support via e-mail and a toll-free telephone number that is available during normal working hours, well-staffed, and responsive to grantee consultation.

viii. Data Ownership

All data collected either at the record level or aggregate level is owned by the NYSDOH. The bidder agrees to provide to the NYSDOH any and all data upon request. Upon completion or termination of the contract, data security procedures to ensure confidentiality will be taken to remove, delete and destroy all data, databases, data files, backup data, archives, off-site stored data, and compressed / zipped data associated with the MIHI DMIS.

Additionally, the storage media containing any of the MIHI databases such as hard disks, drives, backup drives, offsite backup drives, server drives, and tapes will be destroyed through first degaussing/erasing and then shredding of the physical media. NYSDOH reserves the right to request verification of media destruction.

Custody of all media storage devices that contain NYSDOH-owned data from the MIHI DMIS will remain with the successful contractor until physical destruction of the storage devices has occurred. The contractor's responsibility prior to or liability subsequent to any loss of data cannot be transferred to a third party.

ix. Implementation and Administration

a. Duties and Responsibilities:

The contractor shall undertake and complete all development and implementation activities for the MIHI DMIS no later than six months from the start date, so that the system detailed in this RFP is fully operational for data collection and processing on that date. The contractor shall also propose and provide a plan for managing and controlling any required post-implementation changes and enhancements. Complex reporting requests and system enhancements requiring formal design changes will be analyzed in conjunction with NYSDOH staff. Relevant change control documentation, including agreed upon timeframes, will be recorded.

b. Required items:

The bidder must provide in narrative form a detailed description of its plan to have the entire set of MIHI DMIS services implemented and fully operable within six months from the start date. The plan should be reflective of the scope of MIHI DMIS services requirements described above in this RFP attachment, and should include, but not be limited to a complete description of:

- Complete and detailed system design information, including proposed hardware, software, and data base specifications.
- How each of the requirements outlined in Section 2. Detailed Specifications, B. Project Scope will be made fully available at the start of the contract period, and should include details on the full implementation of the system by six months from the start date.
- Identification of all key professional personnel and person(s) to be responsible for implementation and management of MIHI DMIS services and the percentage of time each shall be dedicated to the MIHI DMIS implementation and ongoing operation, presented in the Key MIHI DMIS Services Staff format in Attachment 14. Include:
 - The number of executive, professional and supervising personnel, analysts, researchers, programmers, trainers, consultants, etc., who will be engaged in the work.
 - The names, titles, roles, and percent of dedicated time of all key personnel and specify a program manager who is expected to be the primary contact for the bidder, and would serve as the main liaison between the COE, the NYSDOH and the bidder; and
- Resumes for the Project Manager and other key personnel engaged in this work, if known, or position descriptions and required qualifications.

Bidders should submit a detailed plan documenting how they will develop and implement all activities required to serve as the data system contractor. Bidders need to ensure that programming is held in fully accessible spaces and program modifications and accommodations for participants with disabilities are ascertained and provided.

x. Technical Specifications

The selected vendor will be responsible for the following support components of the MIHI Web-based Application:

- Critical system performance requirements
- Normal system availability
- New and ongoing development
- Data interfaces and loading
- Problem response
- Production Performance monitoring
- Hardware and software support
- Help Desk Support
- Status Reports and Project Management Requirements
- System Maintenance and Operations Documentation
- Releases during Maintenance and Operations
- Disaster Recovery Plan
- Vendor Staff Skills
- Translational and Operational Requirements

a. Critical System Performance Requirements

The MIHI production software environments should be available to users at all times. Routine access to the system will occur on business days, from 8:00 am to 6:00 pm Eastern Standard Time (ET). During this time, the vendor must provide adequate support of the system to ensure access to the MIHI production software environments is available for users to update or view client information via the Web-based user interface, as well as process MIHI reports.

Monthly Performance Reports should be generated for the MIHI. (See Production Performance Monitoring for more detail).

Application interfaces and off-line batch processing must operate as scheduled with no error attributable to the MIHI code or processes.

A monthly average application response time of 20 seconds or less within the MIHI network must be maintained. The monitoring will occur from the time the application receives the request until a response is sent back to the requestor.

Response to outages or problems will be reported within the prescribed time limit. (See Production Performance Monitoring for more detail). Restoration of system operations will be achieved within the time frames required for help desk program error requirements.

Document all interruptions of application service availability during the hours of normal system availability that exceed 15 minutes in an operational incident report

(OIR). The OIR will be created and delivered by the vendor and the MIHI Project Manager by the next business day.

Regression testing must be performed with each change of hardware and system evolution or maintenance release, including coordination between the vendor, the NYSDOH, and the MIHI Project Manager on user acceptance testing (UAT).

b. Normal System Availability

The vendor shall ensure the MIHI Production environment will be available to users at all times, with routine access to the system occurring on business days from 8:00 am to 6:00 pm ET, with the following exceptions:

- Scheduled System Outage for the Production System - The application may not be available during periods of system maintenance or application upgrade. These time periods will be pre-approved by NYSDOH and the vendor, five working days prior to the scheduled outage. Five working days is the desired notification time period; however, there may be time that hardware or software problems warrant correction within a shorter time period. System users will be notified in advance of downtime for systems maintenance.
- Emergency System Outage for the Production System - These should be reported to the Bureau of Maternal and Child Health through OIRs as appropriate.

Contractor maintenance and operations team will keep the MIHI Production application environments appropriately up to date and provide support for those environments during regular business hours for the duration of the contract. “Appropriately” is defined as the version that is needed for the necessary functions required of the Production environment which should reflect the most current released version of MIHI.

c. New and Ongoing Development

The contractor will provide a change management process for software development and obtain approval of enhancement design documents, estimates, test plans, and acceptance testing. The contractor will also provide the following development services:

- Upgrades, enhancements, and application modifications to meet additional New York State requirements as prioritized and approved by NYSDOH;
- Performance acceptance testing of new versions of applications or of significant enhancements that are ready for production, with test plans and test results provided for NYSDOH review and approval;
- Enhancement tracking annotating request date, level of priority, estimated completion date, complicating issues, testing date, implementation date, etc.;
- A reasonable plan and timeline for accomplishing enhancements during the five year contract period in accordance with NYSDOH priorities;

- Update hardware and commercial software products, with patches and updates applied as they become available and notification of any application implications sent to NYSDOH;
- Identification and coordination with the appropriate third-party vendor (e.g. Oracle) for operational versions, upgrades, new releases, and emergency fixes to MIHI-specific software; and
- Installation and maintenance of application upgrades in the production environment, as well development, testing, training, and disaster recovery backup environments.

d. Data Interfaces and Loading

The MIHI application will support data exchanges to and from grantees and other partners, and with administrative datasets. The vendor will assist with the processing of HFNY and NFP data exchange files for the development of MIECHV benchmark reports and integration with MIHI data to develop deduplicated, longitudinal data files. The vendor's technical support will work with the Office of Children and Family Services and NFP-NSO to review and accept the files for submission to the MIHI deduplicated longitudinal data file.

e. Problem Response

The contractor will provide system support for the normal hours of business operations. Problems that result in the MIHI Production environment becoming unavailable or causing significant performance issues to users, which help desk staff cannot resolve, will be immediately escalated by telephone to the contractor team. The contractor team will be responsible for notifying the NYSDOH MIHI Program Manager within 15 minutes by telephone. In the event the NYSDOH staff member cannot be contacted in person, a voice-mail message and an email message will be sent. If an outage occurs lasting more than 15 minutes, the contractor must generate an Outage Incident Report (OIR) and proceed with the notification process for a production outage documenting the following:

- Cause of outage
- The solution (fix)
- Controls implemented to prevent/reduce future outages
- Amount of downtime relevant to the MIHI system
- Number of help desk calls received and answered due to the outage.

Following the initial notification of a problem:

- The contractor must verify system status based on notification from system monitoring equipment and software or information from the MIHI help desk.
- The contractor must initiate the contingency plan in place and immediately notify the MIHI help desk of the issue and its status.
- Upon initial notification, the contractor and NYSDOH program managers will determine a frequency interval for ongoing communications for the specific

incident. Notifications will continue to the NYSDOH MIHI Program Manager until the problem is resolved.

- The NYSDOH will determine what and how notifications will be made to the MIHI providers.

f. Production Performance Monitoring

Contractor maintenance and operations staff are responsible for monitoring the system performance, including system up-time and responses. Related procedures, tools, and reports will be included in an operations manual. The contractor will report these statistics in a monthly performance report for the previous month. These statistics may have to be modified depending upon NYSDOH network restrictions.

The following statistics will be collected monthly by the contractor related to the MIHI production system:

- System availability
- Average response time for requests from the time one enters the MIHI User Interface (UI) until a reply is returned to the requester
- Number of users and number of times accessing the system
- Rush hours – Shows the average activity over a 24-hour period
- Visits of robots – Tracks the different robots and spiders that have hit the site
- Worm attacks

g. Hardware and Software

The contractor is responsible for the maintenance and upkeep of all hardware and software used for the MIHI application. The contractor maintenance and operations team will be responsible for providing maintenance support for changes in the application relating to all hardware and software upgrades. The contractor maintenance and operations team should advise NYSDOH when a proposed major software upgrade (e.g., RDBMS) may negatively impact the MIHI software application performance so that the MIHI software application impacts can be evaluated and accommodated.

h. Help Desk Support

The contractor shall provide help desk services to support the MIHI user community, including the following:

- Help desk support
- Availability and use of product-trained technicians
- Ticket response time standards (follow-up and resolution)
- Schedule of help desk hours of operation and availability
- Toll-free help desk phone number
- Help desk email address
- Monthly reports of all calls received
- Data exchange support

The contractor will provide application help for end users through help desk personnel via phone and email. Help desk personnel will provide answers to MIHI user inquiries relating to problem resolution and product information, as well as assist users with specific organization level reports and data exchange set up.

Help desk personnel or help desk voice mail will be available from 8:00 am to 5:00 pm ET, Monday through Friday. Exceptions to this will be made for NYSDOH holidays or when prior approval has been obtained from the NYSDOH Program Manager.

Help desk personnel will log calls and emails in a call-tracking application and report statistics monthly. Frequently Asked Questions documents will be developed to inform future trainings or technical assistance.

Requirements are that 95% of all inquiries will be responded to within the course of one business day. Inquiries not responded to within the course of one business day will be reported to the Project Manager and the NYSDOH for further investigation.

Requirements are that 90% of all calls or emails will be resolved during the point of initial contact. Emails and telephone messages will be replied to within 24 hours of receipt within normal business working days.

Call/email volume, call length, call/email trends, open call/email inquiries will be reported and reviewed as part of the ongoing project status meeting with NYSDOH.

i. Status Reports and Project Management Requirements

The contractor will perform the following throughout the contract term:

- The Project Manager and/or appropriate contractor assigned staff will be required to have an onsite presence at least quarterly or more frequently, depending on the needs of the project.
- Conduct or participate in meetings as requested by the Bureau of Maternal and Child Health Contract Administrator or the Client agencies.
- At a minimum, develop and maintain a work plan for initial system development and evolution and maintenance activities.
- Maintain and support a system to track and log MIHI software problems identified through the help desk, monitoring programs, or NYSDOH staff.
- Generate a service compliance and general status report to be distributed to NYSDOH on a weekly basis during initial systems development and on a bi-weekly basis for the remainder of the contract.

j. System Maintenance and Operations Documentation Requirements

The contractor will maintain the MIHI system and documentation as outlined in the following table:

DOCUMENTATION DELIVERABLE	OVERVIEW
User Manual	User documentation to coincide with all software releases. The vendor will deliver updated documentation the day the release is in production, and will upload it to the MIHI application. The vendor shall identify the user documentation as a deliverable on each software release project plan.
System Documentation	Update system documentation within 20 working days of a software release, coordinate updates that overlap during milestones and identify the system documentation as a deliverable on each software release project plan.
Operations Manual	Update the operations manual at least twice per year and after each major software release.
Data dictionary/database structure	Update the MIHI data dictionary, including data provided by external sources, and database structure, including schema and ER diagrams as changes are made to the system involving the database

k. Releases during Maintenance and Operations

The contractor will establish release dates jointly with the NYSDOH. Releases will be defined as a result of enhancements and/or fixes prioritized through the change control process. The vendor will provide upgrades, enhancements and bug fix services as prioritized and approved by NYSDOH. The vendor will create a project plan to document and ensure expectations on scheduling and timelines are met for the appropriate release.

The contractor will conduct performance acceptance testing of new versions of applications or of significant enhancements that are ready for production.

The contractor will provide defect and enhancement tracking, annotating report/request date, level of priority, estimated completion date, complicating issues, testing date, and implementation date, etc.

The contractor will install and maintain application upgrades.

The contractor will perform systems releases including but not limited to:

- Changes necessary for continued operations of the system. This includes interface changes, bug corrections, and changes to look-up tables.
- Upgrades to the hardware platform, analyzing impact; defining changes; coding changes required for compatibility with new hardware; reinstalling the current application; and unit, integration, regression, performance and stress testing and security scans.
- Upgrades to the software platform, analyzing impact; defining changes; coding changes required for compatibility with new software; coordinating implementation with NYSDOH; and unit, integration, regression, performance and stress testing and security scans.
- Update the User Manual to reflect upgrades.
- Research and resolution of defects – MIHI Data System will correct problems in the timeframe agreed to by MIHI Data System and NYSDOH project managers.
- As part of each release the vendor will provide upon request a copy of all current software, database schema, source code, and installation instructions.

l. Disaster Recovery Plan

The contractor shall review and finalize the Disaster Recovery Plan to maximize provisions for continuous availability (warm site) or timely recovery and resumption of service during times of disaster. The vendor shall work with the State to submit annual updates to the NYSDOH Privacy and Security Office for review and approval.

The contractor shall conduct or participate in annual disaster recovery tests and update the Disaster Recovery Plan to improve on identified issues. These tests may be required in conjunction with an ITS Disaster Recovery exercise. Within 20 business days following the conclusion of each disaster recovery test, the vendor must submit test results and an updated DRP to the Bureau of Maternal and Child Health or give the Bureau of Maternal and Child Health written notice that the DRP does not need to be updated.

The contractor shall have all systems and system databases recovered within 24 hours after a disaster occurs.

m. Required Vendor Staff Skills:

The contractor will be required to commit fully qualified professional resources to the design, implementation, maintenance, support and enhancement of the MIHI Web application; the NYSDOH reserves the right to approve or reject key personnel who may have responsibility with the MIHI project.

The contractor will be required to assign a Project Manager to the project who will act as the single point of contact with the NYSDOH and who will have authority over all of the selected vendor's resources assigned to the project. The contractor's assigned Project Manager must be fully engaged in managing the project and will be required to

have a presence at the NYSDOH. The extent and frequency of involvement and on-site presence of the selected vendor's Project Manager will be based on the needs of the project and the requirements of the organization issuing this RFP; this decision will be made by the NYSDOH and will be binding to the selected vendor.

Staff assigned to the MIHI system must possess pertinent skills and experience to fulfill the duties and responsibilities outlined below:

Project Management

- Project Management and Planning

Application Management

- Requirements Management
- Software Configuration Management
- Software Release Management

Developer/System Engineering

- Software Design, Development and Testing
- Performance and Stress Testing
- Requirements Management
- Software Configuration Management
- Software Release Management

Help Desk Support

- Requirements Management
- Software Release Management

Business Analysis

- Unit, System and User Acceptance Testing
- Requirements Management
- Business Analysis
- Software Release Management

Database Administration

- Database Support
- Requirements Management
- Software Release Management

n. Transitional and Operational Requirements

The transitional and operational responsibility for the MIHI System by the selected contractor will consist of three (3) distinct phases. The actions and deliverables required of the contractor from each phase are described in detail below. The contractor's Cost Proposal must identify costs for each Phase.

Phase I – Assessment of Current Environment and System Design

Timeframe: Six (6) Calendar Months

The contractor shall conduct a full assessment of the business, software, and hardware and infrastructure environments of the MIHI System and develop a transition plan for subsuming the Community Health Worker Program Data Management Information System support activities from the Bureau of Maternal and Child Health. Project-specific technical documentation and source code will be made available to the vendor for review to gain a technical understanding of the system and the associated technical architecture. Representatives of the Bureau of Maternal and Child Health will be available to meet with the vendor to provide an understanding of the requirements for application support of the MIHI System. The vendor will prepare a plan for MIHI Full System Support during this Phase for the Bureau of Maternal and Child Health's approval. The plan must document the approach and tasks to be executed during Phase II – Full System Development, Testing and Implementation.

The contractor's proposal must contain a detailed draft Project Schedule. Before the end of the transition phase, the vendor shall submit an updated project schedule reflecting all tasks, start and finish dates and assigned resources for the next 12 month period. This updated project schedule shall be completed by the vendor with input from the Bureau of Maternal and Child Health and MIHI Stakeholders. The vendor shall update the schedule every two (2) weeks thereafter for the life of the contract.

Phase I will not end until the Bureau of Maternal and Child Health approves the Full System Support Plan. The vendor will not receive additional reimbursement for any efforts or time as a result of delays during this Phase.

Phase II – System Development, Testing and Implementation

Timeframe: Beginning after the completion of Phase I

The contractor shall provide full development, testing, and implementation for the MIHI System. During regularly scheduled (at least weekly) calls with the NYSDOH, the contractor shall provide detailed updates on progress and alpha and beta user acceptance testing results; detailed information on the successes and failures of the implementation process; and detailed results of monitoring operation and requests for users in the initial production period of the system (and lasting for three months subsequent to implementation). These activities must meet or exceed the requirements defined in this RFP.

Phase III - Full System Management, Maintenance and Support

Timeframe: Beginning after the completion of Phase II

The contractor shall provide full system management, maintenance and support for the MIHI System; report generation and distribution; and training and technical support of MICHC and MIECHV grantees, as outlined in Section IV, 2, B. Project Scope of this RFP, for the remainder of the 5-year contract period. These functions must meet or exceed the requirements defined above and any additional requirements identified by the BMCH during Phases II and / or III.

3. PROPOSAL REQUIREMENTS

A. Review

The requirements established by this RFP for proposal content and format will be used to evaluate the bidder's proposal. The bidder's compliance with the format prescribed herein as well as the bidder's response to each specific requirement and question stated in this RFP will be considered during the evaluation process. Any and all objections to the requirements in this RFP should be raised and resolved in the Question and Answer phase. Bidders are instructed not to include any assumptions or proposed changes to RFP requirements in their proposal.

Organizations choosing not to bid are requested to fill out and return a No-Bid Form (Attachment 4) to the address listed on the form.

B. Proposal Format

Proposals should provide a concise but complete description of the bidder's ability to meet the requirements of the RFP. Each proposal will include **two distinct sections**, Section 1 – Technical Proposal and Section 2 – Cost Proposal. **No financial bid or pricing information should be included in a bidder's Technical Proposal. Technical and Cost Proposals should be submitted in separate and sealed envelopes, and identified with "NYSDOH Maternal and Infant Health Center of Excellence RFP #15318 – Part 2" and the name of the bidder.** Bidders shall submit one original and ten copies of each proposal. The bidder should also submit an electronic copy in a standard searchable PDF format on a closed session CD-R (not CD-RW), with copy/read permissions only.

The 11 hardcopy sets and CD of the technical proposal should be packaged, labeled and sealed separately from the 11 hardcopy sets and CD of the cost proposal. If practical, the separate technical and cost packages should be mailed as one parcel clearly marked as stated above. No electronic or email submissions will be accepted.

Each page of the proposal should be numbered consecutively from the beginning of the proposal through all appendices. Proposal evaluators will not review any material that is submitted above the maximum page limit stated for each section of the proposal.

The bidder's proposal should include a completed Lobbying Form (Attachment 5) and transmittal letter (Attachment 6) signed by an official authorized to bind the bidder to the provisions of the RFP. The transmittal letter response should attest that the bidder has a

minimum of five years of demonstrated knowledge and expertise in the development of resources and services related to multiple maternal, infant, and child health topics. The transmittal letter should also disclose any business relationships and/or ownership interests that may represent a conflict of interest for the bidder, or state that no conflict of interest relationship exists. In cases where such a relationship exists, the bidder should submit with the transmittal letter a description of how the potential conflict of interest and / or disclosure of confidential information relating to this contract will be avoided.

C. Technical Proposal

Responses should address all Technical Proposal requirements. The Technical Proposal consist of narrative descriptions of how the bidder will manage all aspects of the performance requirements of the contract as expressed in **Section IV, 2, B, Project Scope** for Part 2.

The technical proposal for Part 2 will not exceed the page limits for each section stated below, for a total of 24 pages, not including attachments. Proposals may be double-sided, but the total number of pages of text should not exceed the page limits stated for each section below. If a section of the proposal exceeds the stated page limit, only the number of pages of text for that section stated below will be reviewed.

- Executive Summary 4 page limit
- Organizational Background and Experience 3 page limit
- Staffing Background and Experience 2 page limit
- Program Implementation and Administration 15 page limit

Each page of the proposal should be numbered consecutively from the beginning of the proposal through all appendices. The narrative should be double-spaced using a 12 pitch font or larger with minimum one inch margins on all sides, on standard white 8 ½ x 11 paper.

Each bidder's Technical Proposal will include separate responses to the following requirements pertaining to format and content for the specific parts of this RFP. Organize the proposal into the sections described below:

i. **Cover Sheet**

The bidder should submit a cover sheet for each Technical Proposal (Attachment 7) signed by an official authorized to bind the bidder to the provisions of the RFP and the bidder's response. All requested information should be supplied on this form. **The cover page will not count toward the page limit.**

ii. **Executive Summary** (Four page limit)

Describe your understanding of the requirements presented in this RFP for Part 2, and summarize your proposed approach for developing, implementing, and maintaining the MIHI DMIS and for providing training and technical assistance to MIHI grantees in implementing and utilizing this system.

iii. **Organizational Background and Experience** (Three page limit)

Describe the bidder's/subcontractor's experience with the design, development, implementation, and complete operation of data management systems, including complete data life cycle management, data collection, data editing, data processing, data transmission, data storage, data reporting, data archiving, and any related software development to manage the data. Describe the bidder's/subcontractor's experience designing additional data components and metrics and designing performance measures to assess grantee progress towards achieving the performance standards and to evaluate program performance.

The narrative will also include a description of the dissemination of information through the design, preparation, and posting of data and reports on a secure (Attachment 13) and user-friendly Web-based application, and the ability to utilize role-specific security certificates that allow authorized access by grantees to their data and reports, and allow complete access by NYSDOH personnel to all data and reports on a statewide, as well as grantee-specific basis. Describe the bidder's experience with providing training and technical support in completion of forms, submission of data, use of the Web-based-application, and interpretation of prepared reports.

Describe the bidder's experience and capacity to work in collaborative partnerships to operationalize translational research into data systems designs, data collection and program evaluation.

iv. **Staffing Background and Experience** (Two page limit)

Describe the work experience and other relevant background of key individuals who will be assigned to work under the contract resulting from this RFP and provide resumes for key staff as attachments. Identify all key professional personnel and person(s) to be responsible for implementation and management of MIHI DMIS services and the percentage of time each that shall be dedicated to the MIHI DMIS implementation and ongoing operation, presented in the Key MIHI DMIS Services Staff form in Attachment 14. Include:

- The number of executive, professional and supervising personnel, analysts, researchers, programmers, trainers, consultants, etc., who will be engaged in the work.
- The names, titles, roles, and percent of dedicated time of all key personnel and specify a program manager who is expected to be the primary contact for the bidder, and would serve as the main liaison between the NYSDOH and the bidder; and
- Resumes for the Project Manager and other key personnel engaged in this work.

v. **Program Implementation and Administration** (Fifteen page limit)

The contractor will be responsible for conducting all work necessary to meet the contract performance requirements. The bidder must provide a descriptive narrative that presents a detailed description of its plan to have the MIHI DMIS services implemented and fully operable on or before the date six months from the execution of the contract. The plan should be reflective of the scope of MIHI DMIS systems analysis, documentation, and

services requirements described above in this RFP. The plan also should describe how the bidder will work closely with the COE to collaborate on data system design. **Provide a detailed description of the bidder's proposed plan to perform the contract requirements as specified in Section IV, 2, B Project Scope of this RFP.**

For all activities and tasks to be undertaken by the vendor in fulfilling the requirements of this RFP, the bidder must:

- Describe a detailed approach and demonstrate an understanding of the deliverables outlined in the RFP;
- Indicate how its technical approach will be applied to accomplish the requirements;
- Describe the specific techniques and steps that will be applied while accomplishing all tasks of this project;
- Outline the proposed methodology for guiding performance of the technical requirements identified in the RFP;
- Submit a detailed draft Project Schedule reflecting all tasks, start and finish dates and assigned resources for the next 12 month period ; and
- Present a logical sequence of tasks that will be performed to accomplish RFP deliverables.

D. Cost Proposal

The bidder should submit a cover sheet for the Cost Proposal (Attachment 9), signed by an official authorized to bind the bidder to the provisions of the RFP and the bidder's response. The signed cover sheet includes an attestation that the bidder's Cost Proposal will remain valid for a minimum of 365 days from the RFP proposal due date. All relevant fields should be completed legibly to assure that the evaluation committee can contact the bidder for clarification of bid contents.

The Cost Proposal must include a completed Cost Proposal Bid Detail Sheet (Attachment 15). The Cost Proposal Bid Detail Sheet will contain prices for contract activities listed in this RFP. All costs associated with the contract activities must be included in prices listed on the Cost Proposal Bid Detail Sheet including but not limited to travel, personnel costs (including fringe), overhead, supplies and miscellaneous costs. The contractor will not be reimbursed for expenses incurred above what is listed on the Cost Proposal Bid Detail Sheet. The schedule and terms of payment for deliverables are contained in Attachment 11.

V. METHOD OF AWARD

This is a competitive procurement that will result in a contract to complete the contract deliverables and performance requirements as stated in Section III, 2, B Performance Requirements for Part 1 and Section IV, 2, B Project Scope for Part 2 of this RFP. Funds will be awarded for one or two successful bidders to meet all deliverables outlined in Parts 1 and 2 of this RFP. These funds will be awarded for a five year period contingent on satisfactory performance and subject to the availability of funding. At the discretion of the NYSDOH, any and all proposals may be rejected.

The evaluation process will include a:

- Compliance Evaluation;
- Comprehensive Technical Proposal Evaluation;
- Cost Proposal Evaluation; and
- Final Selection

1. Compliance Evaluation

A Compliance Evaluation must be conducted by the Procurement Coordinator or designee for every proposal submitted by the due date. Proposals found to be incomplete or non-responsive may be disqualified. Only those proposals meeting the minimum requirements will qualify for the technical and cost evaluation processes. In conducting this evaluation, the Department reserves the right to waive minor irregularities at its discretion.

The Procurement Coordinator or designee will check for the following mandatory submissions (Pass/Fail):

- Submission of a technical proposal prior to the stated deadline; and
- Submission of a cost proposal prior to the stated deadline, which includes a completed Cost Proposal Bid Detail Sheet (Attachment(s) 10 and/or 15),

In addition, the Procurement Coordinator or designee will check for submission of the following documents (Yes, No Submissions):

- Signed *Transmittal Letter* (Attachment 6), including required statements and assurances;
- Signed *Technical Proposal Cover Sheet* (Attachment 7);
- Signed *Cost Proposal Cover Sheet* (Attachment 9);
- A completed and signed *Lobbying Form* (Attachment 5) for the Cost Proposal; and
- A complete *Vendor Responsibility Attestation* (Attachment 16).

All proposals that pass the minimum requirements will be forwarded to separate technical and cost evaluation committees to conduct a comprehensive and impartial evaluation. The technical and cost proposals will be evaluated separately.

The results of the technical and cost evaluations will be weighted and combined for purposes of awarding a contract to the bidder with the highest score. The weighting will be as follows: 70% of the total points allowed for the technical proposal, and 30% of the total points allowed for the cost proposal.

2. Comprehensive Technical Proposal Evaluation

Individuals from within or outside the Department may be used as a subject matter expert/resource to consult regarding program area questions. Technical evaluators will direct any program questions they may have to the Technical Team Chairperson who will contact the subject matter expert/resource person. The information obtained will be provided to all technical evaluators by the Technical Team Chairperson.

Technical Evaluation Results

The proposal with the highest Technical Raw Score will receive a Final Technical Score of 70 points. Other bidders will receive a proportionate Final Technical Score according to the following formula:

$c = (a/b) \times 70$ where:

- a = technical score for proposal being scored
- b = technical score of the highest scoring proposal
- c = normalized technical proposal score for bidders being scored; and
- 70 = the total technical points available.

3. Cost Proposal Evaluation

The lowest bidder must receive the maximum number of points awarded for the cost component (e.g., 30 points). The other bidders will receive a proportional score using the formula of $z = (x/y) \times 30$ where:

- x = lowest total cost;
- y = total cost for the bidder being scored;
- z = normalized cost score for bidder being scored; and
- 30 = total cost points.

4. Final Selection

The Final Technical Score plus the Final Cost Score for each bid will be added to provide a total combined score for each bidder.

The bidder with the highest total combined score will be selected for an award. In the event of a tie, the determining factor(s) for award, in the following order of importance, will be:

1. Lowest cost;
2. Minority/Women-owned Business Enterprise (M/WBE) utilization;
3. Past experience; and
4. References.

VI. ADMINISTRATIVE

1. Issuing Agency

This RFP is a solicitation issued by the NYSDOH. The NYSDOH is responsible for the requirements specified herein and for the evaluation of all proposals.

2. Inquiries

All substantive questions should be submitted in writing via mail or e-mail by the date listed in the Schedule of Key Events to the appropriate Permissible Subject Matter Contact on page four of this RFP.

Each inquiry should cite the RFP number, section, and paragraph to which it refers. Written questions will be accepted until the date posted on the Schedule of Key Events. Any questions submitted electronically to bmchph@health.state.ny.us should enter the following in the subject line of the e-mail: Maternal and Infant Health COE RFP # 15318.

Prospective bidders should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised during the Questions and Answers period.

Questions and Answers, as well as any RFP updates and/or modifications, will be posted on the NYSDOH's Web site at <http://www.health.ny.gov/funding/> on or about the date listed in the Schedule of Key Events.

A non-mandatory Bidder's Conference will be held via telephone for this project on the date posted on the Schedule of Key Events for this RFP. The Department requests that potential bidders register for the conference call by submitting the Bidder's Conference Registration Form (Attachment 17) by the date listed in the Schedule of Key Events. This will help the Department ensure the availability of sufficient telephone lines to accommodate all participants.

3. Non-Mandatory Letter of Intent to Bid

Although the letter is not a requirement of the RFP, all potential bidders are strongly encouraged to complete and send in the Letter of Intent to Bid (Attachment 18) by the date listed in the Schedule of Key Events. .

4. Submission of Proposals

Interested vendors should submit one original and ten signed copies of their Bid Proposal not later than 5:00 p.m. on the date listed in the Schedule of Key Events. Originals and copies should not be bound or stapled; please use rubber bands or clips. Proposals may be submitted via mail service, commercial carrier or hand delivered.

Responses to this solicitation should be clearly marked “Maternal and Infant Health COE RFP # 15318” and directed to:

New York State Department of Health
Bureau of Maternal and Child Health
GNARESP, Room 831
Albany, NY 12237
Attention: Erica Stupp

It is the bidders' responsibility to see that a complete bid package is delivered to Room 831 prior to the date and time of the bid due date. Late bids due to delay by the carrier or not received in Room 831 will not be considered.

- a. The responsible corporate officer for contract negotiation should be listed. This document should be signed by the responsible corporate officer.
- b. All evidence and documentation requested under Section V, Proposal Requirements should be provided at the time the proposal is submitted.

A Checklist for Proposal Submission has been included as Attachment 19 to this RFP. Bidders should use the checklist to ensure a complete proposal is submitted. Failing to submit a complete proposal may result in the proposal being disqualified from the selection process.

5. THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO:

- a. Reject any or all proposals received in response to the RFP;
- b. Withdraw the RFP at any time, at the agency’s sole discretion;
- c. Make an award under the RFP in whole or in part;
- d. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
- e. Seek clarifications and revisions of proposals;
- f. Use proposal information obtained through site visits, management interviews and the state’s investigation of a bidder’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFP;
- g. Prior to the *bid opening*, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
- h. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- i. Change any of the scheduled dates;
- j. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- k. Waive any requirements that are not material;

- l. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
- m. Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- n. Utilize any and all ideas submitted in the proposals received;
- o. Unless otherwise specified in the solicitation, every offer is firm and not revocable for a period of 60 days from the bid opening; and,
- p. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation.

6. Payment and Reporting

If awarded a contract, the contractor shall submit invoices and/or vouchers to the State's designated payment office:

- a. Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: DOHaccountspayable@ogs.ny.gov with a subject field as follows:

Subject: **Unit ID: 3450257 Contract # TBD**

- b. Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 3450257
PO Box 2093
Albany, NY 12220-0093**

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at <http://www.osc.state.ny.us/epay/index.htm>, by Email at epunit@osc.state.ny.us or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit
110 State Street, 9th Floor
Albany, NY 12236

Payment of such invoices and/or vouchers by the State (NYSDOH) shall be made in accordance with Article XI-A of the New York State Finance Law. Contractor payment will be done through submission of quarterly vouchers to the NYSDOH's designated payment office. The voucher must follow the format provided by the NYSDOH. The amount allowed per voucher will be based on the Cost Proposal Bid Detail Sheet submitted in response to this RFP. The schedule and terms of payment for deliverables are contained in Attachment 11. Vouchers will be due 45 days after the end of the quarter and must be accompanied by a progress report. Vouchers that are submitted without a progress report will not be processed for payment. Failure of the contractor to meet the deliverables outlined in this contract may also result in vouchers not being processed until the deliverables are met.

7. Term of Contract

This agreement shall be effective upon approval of the NYS Office of the State Comptroller.

The contract(s) resulting from this RFP will be for five years. The anticipated term of the contract is the period July 1, 2014 to June 30, 2019.

This agreement may be canceled at any time by the Department of Health giving to the contractor not less than thirty (30) days written notice that on or after a date therein specified this agreement shall be deemed terminated and canceled.

8. Debriefing

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

9. Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>.

10. Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the

New York State VendRep System or may choose to complete and submit a paper questionnaire (Attachment 20). To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form. Bidders should also complete and submit the Vendor Responsibility Attestation (Attachment 16).

11. State Consultant Services Reporting

Chapter 10 of the Laws of 2006 amended certain sections of State Finance Law and Civil Service Law to require disclosure of information regarding contracts for consulting services in New York State.

The winning bidders for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" (Attachment 21) in order to be eligible for a contract.

Winning bidders must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" (Attachment 22) for each state fiscal year included in the resulting contract. This report must be submitted annually to the NYSDOH, the Office of the State Comptroller, and Department of Civil Service.

12. Lobbying Statute Summary

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, provides, among other things, the following as pertains to development of procurement contracts with governmental entities:

- a. makes the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;
- b. requires the above mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c. requires governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- d. authorizes the New York State Commission on Public Integrity to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;
- e. directs the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its Web site;
- f. requires the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment;

- g. expands the definition of lobbying to include attempts to influence gubernatorial or local Executive Orders, Tribal–State Agreements, and procurement contracts;
- h. modifies the governance of the New York State Commission on Public Integrity
- i. provides that opinions of the Commission shall be binding only on the person to whom such opinion is rendered;
- j. increases the monetary threshold which triggers a lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- k. establishes the Advisory Council on Procurement Lobbying.

Generally speaking, two related aspects of procurements were amended: (i) activities by the business and lobbying community seeking procurement contracts (through amendments to the Legislative Law) and (ii) activities involving governmental agencies establishing procurement contracts (through amendments to the State Finance Law).

Additionally, a new section 1-t was added to the Legislative Law establishing an Advisory Council on Procurement Lobbying (Advisory Council). This Advisory Council is authorized to establish the following model guidelines regarding the restrictions on contacts during the procurement process for use by governmental entities (see Legislative Law §1-t (e) and State Finance Law §139-j). In an effort to facilitate compliance by governmental entities, the Advisory Council has prepared model forms and language that can be used to meet the obligations imposed by State Finance Law §139-k, Disclosure of Contacts and Responsibility of Offerers. Sections 139-j and 139-k are collectively referred to as “new State Finance Law.”

It should be noted that while this Advisory Council is charged with the responsibility of providing advice to the New York State Commission on Public Integrity regarding procurement lobbying, the Commission retains full responsibility for the interpretation, administration and enforcement of the Lobbying Act established by Article 1-A of the Legislative Law (see Legislative Law §1-t (c) and §1-d). Accordingly, questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Commission on Public Integrity.

13. Accessibility of State Agency Web-based Intranet and Internet Information and Applications

Any Web-based intranet and internet information and applications development, or programming delivered pursuant to the contract or procurement will comply with New York State Enterprise IT Policy NYS-P08-005, “Accessibility Web-based Information and Applications”, and New York State Enterprise IT Standard NYS-S08-005, Accessibility of Web-based Information Applications, as such policy or standard may be amended, modified or superseded, which requires that state agency Web-based intranet and internet information and applications are accessible to persons with disabilities. Web content must conform to New York State Enterprise IT Standard NYS-S08-005, as determined by quality assurance testing. Such quality assurance testing will be conducted by Department of Health, contractor or other, and the results of such testing must be satisfactory to the Department of Health before Web content will be considered a qualified deliverable under the contract or procurement.

14. Information Security Breach and Notification Act

Section 208 of the State Technology Law (STL) and Section 899-aa of the General Business Law (GBL) require that State entities and persons or businesses conducting business in New York who own or license computerized data which includes private information including an individual's

unencrypted personal information plus one or more of the following: social security number, driver's license number or non-driver ID, account number, credit or debit card number plus security code, access code or password which permits access to an individual's financial account, must disclose to a New York resident when their private information was, or is reasonably believed to have been, acquired by a person without valid authorization. Notification of breach of that private information to all individuals affected or potentially affected must occur in the most expedient time possible without unreasonable delay, after measures are taken to determine the scope of the breach and to restore integrity; provided, however, that notification may be delayed if law enforcement determines that expedient notification would impede a criminal investigation. When notification is necessary, the State entity or person or business conducting business in New York must also notify the following New York State agencies: the Attorney General, the Office of Cyber Security & Critical Infrastructure Coordination (CSCIC) and the Consumer Protection Board (CPB). Information relative to the law and the notification process is available at: <http://www.dhSES.ny.gov/ocs/breach-notification/>

15. New York State Tax Law Section 5-a

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

Contractor must complete and submit directly to the New York State Taxation and Finance, Contractor Certification Form ST-220-TD (Attachment 23) attached hereto. Unless the information upon which the ST-220-TD is based changes, this form only needs to be filed once with DTF. If the information changes for the contractor, its affiliate(s), or its subcontractor(s), a new form (ST-220-TD) must be filed with DTF.

Contractor must complete and submit to the Department of Health the form ST-220-CA (Attachment 23) attached hereto, certifying that the contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render an offerer non-responsive and non-responsible. Offerers shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

16. Piggybacking

New York State Finance Law section 163(10)(e) (see also <http://www.ogs.state.ny.us/procurecounc/pgbguidelines.asp>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

17. Contractor Requirements and Procedures for Business Participation Opportunities for New York State Certified Minority and Women Owned Business Enterprises and Equal Employment Opportunities for Minority Group Members and Women

NEW YORK STATE LAW

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of New York State Department of Health contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that New York State Department of Health establish goals for maximum feasible participation of New York State Certified minority- and women – owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, New York State Department of Health hereby establishes an overall goal of 20% for MWBE participation, 10% for Minority-Owned Business Enterprises ("MBE") participation and 10% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that New York State Department of Health may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: <http://www.esd.ny.gov/mwbe.html>.

For guidance on how New York State Department of Health will determine a Contractor's "good faith efforts," refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and New York State Department of Health may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a bidder on the Contract ("Bidder") agrees to submit the following documents, provided as Attachment 24, and information as evidence of compliance with the foregoing:

- a. Bidders are required to submit a MWBE Utilization Plan on Form #1 with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to New York State Department of Health.
- b. New York State Department of Health will review the submitted MWBE Utilization Plan and advise the Bidder of New York State Department of Health acceptance or issue a notice of deficiency within 30 days of receipt.
- c. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to the [AGENCY NAME, address phone and fax information], a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by New York State Department of Health to be inadequate, New York State Department of Health shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on Form #2. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.
- d. New York State Department of Health may disqualify a Bidder as being non-responsive under the following circumstances:
 - i) If a Bidder fails to submit a MWBE Utilization Plan;
 - ii) If a Bidder fails to submit a written remedy to a notice of deficiency;
 - iii) If a Bidder fails to submit a request for waiver; or
 - iv) If New York State Department of Health determines that the Bidder has failed to document good faith efforts.

Contractors shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of

established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to New York State Department of Health, but must be made prior to the submission of a request for final payment on the Contract.

Contractors are required to submit a Contractor's Quarterly M/WBE Contractor Compliance & Payment Report on Form #3 to the New York State Department of Health address, phone and fax information, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the Bidder/Contractor agrees with all of the terms and conditions of Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Bidder further agrees, where applicable, to submit with the bid a staffing plan (Form #4) identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the New York State Department of Health, a workforce utilization report identifying the workforce actually utilized on the Contract if known.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and subcontractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

18. Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the

“Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012” list (“Prohibited Entities List”) posted on the OGS website at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should the Department of Health receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the Department of Health will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the Department of Health shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default.

The Department of Health reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

VII. CONTRACT APPENDICES

The following will be incorporated as appendices into any contract resulting from this Request for Proposal (See Attachment 25 for a Sample Contract). This Request for Proposal will, itself, be referenced as an appendix of the contract.

- ❑ APPENDIX A - Standard Clauses for All New York State Contracts
- ❑ APPENDIX B - Request for Proposal
- ❑ APPENDIX C -
The bidder's proposal.
- ❑ APPENDIX D - General Specifications
- ❑ APPENDIX E
Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:
 - ❑ Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **CE-200**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers’ Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
- **C-105.2** – Certificate of Workers’ Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** – Certificate of Workers’ Compensation Self-Insurance, OR **GSI-105.2** – Certificate of Participation in Workers’ Compensation Group Self-Insurance.
- Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:
 - **CE-200**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers’ Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - **DB-120.1** – Certificate of Disability Benefits Insurance
 - **DB-155** – Certificate of Disability Benefits Self-Insurance
- APPENDIX G - Notices
- APPENDIX H - Health Insurance Portability and Accountability Act (HIPAA)
- APPENDIX M - Participation by Minority Group Members and Women with Respect to State Contracts: Requirements and Procedures
- APPENDIX X – Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

VIII. RFP ATTACHMENTS

1. MIECHV Annual Data Reporting Requirements for HRSA
2. New York State MIECHV Continuous Quality Improvement Plan—Updated 2013
3. Community Health Worker Program Data Management Information System
4. No-Bid Form
5. Lobbying Form
6. Transmittal Letter
7. Technical Proposal Cover Sheet
8. Key MIH COE Staff Form—Part 1
9. Cost Proposal Cover Sheet
10. Cost Proposal Bid Detail Sheet—Part 1
11. Schedule and Terms of Payment
12. NYSDOH Account Management and Access Control Policies and Procedures
13. NYSDOH Security & Network Configuration Policy

14. Key MIHI DMIS Services Staff Form—Part 2
15. Cost Proposal Bid Detail Sheet—Part 2
16. Vendor Responsibility Attestation
17. Bidder's Conference Registration Form
18. Non-Mandatory Letter of Intent to Bid
19. Checklist for Proposal Submission
20. Vendor Responsibility Questionnaire
21. State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term
22. State Consultant Services Form B, Contractor's Annual Employment Report
23. New York State Tax Law Section 5-a (Forms ST-220-TD and ST-220-CA)
24. Minority and/or Women Owned Business Enterprises Procurement Form
25. Sample Contract
 - APPENDIX A - Standard Clauses for All New York State Contracts
 - APPENDIX D - General Specifications
 - APPENDIX G - Notices
 - APPENDIX H - Health Insurance Portability and Accountability Act (HIPAA)
 - APPENDIX M - Participation by Minority Group Members and Women with Respect to State Contracts: Requirements and Procedures
 - APPENDIX X - Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

Maternal and Infant Health Center of Excellence

MIECHV Annual Data Reporting Requirements for HRSA

- 1.1. MIECHV Benchmark Data Collection Plan
- 1.2. Home Visiting Form 1: Demographic and Service Utilization Data for Enrollees and Children
- 1.3. Home Visiting Form 2: Grantee Performance Measures

Benchmark 1: Improved Maternal and Newborn Health								
	Construct	Performance Measure	Improvement Definition	Measurement Metric	Measurement Tool/Instrument and Source	Data Collection Schedule for Reporting	Target Population (Comparison Type)	Notes/Justification
1.1	Prenatal Care	Percent of women who report receiving their first prenatal care visit during their first trimester of pregnancy. (Systems Indicator)	The percent of women receiving their first prenatal care visit during their first trimester of pregnancy will increase from Year 1 cohort to Year 2 cohort.	N: # of enrolled women who report having received their first prenatal visit during their first trimester of pregnancy. D: # of enrolled women who were asked when they began prenatal care.	HFNY: Target Child Identification Information and Birth Outcomes Form (see note 1.1.1) NFP: Client report on Maternal Health Assessment Form (see note 1.1.2)	HFNY: At enrollment, or at subsequent home visit if prenatal care not initiated before intake NFP: At Intake, or at subsequent home visit if prenatal care not initiated before intake	All enrolled women. (Cohort comparison based on year of enrollment, comparing Year 1 and Year 2 cohorts [For all comparisons Year 1 lasts 6 months from date of first enrolled client, Year 2 lasts 12 months from end of Year 1])	Systems Indicator of community access to/use of early prenatal care.
1.2	Parental Use of Alcohol, Tobacco, or Illicit Drugs	Percent of women who are screened for alcohol abuse at intake. (Process Measure)	The percent of women who are screened for alcohol abuse at intake will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of enrolled women screened for alcohol abuse at intake D: # of enrolled women	HFNY: AUDIT-C (See note 1.2.1) NFP: Client report on Health Habits Form (See note 1.2.2)	HFNY: Collect at assessment. Report at intake NFP: At Intake, Pregnancy 36 weeks and Infancy 12 months. Report for intake.	All enrolled women. (Cohort comparison based on year of enrollment, comparing Year 1 and Year 2 cohorts)	Aim to verify women are screened for alcohol abuse upon entry into the program.
1.3	Preconception Care	Percent of women receiving a preventive health care or well-woman visit by 12 months postpartum, with the visit occurring after 8 weeks postpartum and before any subsequent pregnancy. (Outcome measure)	The percent of women who received a preventive health care or well-woman visit by 12 months postpartum, with the visit occurring after 8 weeks postpartum and before any subsequent pregnancy, will increase from Year 1 cohort to Year 2 cohort.	N: # of enrolled women who report having received a preventive health care or well-woman visit after 8 weeks postpartum and before any subsequent pregnancy D: # of enrolled women who have reached 12 months postpartum and who do not have a subsequent pregnancy	HFNY: Primary Caretaker 1 Medical Information Form (see note 1.3.1) NFP: Client report on Use of Government and Community Resources Form (see note 1.3.2)	HFNY: Every home visit. NFP: Collect at Infancy 6, 12, 18 and 24 months (only doctor's visits after birth of first child are counted).	All enrolled women who have reached 12 months postpartum and do not have a subsequent pregnancy (Cohort comparison based on year of enrollment, comparing Year 1 and Year 2 cohorts)	Aim to capture general health care visits and omit prenatal or postpartum care visits by considering women who are beyond 8 weeks postpartum and who do not currently have a subsequent pregnancy.
1.4	Inter-birth Interval	Percent of postpartum women who received instruction about optimal birth spacing or family planning during at least one home visit before 6 months postpartum. (Process measure)	The percent of women who received instruction about optimal birth spacing or family planning after the birth of the target child and before 6 months postpartum will increase from Year 1 cohort to Year 2 cohort.	N: # of postpartum enrolled women who received instruction about optimal birth spacing or family planning before 6 months postpartum D: # of enrolled women at 6 months postpartum	HFNY: Home Visit Log (see note 1.4.1) NFP: Demographics Update Form (see note 1.4.2)	HFNY: Activities recorded at every home visit NFP: Activities recorded at every home visit.	All postpartum enrolled women. (Cohort comparison based on year of enrollment, looking at women who are 6 months postpartum, comparing Year 1 and Year 2 cohorts)	Aim to capture delivery of family planning and optimal birth-spacing information to postpartum women. [NFP: Will require custom data collection at MIECHV sites to record education activities related to optimal birth spacing and family planning.]

1.5	Screening for Maternal Depressive Symptoms	Percent of women who are screened for depression prenatally. (Process Measure)	The percent of women screened for depression prenatally will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of enrolled women screened for depression prenatally D: # of women enrolled prenatally	HFNY: Kempe Family Stress Checklist (see note 1.5.1) NFP: Client report using the PHQ-9 or Edinburg Postnatal Depression Screening Tool (see note 1.5.2)	HFNY: Collect at assessment. Report at intake NFP: Required at Pregnancy 36 weeks, Infancy 1-8 weeks, Infancy 12 months (optional at other times). Reported at 36 weeks	All women enrolled prenatally. (Cohort comparison based on year of enrollment, comparing Year 1 and Year 2 cohorts)	This construct is complimentary to construct 3.4 (Parent emotional well-being and stress). Here we quantify frequency of screening, #3.4 assesses the frequency of referrals issued for positive screens.
1.6	Breastfeeding	Percent of women enrolled prenatally who report after the birth of the target child that they initiated breastfeeding. (Outcome Measure)	The percent of women enrolled prenatally reporting after the birth of the target child that they initiated breastfeeding will increase from Year 1 cohort to Year 2 cohort.	N: # of women who report initiating breastfeeding after the birth of the target child D: # of women enrolled prenatally asked about breastfeeding at target child's birth	HFNY: Target Child Identification Information and Birth Outcomes Form, Follow-up Form, (See note 1.6.1) NFP: Client report on Infant Birth Form (See note 1.6.2)	HFNY: (1) Birth of TC or enrollment and 2) TC age - 6m, 1y, 2y, 3y, 4y, 5y and Discharge, report at target child's birth NFP: At Infant's Birth and at Infancy 6, 12, 18 and 24 months, report at target child's birth	All women enrolled prenatally. (Cohort comparison based on year of enrollment, looking at women who have given birth to the target child, comparing Year 1 and Year 2 cohorts)	Women enrolled prenatally considered only to attribute change to program impact. Plan to collect but not report breastfeeding to 6 months and exclusive breastfeeding to 3 months.
1.7	Well-child Visits	Percent of target children enrolled by birth who had four or more well-child and preventive health visits in their first 12 months of life. (Outcome Measure)	The percent of target children who have had four or more well-child and preventive health visits by age 12 months will increase from Year 1 cohort to Year 2 cohort.	N: # of target children who had four or more well-child and preventive health visits by age 12 months. D: # of target children enrolled by birth who are age 12 months	HFNY: Target Child Medical Information Form (See note 1.7.1) NFP: Client report on Infant Health Care Form (See note 1.7.2)	HFNY: On-going collection, at each home visit. Report total at 12 months NFP: At Infancy 6, 12, 18 and 24 months. Report total at 12 months	All target children already enrolled at birth and who are 12 months old. (Cohort comparison based on year of enrollment, looking at target children who have reached 12 months of age, comparing Year 1 and Year 2 cohorts)	Based on QARR metric (Medicaid Managed Care performance measure), but adjusted to fit MIECHV reporting timeline
1.8	Maternal and Child Health Insurance Status	Percent of enrolled postpartum women and target children dyads who both report having some form of health insurance (Medicaid, PCAP, Child Health Plus, private, other) when the target child reaches 6 months of age. (Outcome Measure)	The percent of enrolled postpartum women and children dyads who both report having some form of health insurance when the target child reaches 6 months of age will increase from Year 1 cohort to Year 2 cohort.	N: total # of enrolled postpartum women and target children dyads who both report having health insurance D: total # of enrolled postpartum women and target children at 6 months of age dyads	HFNY: Intake Form, Target Child Identification Information and Birth Outcomes Form, Follow-up Form (See note 1.8.1) NFP: Client report on Use of Government and Community Resources Form (See note 1.8.2)	HFNY: Maternal: Enrollment; TC age - 6m, 1y, 2y, 3y, 4y, 5y; and Discharge Target Child: At Birth or Enrollment; and TC age - 6m, 1y, 2y, 3y, 4y, 5y and Discharge, report at TC age 6 months NFP: At Intake, Infant's Birth, Infancy 6, 12, 18 and 24 months, report at TC age 6 months	All enrolled postpartum mothers with a 6-month-old enrolled child and target children at 6 months of age (Cohort comparison based on year of enrollment, looking at postpartum woman and 6-month-old target child pairs, comparing Year 1 and Year 2 cohorts)	Looking only at enrolled women when their child reaches 6 months of age and target children at 6 months of age. Intended to capture dyads that are still insured after the 60-day postpartum MA coverage. Complimentary to construct #5.3 that assess continuity of insurance coverage to 12 months postpartum.

Benchmark 2: Child Injuries, Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits								
	Construct	Performance Measure	Improvement Definition	Measurement Metric	Measurement Tool/Instrument and Source	Data Collection Schedule for Reporting	Target Population (Comparison Type)	Notes/Justification
2.1	Visits for children to ED from all causes	Rate of visits to the ED or urgent care for any reason by enrolled target children. (Outcome Measure)	The rate of visits to the ED or urgent care for any reason by enrolled target children will decrease from Year 1 to Year 2.	N: # of ED or urgent care visits for any reason by enrolled target children D: # of enrolled target children	HFNY: Target Child Medical Information Form (See note 2.1.1) NFP: Client report on Infant Health Care Form (See note 2.1.2)	HFNY: Collects at 6, 12, 24, 36, 48, & 60 months of age NFP: Collects at 6, 12, 18, & 24 months of age	All enrolled target children (Cross-sectional comparison of all enrolled children, comparing Year 1 and Year 2)	Must report aggregate and by age category (0-12, 13-36, & 37-60 months). Must compare aggregate figures only. ED and urgent care visits are combined because variations in hospital systems and their relationships with urgent care facilities can make differentiating visit types misleading.
2.2	Visits of mothers to ED from all causes	Rate of visits to the ED or urgent care for any reason by pregnant or postpartum women. (Outcome Measure)	The rate of visits to the ED or urgent care for any reason by enrolled pregnant or postpartum women will decrease from Year 1 to Year 2.	N: # of ED or urgent care visits for any reason by enrolled pregnant or postpartum women D: # of enrolled pregnant or postpartum women	HFNY: Primary Caretaker 1 Medical Form (See note 2.2.1) NFP: Client report on Demographic Update Form (See note 2.2.2)	HFNY: Collect at TC age - 6m, 1y, 2y, 3y, 4y, 5y and Discharge, report annually, beginning at enrollment NFP: Collect at Intake, Infancy 6 and 12 months, Toddler 18 and 24 months, report annually beginning at enrollment	All enrolled pregnant and postpartum women (Cross-sectional comparison of all enrolled pregnant or postpartum women, comparing Year 1 and Year 2)	Aims to assess the appropriate usage of ED by all enrolled women. ED and urgent care visits are combined because variations in hospital systems and their relationships with urgent care facilities can make differentiating visit types misleading.
2.3	Participant training on prevention of child injuries	Percent of pregnant or postpartum women who receive education or information about child injuries and prevention by 6 months postpartum. (Process Measure)	The percent of pregnant or postpartum women who receive education or information about child injuries and prevention by 6 months postpartum will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of women who receive education or information about child injuries and prevention by 6 months postpartum D: # of enrolled women who reached 6 months postpartum	HFNY: Home Visit Log (See note 2.3.1) NFP: Nurse report on Home Visit Encounter Form (See note 2.3.2)	HFNY: Collect at each home visit NFP: Collect at every home visit (frequency varies)	All enrolled pregnant and postpartum women (Cohort comparison based on year of enrollment, looking at families when target child reaches 6 months of age, comparing Year 1 and Year 2 cohorts)	
2.4	Incidence of child injuries requiring medical treatment	Rate of visits to the ED or urgent care due to injury by enrolled target children (Outcome Measure)	The rate of visits to the ED or urgent care due to injury by enrolled target children will decrease from Year 1 to Year 2.	N: # of ED or urgent care visits due to injury by enrolled target children D: # of enrolled target children	HFNY: Target Child Identification Information and Birth Outcomes Form (See note 2.4.1) NFP: Client report on Infant Health Care Form (See note 2.4.2)	HFNY: TC age - 6m, 1y, 2y, 3y, 4y, 5y and Discharge. NFP: At Intake, Infancy 6 and 12 months, Toddler 18 and 24 months	All enrolled target children (Cross-sectional comparison of all enrolled children, comparing Year 1 and Year 2)	Must report aggregate and by age category (0-12, 13-36, & 37-60 months). Must compare aggregate figures only. ED and urgent care visits are combined because variations in hospital systems and their relationships with urgent care facilities can make differentiating visit types misleading.

Attachment 1.1

2.5	Reported suspected maltreatment for children in the program	The incidence of reported suspected maltreatment of enrolled target children, verified through CPS.	The incidence of reported suspected maltreatment of enrolled target children will decrease from Year 1 to Year 2.	N: # of suspected maltreatment reports of enrolled target children in random sample <hr/> D: # of enrolled target children in random sample	Administrative data accessed from the NYS Statewide Central Register	Calculated annually	A random sample of enrolled target children (Cross-sectional comparison of enrolled children, comparing Year 1 and Year 2) (See note 2.5.1 for sample methodology)	Must report aggregate and by age category (0-12, 13-36, & 37-60 months). Must compare aggregate figures only. Must report by maltreatment type (neglect, physical abuse, sexual abuse, emotional, other)
2.6	Reported substantiated maltreatment for children in the program	The incidence of reported substantiated maltreatment of enrolled target children, verified through CPS.	The incidence of reported substantiated maltreatment of enrolled target children will decrease from Year 1 to Year 2.	N: # of substantiated maltreatment reports of enrolled target children in random sample <hr/> D: # of enrolled target children in random sample	Administrative data accessed from the NYS Statewide Central Register	Calculated annually	A random sample of enrolled target children (Cross-sectional comparison of enrolled children, comparing Year 1 and Year 2) (See note 2.5.1 for sample methodology)	Must report aggregate and by age category (0-12, 13-36, & 37-60 months). Must compare aggregate figures only. Must report by maltreatment type (neglect, physical abuse, sexual abuse, emotional, other)
2.7	First-time victims of maltreatment for children in the program	The incidence of target children reported to CPS as victims of maltreatment for the first time in their life.	The incidence of target children reported to CPS for maltreatment for the first time will decrease from Year 1 to Year 2.	N: # of target children in random sample reported to CPS as victims of maltreatment for the first time in their life. <hr/> D: # of enrolled target children in random sample	Administrative data accessed from the NYS Statewide Central Register	Calculated annually	A random sample of enrolled target children (Cross-sectional comparison of enrolled children, comparing Year 1 and Year 2) (See note 2.5.1 for sample methodology)	Must report aggregate and by age category (0-12, 13-36, & 37-60 months). Must compare aggregate figures only. Must report by maltreatment type (neglect, physical abuse, sexual abuse, emotional, other)

Benchmark 3: Improvements in School Readiness and Achievement								
	Construct	Performance Measure	Improvement Definition	Measurement Metric	Measurement Tool/Instrument and Source	Data Collection Schedule for Reporting	Target Population (Comparison Type)	Notes/Justification
3.1	Parent support for children's learning and development	Percent of families assessed by the HOME Inventory tool at 6 months postpartum. (Process Measure)	The percent of families assessed by the HOME Inventory tool at 6 months postpartum will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of families assess by the HOME Inventory tool at 6 months postpartum D: # of enrolled families with a 6-month-old target child	HFNY: HOME Inventory tool (See note 3.1.1) NFP: Nurse observation and client report, HOME Inventory tool (See note 3.1.1)	HFNY: Collect at 6 months NFP: At Infancy 6 months, Toddler 18 months, report at 6 months	All enrolled families (Cohort comparison based on year of enrollment, looking at families when target child reaches 6 months of age, comparing Year 1 and Year 2 cohorts)	Aims to quantify the timely assessment of target children's home environments.
3.2	Parent knowledge of child development and of their child's developmental progress	Percent of ASQ and ASQ-SE scores that were reviewed with the families by the home visitor by 12 months postpartum. (Process Measure)	The percent of ASQ and ASQ-SE scores that were reviewed with the families by the home visitor by 12 months postpartum will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of times that a target child's ASQ and ASQ-SE scores were reviewed by a home visitor by 12 months postpartum D: # of ASQ and ASQ-SE assessments conducted by 12 months postpartum	HFNY: Home Visit Log (See note 3.2.1) NFP: Infant Health Care Form (See note 3.2.2)	HFNY: Collect at Target Child age: 4, 6, 8, 12, 16, 18, 20, 24, 30, 36, 48 months, report on 4- and 10-month assessments NFP: Collect at Infancy 4 and 10 months, Toddler 14 and 20 months, report on 4- and 10-month assessments	All enrolled families with a target child at 12 months of age (Cohort comparison based on year of enrollment, comparing Year 1 and Year 2 cohorts)	Aims to assess whether families are reviewing the results of the assessment of their child's cognitive and emotional development. [NFP: Will require custom data collection at MIECHV sites to record reviewing ASQ scores with families.]
3.3	Parenting behaviors and parent-child relationship	Percent of families assessed by the HOME Inventory tool at 6 months postpartum. (Process Measure)	The percent of families assessed by the HOME Inventory tool at 6 months postpartum will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of families assess by the HOME Inventory tool at 6 months postpartum D: # of enrolled families with a 6-month-old target child	HFNY: HOME Inventory tool (See note 3.1.1) NFP: Nurse observation and client report, HOME Inventory tool (See note 3.1.1)	HFNY: Collect at 6 months NFP: At Infancy 6 months, Toddler 18 months, report at 6 months	All enrolled families (Cohort comparison based on year of enrollment, looking at families when target child reaches 6 months of age, comparing Year 1 and Year 2 cohorts)	Aims to quantify the timely assessment of target children's home environments.
3.4	Parent emotional well-being or parenting stress	Percent of women who screened positive for depression receiving a referral to relevant services by 6 months postpartum. (Process Measure)	The percent of women who screened positive for depression receiving a referral to relevant services by 6 months postpartum will increase from Year 1 cohort to Year 2 cohort.	N: # of women who received a referral to relevant services by 6 months postpartum D: # of women who screened positive for depression	HFNY: PHQ-9 (See note 1.5.1) and Service Referral (See note 6.2.1) NFP: Client report using the PHQ-9 (See note 1.5.1) and Home Visit Encounter form (See note 3.4.1)	HFNY: Assessed at intake, TC age 6m, 1y, 2y, 3y, 4y, 5y, & discharge. Report at 6 months postpartum NFP: Collect at Pregnancy 36 weeks, Infancy 1-8 weeks, Infancy 4-6 months, Infancy 12 months (optional at other times). Report and 6 months postpartum	All enrolled women screened for depression (Cohort comparison based on year of enrollment, looking at enrolled women at 6 months postpartum, comparing Year 1 and Year 2 cohorts)	This construct is complimentary to construct 1.5 (Screening for Maternal Depressive Symptoms). Here we assess the frequency of referrals issued for positive screens, #1.5 quantifies frequency of screening.

3.5	Child's communication, language and emergent literacy	Percent of target children assessed by the "Communication" subscale of the Ages & Stages Questionnaire (ASQ) at 4 months. (Process Measure)	The percent of target children assessed by the "Communication" subscale of the ASQ at 4 months will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of 4-month-old target children assessed by the "Communication" subscale of the ASQ D: # of 4-month-old target children	HFNY: ASQ 1 or 2 (See note 3.5.1) NFP: Nurse observation and client report, ASQ (See note 3.5.1)	HFNY: Collect at Target Child age: 4, 6, 8, 12, 16, 18, 20, 24, 30, 36, 48 months, report 4-month assessments NFP: Collect at Infancy 4 and 10 months, Toddler 14 and 20 months, report 4-month assessments	All target children enrolled by 4 months of age (Cohort comparison based on year of enrollment, looking at families when target child reaches 4 months of age, comparing Year 1 and Year 2 cohorts)	Aim to assess early and timely assessment of target children's development. (NFP: Once an infant/toddler is screened for needing a referral, the ASQ is not repeated.)
3.6	Child's general cognitive skills	Percent of target children assessed by the "Problem Solving" subscale of the Ages & Stages Questionnaire (ASQ) at 4 months. (Process Measure)	The percent of target children assessed by the "Problem Solving" subscale of the ASQ at 4 months will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of 4-month-old target children assessed by the "Problem Solving" subscale of the ASQ D: # of 4-month-old target children	HFNY: ASQ 1 or 2 (See note 3.5.1) NFP: Nurse observation and client report, ASQ (See note 3.5.1)	HFNY: Collect at Target Child age: 4, 6, 8, 12, 16, 18, 20, 24, 30, 36, 48 months, report 4-month assessments NFP: Collect at Infancy 4 and 10 months, Toddler 14 and 20 months, report 4-month assessments	All target children enrolled by 4 months of age (Cohort comparison based on year of enrollment, looking at families when target child reaches 4 months of age, comparing Year 1 and Year 2 cohorts)	Aim to assess early and timely assessment of target children's development. (NFP: Once an infant/toddler is screened for needing a referral, the ASQ is not repeated.)
3.7	Child's positive approaches to learning including attention	Percent of target children assessed by the "Personal-Social" subscale of the Ages & Stages Questionnaire (ASQ) at 4 months. (Process Measure)	The percent of target children assessed by the "Personal-Social" subscale of the ASQ at 4 months will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of 4-month-old target children assessed by the "Personal-Social" subscale of the ASQ D: # of 4-month-old target children	HFNY: ASQ 1 or 2 (See note 3.5.1) NFP: Nurse observation and client report, ASQ (See note 3.5.1)	HFNY: Collect at Target Child age: 4, 6, 8, 12, 16, 18, 20, 24, 30, 36, 48 months, report 4-month assessments NFP: Collect at Infancy 4 and 10 months, Toddler 14 and 20 months, report 4-month assessments	All target children enrolled by 4 months of age (Cohort comparison based on year of enrollment, looking at families when target child reaches 4 months of age, comparing Year 1 and Year 2 cohorts)	Aim to assess early and timely assessment of target children's development. (NFP: Once an infant/toddler is screened for needing a referral, the ASQ is not repeated.)
3.8	Child's social behavior, emotion regulation, and emotional well-being	Percent of target children assessed by the Ages & Stages Questionnaire-Social Emotional (ASQ-SE) at 6 months. (Process Measure)	The percent of target children assessed by the ASQ-SE at 6 months will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of 6-month-old target children assessed by the ASQ-SE D: # of 6-month-old target children	HFNY: ASQ 3 SE (See note 3.8.1) NFP: Nurse observation and client report, ASQ-SE (See note 3.8.1)	HFNY: Collect at Target Child age: 6, 12, 18, 24, 30, 36, 48 months, report 6-month assessments NFP: At Infancy 6 and 12 months, Toddler 18 and 24 months, report 6-month assessments	All target children enrolled by 6 months of age (Cohort comparison based on year of enrollment, looking at families when target child reaches 6 months of age, comparing Year 1 and Year 2 cohorts)	Aim to assess early and timely assessment of target children's development. (NFP: Once an infant/toddler is screened for needing a referral, the ASQ-SE is not repeated.)
3.9	Child's physical health and development	Percent of target children assessed by the "Gross Motor Skills" and "Fine Motor Skills" subscales of the Ages & Stages Questionnaire (ASQ) at 4 months. (Process Measure)	The percent of target children assessed by the "Gross Motor Skills" and "Fine Motor Skills" subscales of the ASQ at 4 months will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of 4-month-old target children assessed by the "Gross Motor Skills" and "Fine Motor Skills" subscales of the ASQ D: # of 4-month-old target children	HFNY: ASQ 1 or 2 (See note 3.5.1) NFP: Nurse observation and client report, ASQ (See note 3.5.1)	HFNY: Collect at Target Child age: 4, 6, 8, 12, 16, 18, 20, 24, 30, 36, 48 months, report 4-month assessments NFP: Collect at Infancy 4 and 10 months, Toddler 14 and 20 months, report 4-month assessments	All target children enrolled by 4 months of age (Cohort comparison based on year of enrollment, looking at families when target child reaches 4 months of age, comparing Year 1 and Year 2 cohorts)	Aim to assess early and timely assessment of target children's development. (NFP: Once an infant/toddler is screened for needing a referral, the ASQ is not repeated.)

Benchmark 4: Crime or Domestic Violence								
	Construct	Performance Measure	Improvement Definition	Measurement Metric	Measurement Tool/Instrument and Source	Data Collection Schedule for Reporting	Target Population (Comparison Type)	Notes/Justification
	Crime: Arrests	N/A						
	Crime: Convictions	N/A						
4.1	Domestic Violence: Screening for domestic violence	Percent of pregnant and postpartum women screened for domestic violence at intake. (Process Measure)	The percent of pregnant or postpartum women screened for domestic violence at intake will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of enrolled women screened for domestic violence at intake D: # of enrolled women	HFNY: HITS assessment tool (See note 4.1.1) NFP: Client report on Relationship Assessment Form (See note 4.1.2)	HFNY: Collect at assessment. Report at intake NFP: Collect at Intake, Pregnancy 36 weeks, Infancy 12 months; nurses can make inquiries if suspected IPV emerges at other points in time. Report at intake	All enrolled women (Compare cohorts based on year of enrollment, comparing Year 1 and Year 2 cohorts)	Aim to verify women are screened for domestic violence upon entry into the program.
4.2	Domestic Violence: Of families identified for the presence of domestic violence, referrals made for relevant services	Percent of women who were identified with a domestic violence issue for whom referrals were initiated for relevant services during reporting year. (Process Measure)	The percent of referrals initiated for relevant services for women who were identified with domestic violence issue will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of referrals initiated for relevant services to women who were identified with domestic violence issue during reporting year D: # of enrolled women who are identified as having a domestic violence issue (screened positive for domestic violence or identified by home visitor)	HFNY: Service Referral Form (See note 4.2.1) NFP: Client report on Home Visit Encounter Form (See note 4.2.2)	HFNY: On-going, as needed. Report annually NFP: At every home visit as needed (frequency varies). Report annually	All enrolled women who screened positive for domestic violence (Cross-sectional comparison of enrolled women comparing Year 1 and Year 2 cohorts)	
4.3	Domestic Violence: Of families identified for the presence of domestic violence, families completing a safety plan	Percent of women who were identified as having a domestic violence issue with whom safety or a domestic violence safety plan was discussed, completed or reviewed by 12 months postpartum.	The percent of women who were identified as having a domestic violence issue with whom safety or a safety plan was discussed, completed or reviewed by 12 months postpartum will increase or be maintained from Year 1 cohort to Year 2 cohort.	N: # of women with whom safety or a safety plan was discussed, completed, or reviewed D: # of enrolled women who are identified as having a domestic violence issue (screened positive for domestic violence, identified by home visitor, or domestic violence referral initiated by home visitor)	HFNY: Follow-up Form (See note 4.3.1) NFP: Client report on Home Visit Encounter Form and Relationship Assessment Form (See note 4.3.2)	HFNY: At every home visit NFP: At every home visit (frequency varies)	All enrolled women (Cohort comparison based on year of enrollment, looking at women who are 12 months postpartum, comparing Year 1 and Year 2 cohorts)	

Benchmark 5: Family Economy and Self-sufficiency

	Construct	Performance Measure	Improvement Definition	Measurement Metric	Measurement Tool/Instrument and Source	Data Collection Schedule for Reporting	Target Population (Comparison Type)	Notes/Justification
5.1	Household income and benefits	The number of families served that demonstrate an increase in the total amount of monthly income and benefits received (i.e., TANF, Food Stamps, Emergency Assistance, WIC, SSI/SSD) reported at 12 months postpartum compared to at enrollment. (Outcome Measure)	Families will demonstrate an increase in the total amount of monthly income and benefits received reported at 12 months postpartum compared to enrollment.	N: # of families whose monthly income and benefits at 12 months postpartum is greater than at enrollment D: # of families who reported their monthly income and benefits at 12 months postpartum and at enrollment	HFNY: Intake, Follow-up Form (See note 5.1.1) NFP: Client report on Demographics: Pregnancy Intake Form and Demographics: Update Form (See note 5.1.2)	HFNY: At Enrollment, TC age - 6m, 1y, 2y, 3y, 4y, 5y; and Discharge. Report for month of enrollment and 12 months postpartum NFP: At Intake, Infancy 6 and 12 months, Toddler 18 and 24 months. Report for month of enrollment and 12 months postpartum	All enrolled women for whom income at enrollment and at 12 months postpartum was collected (Individual comparison between enrollment and 12 months postpartum)	Household defined as enrolled pregnant or postpartum woman and target child. Note: NFP collects annual income; NYS NFP sites will use additional question asking income from past month.
5.2	Employment or education of adult members of the household	Employment: The number of families that demonstrate an increase in the number of hours worked in the past month reported at 12 months postpartum compared to at enrollment. (Outcome Measure)	The number of families that demonstrate an increase in the number of hours worked in the past month reported at 12 months postpartum compared to at enrollment will increase from Year 1 cohort to Year 2 cohort. (See note 5.2.1)	N: # of families whose total number of hours worked in the past month at 12 months postpartum is greater than at enrollment D: # of families who reported the total number of hours worked in the past month at 12 months postpartum and at enrollment	HFNY: Intake, Follow-up (See note 5.2.2) NFP: Client report on Demographics: Pregnancy Intake Form and Demographics Update Form (See note 5.2.3)	HFNY: At enrollment and TC age: 6m, 1y, 2y, 3y, 4y, 5y and Discharge. Report for month of enrollment and for 12 months postpartum NFP: At Intake, Infancy 6 and 12 months, Toddler 18 and 24 months. Report for month of enrollment and for 12 months postpartum	All enrolled women (Cohort comparison based on enrollment, looking at clients who completed assessments at enrollment and 12-month postpartum, comparing Year 1 and Year 2 cohorts)	Must report both, but require improvement in one only. Household defined as enrolled pregnant or postpartum woman and target child.
		Education: The number of families that report being enrolled in an educational or vocational program at 12 months postpartum that reported not being enrolled in an educational or vocational program at enrollment. (Outcome Measure)	The number of families that reported being enrolled in an educational or vocational program at 12 months postpartum who reported not being enrolled in an educational or vocational program at enrollment will increase from Year 1 cohort to Year 2 cohort.	N: # of enrolled women who reported being enrolled in an educational or vocational program at 12 months postpartum and not being enrolled in such a program at enrollment D: # of enrolled women who reported about their enrollment status in an educational or vocational program at 12 months postpartum and at enrollment	HFNY: Intake, Follow-up (See note 5.2.2) NFP: Client report on Demographics: Pregnancy Intake Form and Demographics Update Form (See note 5.2.3)	HFNY: At enrollment and TC age: 6m, 1y, 2y, 3y, 4y, 5y and Discharge. Report for month of enrollment and for 12 months postpartum NFP: At Intake, Infancy 6 and 12 months, Toddler 18 and 24 months. Report for month of enrollment and 12 months postpartum	All enrolled women (Cohort comparison based on enrollment, looking at clients who completed assessments at enrollment and 12-month postpartum, comparing Year 1 and Year 2 cohorts)	
5.3	Health insurance status	Percent of enrolled postpartum women and target children dyads who both report having some form of health insurance (Medicaid, PCAP, Child Health Plus, private, other) when the target child reaches 12 months of age. (Outcome Measure)	The percent of enrolled postpartum women and children dyads who both report having some form of health insurance when the target child reaches 12 months of age will increase from Year 1 cohort to Year 2 cohort.	N: total # of enrolled postpartum women and target children dyads who both report having health insurance D: total # of enrolled postpartum women and target children at 12 months of age dyads	HFNY: Intake Form, Target Child (TC) ID Form, Follow-up Form, (See note 1.8.1) NFP: Client report on Use of Government and Community Resources Form, (See note 1.8.2)	HFNY: Maternal: Enrollment; TC age - 6m, 1y, 2y, 3y, 4y, 5y; and Discharge Target Child: At Birth or Enrollment; and TC age - 6m, 1y, 2y, 3y, 4y, 5y and Discharge. Report at TC age 12 months NFP: At Intake, Infant's Birth, Infancy 6, 12, 18 and 24 months. Report at TC age 12 months	All enrolled postpartum mothers with a 12-month-old enrolled child and target children at 12 months of age (Cohort comparison based on year of enrollment of postpartum women and 12-month-old target child pairs, comparing Year 1 and Year 2 cohorts)	Household defined as enrolled pregnant or postpartum woman and target child. Looking only at enrolled women when their child reaches 12 months of age and target children at 12 months of age. Intended to assess continuity of insurance coverage to 12 months postpartum. Complimentary to construct #1.8 that captures dyads that are still insured after the 60-day postpartum MA coverage.

Benchmark 6: Improved Coordination and Referrals for Other Community Resources and Support								
	Construct	Performance Measure	Improvement Definition	Measurement Metric	Measurement Tool/Instrument and Source	Data Collection Schedule for Reporting	Target Population (Comparison Type)	Notes/Justification
6.1	Number of families identified for necessary services	Percent of enrolled families screened for necessary services. (Process Measure)	The percent of enrolled families screened for necessary services will increase or be maintained from Year 1 to Year 2.	N: # of families screened for necessary services annually D: # of enrolled families	HFNY: Kempe FSC, Follow-up Form, (See note 6.1.1) NRP: Client report on Home Visit Encounter Form, (See note 6.1.2)	HFNY: Collect at assessment and TC age - 6m, 1y, 2y, 3y, 4y, 5y. Report annually NFP: Collect at every home visit (frequency varies). Report annually	All enrolled families (Cross-sectional comparison of all enrolled clients, comparing Year 1 and Year 2)	
6.2	Number of families requiring services who received a referral to available community resources	Percent of enrolled families identified as requiring services who received a referral to relevant services. (Process Measure)	The percent of families, who were identified as requiring services, receiving referrals to relevant services will increase or be maintained from Year 1 to Year 2.	N: # of families that were identified as requiring services who received a referral D: # of enrolled families identified as requiring services	HFNY: Service Referral, (See note 4.2.1) NFP: Client report on Use of Government and Community Resources, (See note 6.2.1)	HFNY: Collects on-going, as needed. Report annually NFP: Collect at Intake, Infant's Birth, Infancy 6 and 12 months, Toddler 18 and 24 months. Report annually	All enrolled families who were identified as requiring services (Cross-sectional comparison of all enrolled clients, comparing Year 1 and Year 2)	
6.3	Number of MOUs or other formal agreements with other social service agencies in community	MOUs and other formal agreements will be written agreements outlining the specific terms of the agreement. A categorized list of MOUs and other formal agreements that were maintained or formed during the reporting year will be provided annually by each program.	The number of MOUs and other formal agreements with other social service agencies will increase or be maintained from Year 1 to Year 2.	Categorized list of organizations with whom the program has a MOU as defined by NYSDOH.	HFNY: Agency administrative data to be collected at the agency level (See note 6.3.1) NFP: Agency administrative data to be collected at the agency level (See note 6.3.1)	HFNY: Report annually. NFP: Report annually.	All program administrative centers (Cross-sectional comparison, Year 1 and Year 2)	
6.4	Number of agencies with which home visiting provider has a clear point of contact in collaboration (including information sharing)	A list of collaborative relationships with designated individual(s) to contact with other agencies in the program's community will be provided annually by each program.	The number of collaborative relationships with designated individual(s) to contact will increase or be maintained from Year 1 to Year 2.	Categorized list of collaborative relationships with other agencies in the program's community and with a clear point of contact.	HFNY: Agency administrative data to be collected at the agency level (See note 6.4.1) NFP: Agency administrative data to be collected at the agency level (See note 6.4.1)	HFNY: Report annually. NFP: Report annually.	All program administrative centers (Cross-sectional comparison, Year 1 and Year 2)	
6.5	Number of completed referrals	Percent of issued referrals that were reported as completed by the client to the Nurse/Home Visitor. (Outcome Measure)	The percent of issued referrals that were reported as completed will increase or be maintained from Year 1 to Year 2.	N: # of completed referrals reported to Nurse/Home Visitors D: # of referrals issued to enrolled families	HFNY: Service Referral (See note 4.2.1) NFP: Client report on Use of Government and Community Resources (See note 6.5.1)	HFNY: on-going, as needed NFP: At Intake, Infant's Birth, Infancy 6 and 12 months, Toddler 18 and 24 months	All enrolled families. (Cross-sectional comparison of all enrolled clients, comparing Year 1 and Year 2)	(N.B. both programs do not get independent confirmation that client obtained/has received service, all based on client self-report)

OMB No: 0915-0357

Expiration Date: 10/31/2015

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0357. Public reporting burden for this collection of information is estimated to average 731 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

MIECHV

HOME VISITING FORM 1

DEMOGRAPHIC AND SERVICE UTILIZATION DATA FOR ENROLLEES AND CHILDREN

Reporting Period _____

Service Areas:

Section A: Unduplicated Count of Enrollees by Type and by Primary Insurance Coverage

Table A.1

1. Total Numbers Newly Enrolled and Served during Reporting Period	Numbers Newly Enrolled	Numbers Served during Reporting Period
Enrollees		
Index Children		
Households		

Table A.2

	No Insurance Coverage	Title XIX (Medicaid)/ Title XXI (State Children's Insurance Program)	Tri-Care	Private or Other	Unknown/ Did not report	Total
2. Enrollees: Insurance Status						
Pregnant Women						
Female Caregivers						
Male Caregivers						
Total						
3. Index Children: Insurance Status						
Index children (0-5 years)						

Section B: Enrollees and Children: Selected Characteristics by Ethnicity and Race

Table B

	Ethnicity				Race							
	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race	Unrecorded	Total
	4. Enrollees											
Pregnant Women												
Female Caregivers												
Male Caregivers												
Total												
	5. Enrollees: Marital Status											
Never married												
Married												
Separated												
Divorced												
Widowed												
Unknown/did not report												
Total												
	6. Female Enrollees: Educational Attainment											
Currently enrolled in high school												
Of high school age, not enrolled												
Less than HS diploma												
GED												
HS diploma												
Some college/training												
Technical Training Certification, Associate's Degree												
Bachelor's Degree, or higher												
Other												
Unknown/did not report												
Total												
	7. Male Enrollees: Educational Attainment											

OMB Approved Home Visiting Form 1

Currently enrolled in high school													
Of high school age, not enrolled													
Less than HS diploma													
GED													
HS diploma													
Some college/training													
Technical Training Certification, Associates Degree													
Bachelor's Degree, or higher													
Other													
Unknown/did not report													
Total													
8. Female Enrollees: Age (in years)													
10-14													
15-17													
18-19													
20-21													
22-24													
25-29													
30-34													
35-44													
45-54													
55-64													
65+													
Unknown/did not report													
Total													
9. Male Enrollees: Age (in years)													
10-14													
15-17													
18-19													
20-21													
22-24													
25-29													
30-34													
35-44													
45-54													
55-64													
65+													
Unknown/did not report													
Total													

10. Female Index Children: Age (in years)												
Under 1 year												
1-2 years												
3-5 years												
Unknown												
Total												
11. Male Index Children: Age (in years)												
Under 1 year												
1-2 years												
3-5 years												
Unknown												
Total												

Section C: Socioeconomic Data

Table C.1.

12. Household Income in Relation to Federal Poverty Guidelines	Number of Households
50% and under	
51-100%	
101-133%	
134-250%	
251-300%	
>300	
Unknown/did not report	
Total	

Table C.2

13. Enrollees: Employment Status	Number
Employed Full Time	
Employed Part-Time	
Not employed	
Unknown/did not report	
Total	
14. Enrollees: Education/Training Status	Number
Student/trainee	
Not a student/trainee	
Unknown/did not report	
Total	

Section D: Other demographics

Table D.1

	15. Enrollees: Age		
	Pregnant Women	Female Caregivers	Male Caregivers
10-14			
15-17			
18-19			
20-21			
22-24			
25-29			
30-34			
35-44			
45-54			
55-64			
65+			
Age Unknown/did not report			
Total			

Table D.2

16. Primary Language Exposure of Index Children	Number of index children
English	
Spanish	
Arabic	
Chinese	
French	
Italian	
Japanese	
Korean	
Polish	
Russian	
Tagalog	
Vietnamese	
Tribal languages	
Other	
Unknown/Did Not Report	
Total	

Section E: Priority Populations—Actual Numbers Enrolled During Reporting Period

Table E

Legislatively Identified Priority Populations	Number of newly enrolled individuals
17. Have low incomes	
18. Are pregnant women who have not attained age 21	
19. Have a history of child abuse or neglect or have had interactions with child welfare services	
20. Have a history of substance abuse or need substance abuse treatment	
21. Are users of tobacco products in the home	
22. Have or have a child/children with low student achievement	
23. Have a child/children with developmental delays or disabilities	
24. Are in families that include individuals who are serving or formerly served in the Armed forces, including such families that have members of the armed Forces who have had multiple deployments outside of the United States.	

Section F: Service Utilization Across all Models

Table F.1

25. Family Retention Across All Models	Number of families
Currently receiving services	
Completed program	
Stopped services before completion	
Other	
Total	

Table F.2

26. Total Number of Home Visits	
--	--

Section G: Missing data

INSTRUCTIONS FOR COMPLETION OF HOME VISITING FORM 1

DEMOGRAPHIC AND SERVICE UTILIZATION DATA

Enter data into all required data cells. If sampling of the program population was utilized, please explain the sampling methodology and any estimates used.

Note: Ages are expressed as “x – y” (e.g., 3-5 years, meaning age 3 years through 5 years, i.e., up to but not including 6 years of age). Also, symbols are used to indicate directions. 45+ means age 45 years and over.

At the top of the Form, “Reporting Period” should reflect the federal fiscal year for which the data applies. Under the “Service Areas” tab, enter the zip codes in which MIECHV services are being provided.

For purposes of this data collection form, families and households are considered synonymous. For each household, the demographic and service utilization data should be based at a minimum on information collected from the enrolled primary caregiver and the index child cared for by the enrollee.

This form consists of seven sections:

- Section A: Unduplicated Count of Enrollees by Type and by Primary Insurance Coverage
- Section B: Enrollees and Children: Selected Characteristics by Ethnicity and Race
- Section C: Socioeconomic Data
- Section D: Other Demographics
- Section E: Priority Populations—Actual Numbers Enrolled During Reporting Period
- Section F: Service Utilization Across all Models
- Section G: Missing Data

Section A, B, C, and D data are collected at the time of enrollment and annually thereafter. Section E data are collected on those individuals who are newly enrolled in the program during the reporting period. These data are collected at the time of enrollment and reflect familial or individual risk factors. Utilization data for Section F for all families reported on in Sections A-D should be assessed at the end of the reporting period.

Section A: Unduplicated Count of Enrollees by Type and by Primary Insurance Coverage

In table A1, item 1, enter the unduplicated count respectively of enrollees, index children, and families newly enrolled during the reporting period in the first column. Enter in the second column the total number of all enrollees, index children and families served (i.e., who received at least one home visit) during the reporting period. This column includes both families enrolled during the reporting period and families previously enrolled who continue to receive services during the reporting period. (For the first reporting year, the numbers in the two columns may be the same.) The term “Unduplicated” only applies to the count of families and individuals served during the reporting period (i.e., the count of families and enrollees continuously enrolled in the program from one year to another restarts for each reporting period). Totals in subsequent tables for enrollees, index children, and families should equal the numbers served from Table A.1 (except for table E where numbers newly enrolled apply). The category “Enrollees” includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent could be counted as an enrollee but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.

The index child (Birth – 5 years) is the target child in an individual household who is under the care of the enrollee(s). More than one index child can be identified (e.g., in the case of twins, triplets, etc). Thus, there may be more than one female or male index child in a given household.

In table A2, (items 2 and 3), enter the unduplicated count of enrollees served by insurance status. Pregnant women are participants who have been enrolled in the program while pregnant at any time during the reporting period. Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and have not delivered the child during the reporting period (e.g., biological mothers, adoptive mothers, foster

mothers, grandmothers). Male caregivers include those male household members (e.g. expectant fathers, biological fathers, step-fathers, and partners) who also meet the definition of an enrollee. Information about all newly enrolled caregivers should be collected at intake or shortly thereafter. The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.

Section B: Enrollees and Children: Selected Characteristics by Ethnicity and Race

The responses regarding ethnicity and race in table B should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. Data should be collected on ethnicity and race. Participants who select more than one race, should be reported in the More than one race category. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective "Unrecorded" columns.

In table B, item 4, enter the unduplicated count for each category of enrollees by ethnicity and race.

In table B, item 5, enter the marital status of the enrollees by ethnicity and race. If more than one individual is enrolled in the program, enter the status for all enrollees. For example, if a pregnant woman is enrolled with her spouse in the program, both participants would be counted under the married category.

In table B, item 6 enter the unduplicated count of female enrollees by level of educational attainment and ethnicity and race. The female enrollee population includes the unduplicated count of pregnant women and female caregivers. Of high school age, not enrolled includes those individuals who are of high school age, and are not currently enrolled. For example, a teenage mother who is 16 years of age and could be enrolled in high school but is not. Less than high school diploma includes individuals who are not of high school age and who did not complete their high school education. For example, a 23 year old mother who did not finish high school would be included in this category because she is not of high school age and did not finish her high school education. The Some college/training category includes those who are currently enrolled and those who attended in the past. The Other category includes those individuals who did not fall into the specified categories.

In table B, item 7 enter the unduplicated count of male enrollees by level of educational attainment and by ethnicity and race.

In table B, item 8 enter the unduplicated count of female enrollees by age group and ethnicity and race.

In table B, item 9 enter the unduplicated count of male enrollees by age group and ethnicity and race.

In table B, item 10 enter the unduplicated count of the female index children by age group and ethnicity and race. Index children are the population of children birth -5 years who are enrolled in the home visiting program and identified as the index child in an individual household. More than one index child can be identified (e.g., in the case of twins, triplets, etc.) Therefore, there may be more than one female or male child in a given household.

In table B, item 11 enter the unduplicated count of the male index children by age group and ethnicity and race.

Section C: Socioeconomic Data

In table C1, item 12 enter the unduplicated count of families by income category according to the annual update of the HHS Poverty Guidelines. The appropriate category for a given family will depend both on household income and on the number of enrollees and index children counted in the household. Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter. Annual income data can be estimated from monthly data (monthly income x 12). The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See <http://aspe.hhs.gov/poverty/12poverty.shtml> for the 2012 guidelines.

In table C2, item 13 enter the unduplicated count of enrollees served by employment status. Employed refers to whether the person is currently working for pay. Grantees have discretion to define "employed full-time" and "employed part-time" for purposes of this data collection. Not employed indicates that the person is not working for pay (this category may include, for example, students, homemakers and those enrollees actively seeking work but currently not employed)

In table C2, item 14 enter the unduplicated count of enrollees by their education status. Student/trainee indicates that the individual is considered a full- or part-time student by the institution he/she is attending. Not a student/trainee refers to individuals who are not currently enrolled in any type of educational or training programs.

Section D: Other Demographics

In table D1, item 15, enter the unduplicated count of enrollees served by age.

In table D2, item 16, enter the unduplicated count of index children by the primary language to which the child is exposed in the household. Primary language is the one used in the home the majority of the time.

Section E: Priority Populations: Actual Numbers Newly Enrolled during the Reporting Period

The purpose of the data collection in this section is to determine if the MIECHV program is enrolling the priority populations specified in H.R. 3590-220. In table E, items 17-24 enter the count of enrollees who were newly enrolled during the reporting period and meet criteria for each eligibility priority category (as identified in the grantee's determination for eligibility, through the intake process, or through ongoing contact). These categories are: low-income; pregnant women under 21; history of child abuse or neglect or interactions with child welfare; history of substance abuse or need substance abuse treatment; users of tobacco products in the home; have or have children with low student achievement; have children with developmental delays; and families with members who are serving or have served in the armed forces. An enrollee meeting more than one category can be counted more than once. The legislation identified but did not provide definitions for the priority populations. Grantees therefore have discretion in applying the criteria below in identifying priority populations for reporting purposes.

Below are criteria for eligible participants:

- **Low-Income:** An individual or family with an income determined to be below the official poverty line defined by the Office of Management and Budget and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981 [Title V, Sec. 501(b)(2)]. See <http://www.federalregister.gov/articles/2011/01/20/2011-1237/annual-update-of-the-hhs-poverty-guidelines>
- **Pregnant women under 21:** Expectant mothers who enroll in the program and are under 21 years old during the reporting period.
- **Have a history of child abuse or neglect or have had interactions with child welfare services:** Based on self-report, an enrollee who has a history of abuse or neglect and has had involvement with child welfare services either as a child or as an adult.
- **Have a history of substance abuse or need substance abuse treatment:** Based on self-report, an enrollee who has a history of substance abuse or who has been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.
- **Are users of tobacco products in the home:** Based on self-report, enrollees who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake.
- **Have, or have children with low student achievement:** Based on self-report, enrollees who have perceived themselves or their child(ren) as having low student achievement.
- **Have a child or children with developmental delays or disabilities:** Based on self-report or home visitor/staff observation, enrollees who have a child or children suspected of having a developmental delay or disability.
- **Are in families that are or have served in the armed forces:** Based on self-report, families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a

military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.

Section F: Service Utilization Across all Models

In table F.1, item 25, enter the unduplicated count of all enrolled families by retention status in relation to the home visiting program at the end of the reporting period. Currently receiving services refers to families that are participating in services at the end of the reporting period. Completed program refers to families who have completed the program according to model-specific definitions and criteria during the reporting period. Stopped services before completion refers to families who left the program for any reason prior to completion. Other refers to those families who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively sever ties, etc.)

In table F.2, item 26, enter the total count of home visits delivered to families participating in the program by all implementing sites during the reporting period.

Section G: Missing data

Utilize box G to provide an explanation for unknown or unreported data. This box may also be used to explain any sampling methodology and estimates used.

OMB Approved Home Visiting Form 2

OMB No: 0915-0357

Expiration Date: 10/31/2015

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0357. Public reporting burden for this collection of information is estimated to average 313 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

**MIECHV
HOME VISITING FORM 2
GRANTEE PERFORMANCE MEASURES**

1. BENCHMARK AREA: CONSTRUCT:	
2. PERFORMANCE MEASURE Name or brief description: Type (process or outcome):	
3. OPERATIONAL DEFINITION Definition: Key terms: Participant population involved: Type of scoring:	If type of scoring is percentage or rate: Numerator: Denominator:
4. MEASUREMENT TOOL UTILIZED: Yes/no If yes: scale or instrument utilized	If no: question(s) posed
5. RATIONALE FOR THE MEASURE	6. VALUE FOR REPORTING PERIOD Value: Numerator: Denominator:

<p>7. DEFINITION OF IMPROVEMENT</p> <p>Direction: Type of Comparison: Description of baseline and comparison periods:</p> <p>Baseline value: Numerator: Denominator: Comparison value: Numerator: Denominator:</p>	<p>Target: yes/no</p> <p>If target selected, specification:</p> <p>Rationale/Source:</p>
<p>8. IMPROVEMENT</p> <p>Three-year improvement: yes/no</p> <p>Considerations:</p>	

INSTRUCTIONS FOR THE COMPLETION OF HOME VISITING FORM 2 GRANTEE PERFORMANCE MEASURES

Please complete each numbered section as appropriate for the measure being described.

- 1. Benchmark Area:** Select the name of the benchmark area.

Construct: Select the construct captured by the performance measure.
- 2. Performance Measure:** Identify only one measure for the construct (it can be a process or outcome measure).

Name: Enter a brief description of the performance measure.

Type: Indicate the type of performance measure selected: process or outcome.
- 3. Operational Definition:** Provide a detailed, specific definition of the performance measure. Describe how the value of the measure can be unambiguously constructed from the data by specifying:

Key terms: Clarify the meaning of the terms utilized in the definition (e.g., what counts as “care received?”); describe the criteria to be used (e.g., the time window during which the measurement ought to occur such as, in the case of breastfeeding for instance: at 3 months postpartum).

Participant population involved: For each measure define the categories of participants included and excluded from the calculation (e.g., is “child” the index child, all children in the household, or all siblings 0-5 years old?)

Type of scoring: Indicate if the measure is a count, a percentage, a rate or other type of scoring. If the measure is a percentage or a rate provide a clear and separate description of numerator and denominator
- 4. Measurement Tool Utilized or Question(s) Posed:** Include any scale utilized to capture the data; if no measurement tool or scale is needed, articulate the type of observation or question(s) posed to capture the needed information.
- 5. Rationale for the Performance Measure Selected:** Include reasons for the selection of this indicator among various other possible performance measures (e.g., What is the purpose of this indicator? What are the factors or stakeholder views that have determined the selection?)
- 6. Value for Reporting Period**

Value: Enter the value of the performance measure for the reporting period, e.g., count, average scale score, or rate based on the type of scoring specified above. Specify numerator and denominator if score reported is a rate or percent.
- 7. Definition of Improvement**

Direction: Specify if the direction of the desired change is an increase, decrease, or maintenance of a level considered acceptable.

Type of comparison: Individual, cohort, or cross-sectional. Individual comparison assesses change at two points in time for the same group of individuals. Cohort comparison assesses improvement of participants who are grouped by timing of enrollment. Cross-sectional comparison occurs between two groups of participants on the basis of data available for defined time periods (e.g., funding year 1 and funding year 2).

Description of Baseline and Comparison Periods: Identify the periods utilized for comparison, i.e., specify the time of data collection for the baseline group and the comparison group. For example:

Individual-level change: Baseline (Time 1) = assessment data collected at intake compared to (Time 2) assessment data collected at 6 months post-enrollment for the same client population.

Cohort comparison: Baseline (Time 1) = data for participants enrolled in year 1 (defined for instance as the first grant reporting period) compared to (Time 2) data for participants enrolled in year 2 (second grant reporting period).

Cross-sectional comparison: Baseline (Time 1) = data collected through funding year 1 (first reporting period) compared to data collected during funding year 3 (3rd reporting period).

For cohort and cross-sectional comparisons: Indicate the period that was used to collect baseline data for this measure. Specify beginning and ending date for baseline data collection. Grantees have discretion in defining the length of the baseline period to collect an adequate amount of data (i.e., the baseline period for purposes of comparison to show improvement need not coincide with the first reporting period after grant award).

Baseline Value: Enter the actual baseline score (i.e., the value of the measure for the baseline period considered). Specify numerator and denominator if value reported is a rate or percent.

Comparison Value: Enter the actual score or value obtained for the indicator during the comparison period. This is the value utilized to demonstrate improvement for a given construct by the end of the third reporting year. Specify numerator and denominator if score reported is a rate or percent.

Target: Specify the target if one adopted; articulate rationale and whether external or internally developed.

8. Improvement

Three-year improvement: Indicate whether improvement for the initial three-year period of program implementation was achieved or not based on the definition provided by the grantee and the values obtained for the baseline and comparison periods.

Considerations: Explain any factors that affected grantee's ability to show improvement for the performance measure (e.g., a major employer in the community closed a facility affecting the ability of program participants to obtain employment and improve family economic self-sufficiency).

NEW YORK STATE MIECHV CONTINUOUS QUALITY IMPROVEMENT PLAN— UPDATED 2013

Continuous quality improvement (CQI) will be an essential component of New York State's (NYS) Maternal, Infant and Early Childhood Home Visiting (MIECHV) initiative. CQI provides a mechanism to generate meaningful commitments from all levels of the program, including local communities, state agencies, and local and state stakeholders. Central to this commitment is creating an environment where everyone strives to meet common goals, understands the targets they are being measured against, critically assesses and reflects on their own progress and performance, shares what they have learned, and has accountability to the overall initiative. Meaningful CQI efforts recognize that one learns as much from challenges and failures as from successes. Consistent, frequent, and timely feedback to local projects will increase transparency and encourage open communication.

NYS developed a plan to conduct CQI activities with MIECHV grantees in its Updated State Plan in 2010. During spring 2013, NYS Department of Health (DOH) received technical assistance from DOHVE regarding updates to this CQI plan; the updated plan below reflects this guidance as well as input from the NYS Office of Children and Family Services (OCFS) and each models' data management personnel. This updated plan will also be shared with the local implementing agencies (LIA) to garner their input.

The original CQI plan included the forthcoming Maternal and Infant Health Center of Excellence (COE), to be procured through a competitive Request for Proposals as a critical component. The COE will provide essential academic support, training, and technical assistance to the DOH, OCFS, and the program sites to facilitate data reporting, improvement projects, communication, and collaborative learning. The competitive procurement to select the COE is in the internal approval process and is expected to be released in January 2014 with an anticipated start date of May 1, 2014. The COE will be required to review and update this CQI plan during the first 6 months of the contract, and support its implementation for the remainder of the initiative.

Until the COE is established, NYS will implement the following updated CQI plan, focusing on further formalizing the reporting and communication infrastructure of the MIECHV initiative and fostering and sustaining a culture of quality and improvement within all levels of the MIECHV team. This will include working with DOHVE to customize an introductory CQI training for NYS partners. In the future, the COE will build upon this infrastructure and enhance the CQI activities through training, technical assistance, and data management.

Data Collection, Reporting, and Communication Plan

The NYS MIECHV initiative supports the expansion, enhancement, and establishment of specific evidence-based home visiting programs that have been shown to positively impact maternal health, child health and child maltreatment outcomes: Healthy Families New York (HFNY) and Nurse-Family Partnership (NFP). DOH is the state's lead agency for administration and implementation of the MIECHV initiative and works closely with other state agency partners. The initiative began with four MIECHV-funded HFNY projects (Bronx and Erie Counties) and two NFP projects (Bronx and Monroe Counties). Three additional NFP sites will be funded beginning October 1, 2013, selected by a competitive Request for Applications process (Kings, Nassau, and Onondaga Counties).

DOH administers the MIECHV-funded NFP projects, which also receive model-specific guidance and support and data management services from the NFP-National Service Office (NFP-NSO). OCFS oversees the HFNY program, and administers the MIECHV-funded HFNY projects. The Center for Human Services Research (CHSR) at the State University of New York, University at Albany, manages the HFNY data system and provides data collection-related training and technical support services to HFNY sites.

MIECHV Data Management and Benchmark Reporting Infrastructure

DOH worked in consultation with representatives from OCFS, CHSR, and NFP-NSO to create the NYS Benchmark Data Collection Plan, which was finalized and approved in April 2012. April 1, 2012, was designated as the start date of data collection for NYS's MIECHV program; all clients enrolled on or after April 1, 2012, at funded sites will be designated as MIECHV clients and included in the benchmark report. This Benchmark Data Collection Plan and its reports will inform CQI activities going forward.

Each program has its own management information system (MIS) where data are entered and processed, including extensive demographic and service utilization data on program participants and information on model fidelity. HFNY and NFP's respective MISs include data to address the majority of the benchmark constructs. For data not already collected by the programs' respective data systems, DOH worked with each program to implement new data collection protocols.

CHSR manages the data system for HFNY programs on behalf of OCFS. The HFNY program was entering a planned restructuring of their data collection practices, and were designing and implementing a new Web-based data system. They utilized this opportunity to add benchmark constructs not already collected by their program. CHSR processes their program's data for MIECHV-funded HFNY sites annually to produce aggregate data reports for the Demographics and Service Utilization Report (HV Form 1) and the Benchmark Report (HV Form 2), which are submitted to DOH and combined with the aggregate data received from the other MIECHV sites. Each HFNY site is also able to produce reports via the web-based MIS. DOH is discussing options with CHSR for HFNY sites to produce monthly data reports relevant to the MIECHV data constructs to support CQI activities.

NFP sites submit data to NFP-NSO via their *Efforts to Outcomes* (ETO) system. Four data constructs were not currently captured by NFP's ETO; DOH worked with NFP-NSO and NFP site administrators to develop questions to add to existing NFP data collection forms to measure these missing constructs. DOH also developed a method to capture responses to these additional questions and link responses to ETO data using unique case numbers. Beginning June 2013, DOH receives a monthly raw data feed from NFP-NSO for MIECHV-funded sites and has developed a benchmark report processed using SAS software. This will facilitate generating monthly benchmark reports to monitor CQI progress.

Data will be extracted from each models' MIS and used to generate reports to inform CQI activities, as described above, until the COE is established. Once established, the COE will be responsible for data processing, analysis and reporting, using raw data files submitted by each program. See Attachments 1 and 2 for process maps of data collection, reporting, and analysis before the COE is established and including the COE.

MIECHV CQI Reporting Plan

The MISs used by NFP and HFNY have the capability to export data that can be used to produce automated reports regarding service delivery and program performance. As discussed above, a monthly data feed is now available from NFP-NSO, and DOH has developed an automated Benchmark report. DOH will discuss options for periodic automated reports for HFNY sites from CHSR. These quarterly, semi-annual, and/or annual performance reports will be used to prioritize constructs for CQI activities and monitor improvement progress. The priority constructs identified by benchmark reports will be the focus of CQI activities for that year, or longer if necessary. The LIAs will be able to select the focus of CQI activities based on their performance reports and in consultation with the larger CQI team; however, during the first year, to establish and reinforce CQI practices and infrastructure, the initiative as a whole will focus on the same constructs. Constructs pertaining to screenings for maternal depression, prenatal alcohol use, and domestic violence will be the first priority constructs, because these pertain to priority areas identified in the MIECHV needs assessment and are areas identified for improvement based on Year 1 benchmark reporting.

More timely reports (e.g., monthly, weekly) will be generated using program data for the targeted quality improvement projects as required. In consultation with the model developers, LIAs, and partner state agencies, DOH will develop an informative yet succinct report format to communicate each LIA's performance on targeted constructs and associated process measures, including trends over time and comparisons to program averages. Using a clear and succinct report format, participants at all levels of the initiative will be able to easily interpret results and contribute to developing improvement plans. Using a consistent report format across the initiative will facilitate collaborative learning activities. The design of this report will be informed by a survey of the LIAs described in more detail below.

Plan to Survey Local Implementing Agencies (LIAs)

DOH will deploy a survey in February 2014 to each MIECHV-funded LIA to inform several areas of the CQI plan.

- The survey will collect information about the LIAs' existing CQI knowledge, skills, and infrastructure to inform and prioritize training and technical assistance needs.
- Survey participants will be asked to identify processes for improvement they have used in the past or for which they have been trained (i.e., PDSA cycle, Six Sigma, etc.) to capitalize on existing experience and skills when refining the CQI plan going forward.
- Input about a useful performance reporting format will also be collected from survey participants to inform the design of the CQI reports, described in the previous section. These reports will drive improvement activities and the format will be finalized by June 2014.
- The survey will solicit input from the LIAs regarding the best options for all partners across all sectors of the MIECHV initiative to share reports, improvement plans, assessments, and results.
- LIAs will be asked to identify a possible lead CQI liaison within their organization.

DOH will facilitate follow-up meetings throughout the spring with those liaisons to discuss results and develop a communication plan that best serves the needs of the MIECHV initiative and its CQI activities by June 2014.

Communication Plan

The purpose of the communication plan is to ensure access to CQI data and reports and to facilitate the flow of information about results of CQI activities at all levels of the initiative—state agencies, model developers, LIAs, supervisors and home visitors. It will facilitate collaborative learning—opportunities for LIAs to discuss their data, activities, results, and challenges with the larger group and share lessons learned. Individuals at all levels will be able to contribute to and learn from the best practices collected across all sites or organizations. As was mentioned above, the communication plan will be informed by the LIA survey and subsequent meetings of the CQI Team, including which forms of communication will be used and the frequency of each type.

Organizational Chart

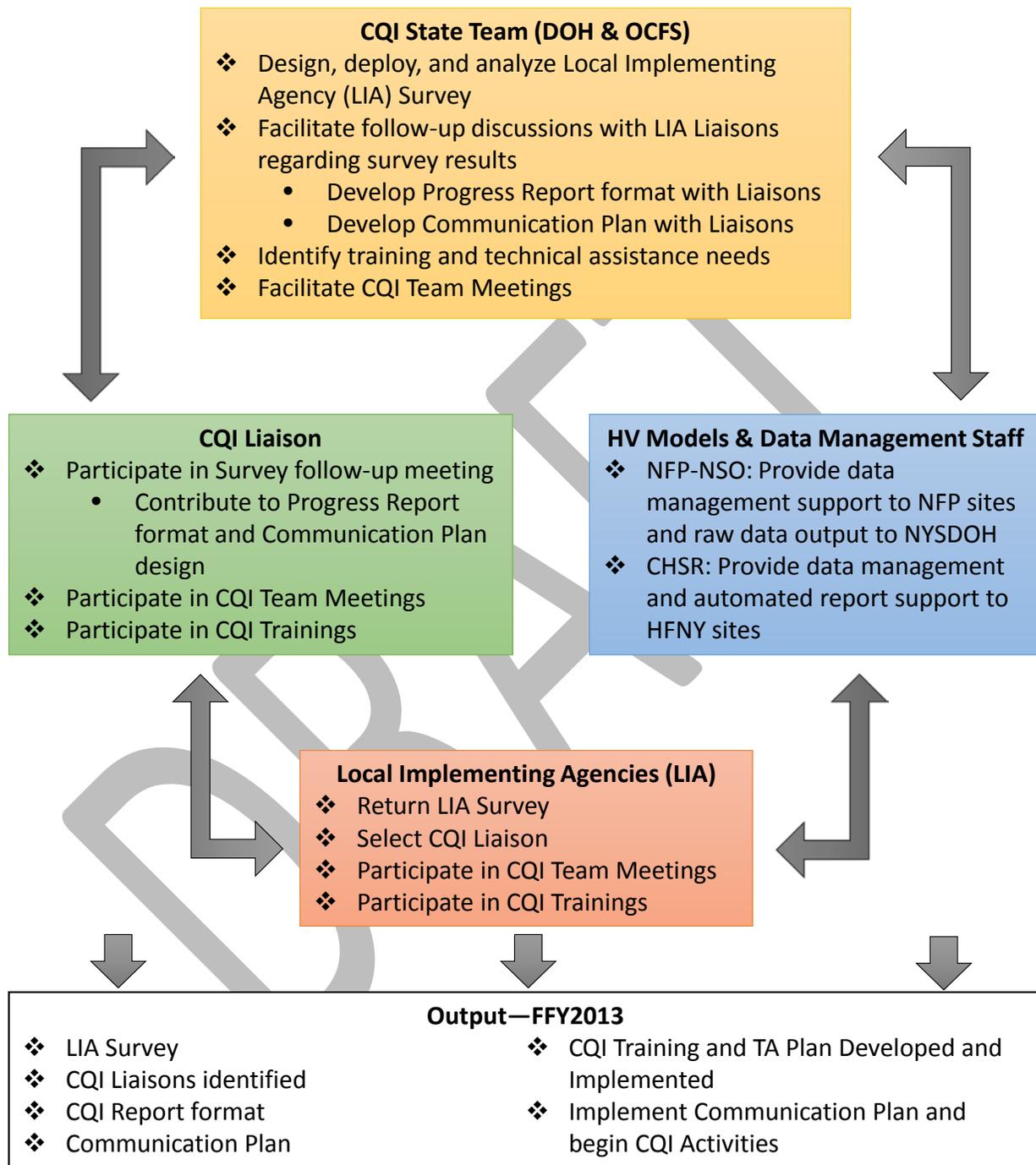
In preparation for the establishment of the COE, DOH will collaborate with OCFS, NFP-NSO, and the LIAs to develop a CQI foundation and infrastructure for the MIECHV initiative. Once the COE is established, it will build on this work and support implementation of the CQI plan. Below is a preliminary diagram of the roles and responsibilities in the CQI initiative of each partner at the state and local levels for the coming year. This diagram will also be submitted to state agency partners and LIAs for comment and updated accordingly.

The CQI State team will include staff from DOH, OCFS, and other partner state agencies as appropriate (e.g., from Office of Mental Health if improving metrics relevant to mental health). Staff include program administrators, fiscal staff, and research scientists responsible for data collection and analysis. This will ensure adequate representation from different levels and responsibilities of the initiative.

The Home Visiting Models and Data Management Staff includes representatives from NFP-NSO responsible for program administration, program quality, and data management, and from CHSR responsible for data management.

The LIAs will be encouraged to establish their own Local CQI teams with appropriate staff from all levels of their organization. The CQI Liaison will represent their LIA at initiative-wide meetings or calls and will help relay information and lessons learned between the State and Local CQI teams.

Figure 1: NYS MIECHV CQI – Roles and Responsibilities, Updated 2013



Legend

CHSR: Center for Human Services Research
 CQI: Continuous Quality Improvement
 HFNY: Healthy Families New York

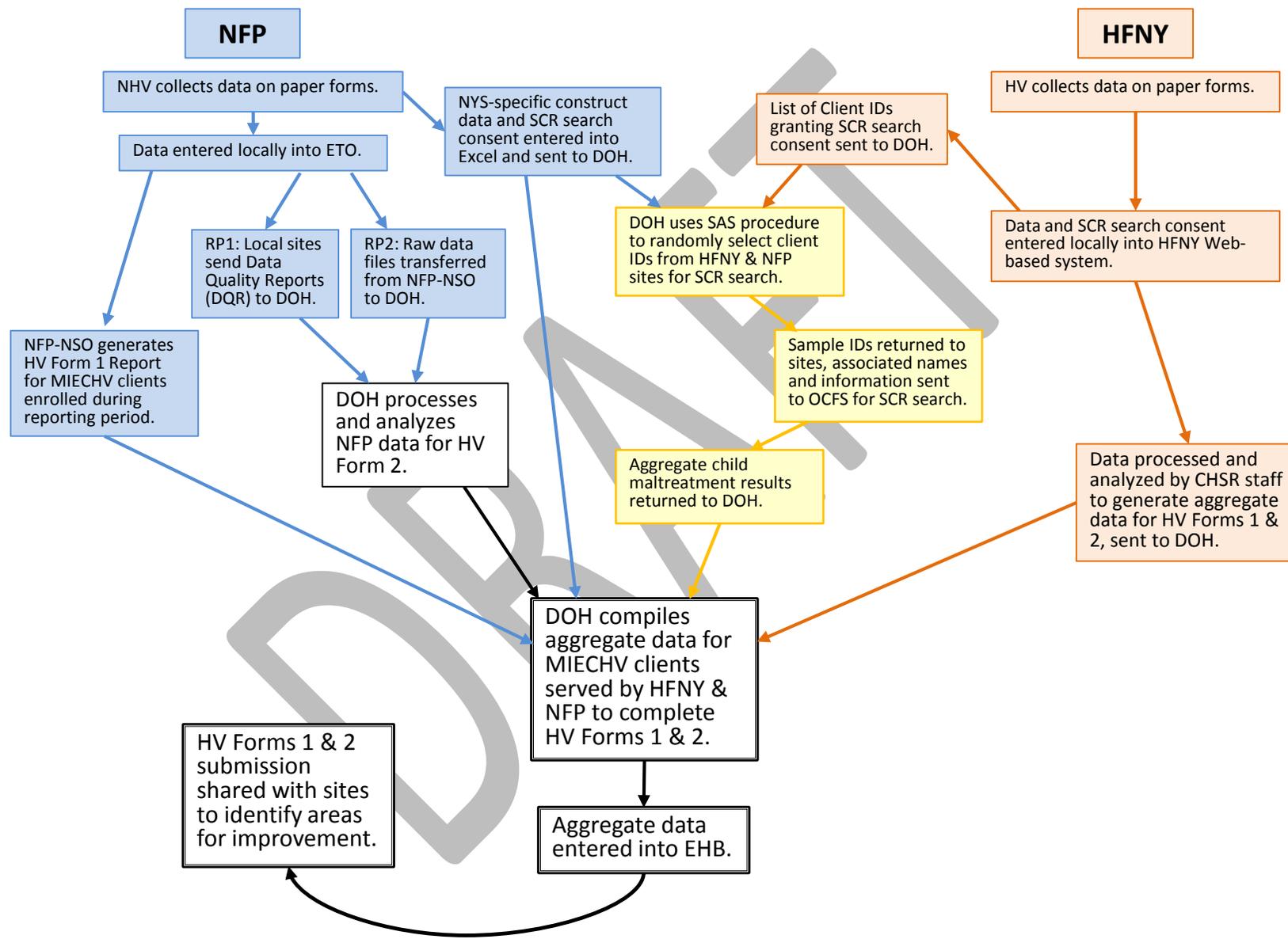
LIA: Local Implementing Agency
 NFP-NSO: Nurse-Family Partnership—National Service Office

NEXT STEPS:

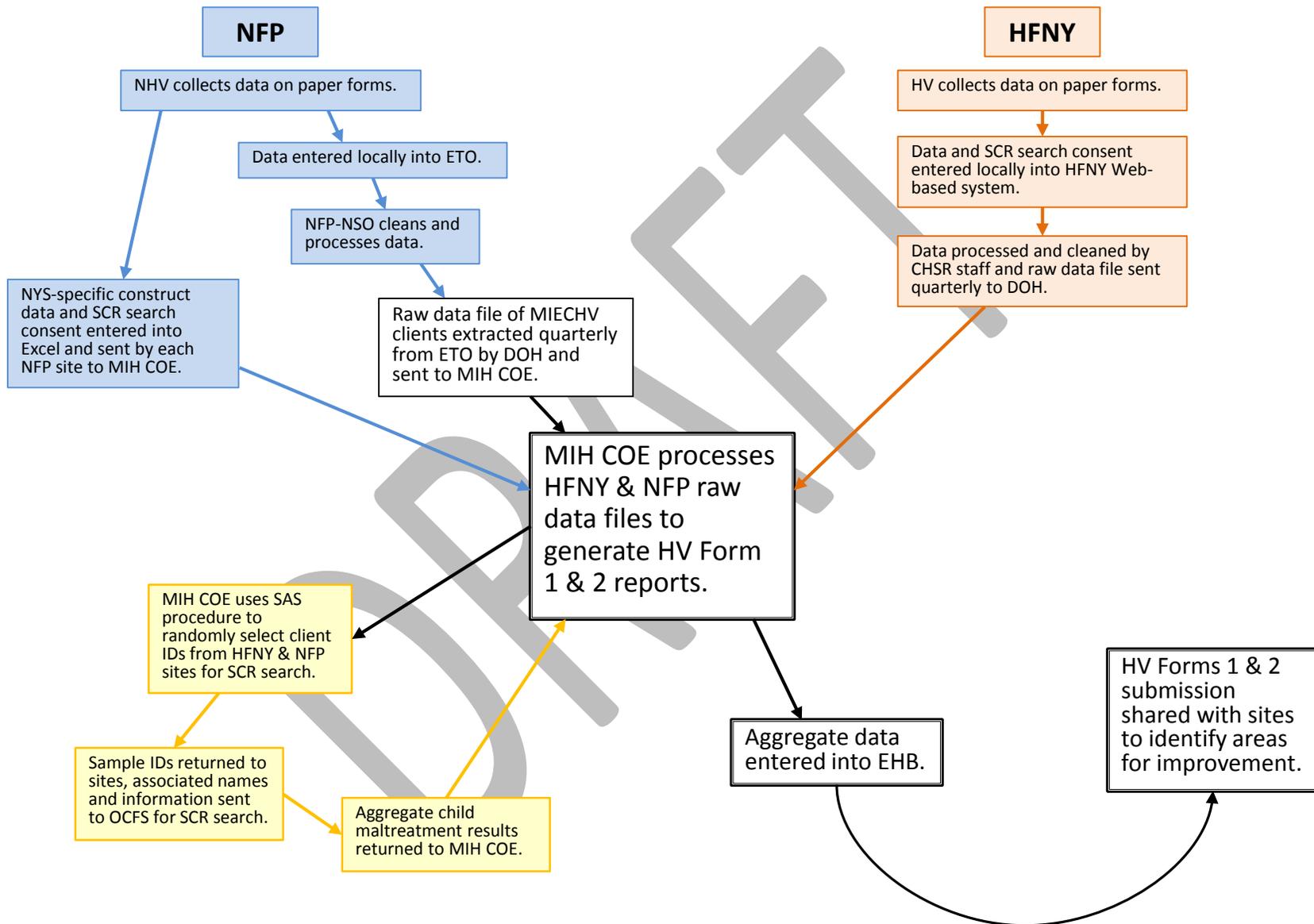
- Finalize reporting program to generate NFP Benchmark report – December 2013.
- Establish monthly HFNY Benchmark report mechanism with CHSR – January 2014.
- Conduct CQI survey with state agency partners and LIAs – February 2014.
 - Assess each partner’s CQI skills and capacity.
 - Identify lead CQI liaison with each partner.
 - Identify optimal report format characteristics.
 - Identify options for optimal communication.
- Conduct follow-up conversations with survey respondents regarding ideas for CQI reports and CQI communication mechanism –February—April 2014.
- Design CQI report format and CQI communication plan – June 2014.

DRAFT

Attachment 1: Process Map of MIECHV Data Collection, Analysis, and Reporting, Before COE Established



Attachment 2: Process Map of MIECHV Data Collection, Analysis, and Reporting, Including the COE



Maternal and Infant Health Center of Excellence

**Community Health Worker Program
Data Management Information System**

3.1. CHWP DMIS Introduction and Report Descriptions

3.2. Data Dictionary

3.3. Definitions

3.4. User's Guide

3.5. Data Collection Forms

- Entry Form
- Pregnancy Form
- Infant Form
- Child Form
- Referral Tracking Form
- Client Notes

3.6. Sample Reports

- Detailed Data Analysis
- Pregnancy Form Analysis
- Infant Form Analysis
- Child Form Analysis
- Analysis of Long Term Cases
- Analysis of Short Term Cases
- Management Reports
- Client Recall
- Tickler Report

Community Health Worker Program Data Management Information System Introduction

The CHWP data set is a local use data system, based on Epi Info 2002, is used to collect client, pregnancy and outcome data for the Community Health Worker Program. Data is entered onsite by contractors, and includes edit checks and validation, quarterly report and management functions. Data are submitted to the NYSDOH contract manager via e-mail. The submission includes a cumulative record set.

The database consists of four questionnaires or forms:

1. Entry form (Entry1.rec) is filled out for each client coming into the program. It's a picture of the client's situation—reason for entering the program, what the needs are, and how referred. Includes dob, race, country of origin, education, employment.
2. Pregnancy form (Pregcar1.rec) is filled out on a pregnant client and follows her through pregnancy and the infant's first year. Captures info such as entry into prenatal care, enrollment into Medicaid and WIC, infant birth weight, immunizations.
3. Child form (Child1.rec) is filled out for each child under 6; and captures info such as primary care, child health plus, immunizations, lead screening.
4. Referral form (Referr1.rec) tracks home visits and referrals made to other providers and whether they are accomplished.

The system is used by both contractors and central office staff to track contract work plan progress. Contract manager also uses the data to compare regional outcomes and program outcomes from year to year. Canned analysis programs have been included in the database to facilitate these reports ...

<ul style="list-style-type: none"> • CHWP Long Term Cases 	Comprehensive analysis of all questionnaires, excludes short term cases (only case managed cases)
<ul style="list-style-type: none"> • CHWP Short Term Cases 	Analysis of clients that have 1-3 contacts/referrals; were not case managed
<ul style="list-style-type: none"> • CHWP Detailed Data Analysis 	Used to prepare semiannual and annual reports and develop work plans. Output tables are specific and in the same order as the reports.
<ul style="list-style-type: none"> • Pregnancy Form Analysis • Infant Form Analysis • Child Form Analysis 	Analysis specific to each form
<ul style="list-style-type: none"> • CHWP Client Recall 	Identifies clients that are due services
<ul style="list-style-type: none"> • CHWP Tickler 	Identifies missing or incomplete data
<ul style="list-style-type: none"> • CHWP Management 	Used by contractor to monitor program. Information includes number of cases enrolled by home visitor, case managed cases by home visitor, (both active and closed), method of outreach efforts, length of time cases were open, reason for closing.
<ul style="list-style-type: none"> • CHWP Data Export Utility 	For use by agencies that choose to design their own analyses
<ul style="list-style-type: none"> • Select-Relate-Analyze 	Query database; allows for customized data analyses

**COMMUNITY HEALTH WORKER PROGRAM
DATA DICTIONARY**

Attachment 3.2

ENTRY FORM Prompt	Variable	Format	Check Code	Comments
Today's Date	TODDAT	MM-DD-YYYY		
Last Name	LNAME	Text (Uppercase)		GLOBAL
First Name	FNAME	Text (Uppercase)		GLOBAL
Maiden Name	MAIDEN	Text (Uppercase)		GLOBAL
Client's Initial Code	INICODE	Text (Uppercase)		
Date of Birth	DOB	MM-DD-YYYY		Age calculated using Date of Intake
Gender	GENDER	Text		
SSN Code	SSN	Text		
Number of times client enrolled in CHWP in the past	ENRLPAST	Number		
Program Code	PROGCOD	Number		GLOBAL
Site	SITE	Number		GLOBAL
Unique Identifier	UNIQUEID	Text	Coded using	GLOBAL
County	COUNTY	Number		
Date of Intake	DATINTAKE1	MM-DD-YYYY		GLOBAL, Age calculated using Date of Birth
Initials of CHW	INITIALS1	Text (Uppercase)		GLOBAL
Short term encounter	SHORTTERM1	Text		
Total family size	FAMSIZE1	Number		
Number of children	CHILDREN1	Number	Must be less than total family size	
Household composition	N14HOUSEHOLD	Text		
Country of Origin	COUNTRY1	Text		
Race	RACE1	Text		
Hispanic origin	HISPAN1	Text		
Highest Grade Level Completed	GRADE1	Text		
Employment	EMPLOYMENT1	Text		
Number of others in household currently employed	EMPL1	Number	Must be less than total family size	
Primary Language	LANGUAGE_RW1	Text		
Client currently homeless	HOMELESS1	Text		
Insurance (Primary client)	INSURANCE	Text		
WIC	WIC	Text		
Food Stamps	STAMPS	Text		

Attachment 3.2

ENTRY FORM Prompt	Variable	Format	Check Code	Comments
SSI	SSI	Text		
Source of Referral	SOURCEREF	Text		
Client is	CLIENT	Text		Cannot be pregnant or postpartum if gender=Male
Reason #1	REASENR3	Text		Cannot be pregnant care if gender=Male
Reason #2	REASENR11	Text		Cannot be pregnant care if gender=Male
Reason #3	REASENR21	Text		Cannot be pregnant care if gender=Male
Case/encounter status	CASESTAT1	Text		
Date case was closed	DATECLOS1	MM-DD-YYYY		Available only when Case/encounter status=Closed
Reason for closing	REASCLOS1	Text		Available only when Case/encounter status=Closed
Child Form				Available if Number of children>0
Infant Form				
Pregnancy Form				Available if Gender="Female"
Referral Form				

PREGNANCY FORM Prompt	Variable	Format	Check Code	Comments
Today's Date	TODDAT	MM-DD-YYYY		
Date of Intake	DATINTAKE	MM-DD-YYYY		GLOBAL
Initials of CHW	INITIALS	Text (Uppercase)		GLOBAL
Program Code	PROGCODE	Number		GLOBAL
Site	SITE	Number		GLOBAL
Last Name	LNAME	Text (Uppercase)		GLOBAL
First Name	FNAME	Text (Uppercase)		GLOBAL
Maiden Name	MAIDEN	Text (Uppercase)		GLOBAL
Mother's Unique Id	UNIQUEID	Text		GLOBAL
Pregnancy Case #	PREGCASNUM	Number		
Date Preg Reported	DATPREGREP	Number		
EDD	EDD	MM-DD-YYYY		
# of Prev Live Births	PREV1	Number		

Attachment 3.2

PREGNANCY FORM Prompt	Variable	Format	Check Code	Comments
Month of Preg When Entered CHWP	MONCHWP1	Number	<10	
Month of Preg When Entered PNC	MONPNC1	Number	<10	
Prenatal Visits Scheduled	SCHEDULE1	Number		
Prenatal Visits Attended	ATTENDED1	Number	Less than or equal to prenatal visits scheduled	
Received HIV Education	HIVEDUC1	Text		
Referred for Counseling	HIVCOUNSL1	Text		
Mother enrolled in MA Within	MOMEDIC1	Text		
Specify	SPECIFYCAS1	Text		
Mother enrolled in WIC Within	MOWIC1	Text		
Specify	SPECIFYC011	Text		
Pregnancy Status	PREGSTAT1	Text		
Date Preg Ended/Delivery	DATDELIV1	MM-DD-YYYY		
Hospital of Delivery	HOSPDEL1	Number		
Outcome of Pregnancy	OUTCOME1	Text		
Delivery Type	DELTYPE1	Text	Available if outcome of pregnancy="Live Birth"	
Multiple Births	MULTIPLE1	Text	Available if outcome of pregnancy="Live Birth"	
Specify number of infants	SPECNUM1	Number	Available if outcome of pregnancy="Live Birth"	
Post partum visits	POSTPAR111	Number		
Specify	SPECIFYC06111	Text		
Family planning received within	FAMPLAN111	Number		
Specify	SPECIFYC0811	Text		

INFANT FORM Prompt	Variable	Format	Check Code	Comments
Today's Date	TODDAT	MM-DD-YYYY		
Date of Intake	DATINTAKE	MM-DD-YYYY		GLOBAL
Initials of CHW	INITIALS	Text (Uppercase)		GLOBAL
Program Code	PROGCODE	Number		GLOBAL
Site	SITE	Number		GLOBAL
Last Name	LNAME	Text (Uppercase)		GLOBAL
First Name	FNAME	Text (Uppercase)		GLOBAL
Maiden Name	MAIDEN	Text (Uppercase)		GLOBAL

Attachment 3.2

INFANT FORM Prompt	Variable	Format	Check Code	Comments
Mother's Unique Id	UNIQUEID	Text		GLOBAL
Pregnancy Case Number	PREGCASNUM	Number		
Infant's weight at Birth (gms.)	GRAMS1	Number		
Infant's weight at Birth (lbs. ozs.)	LBS1	Number		
Infant living arrangement	LIVING1	Text		
Neonatal Death	NEODEATH	Text		
Infant's Last Name	INFLNAME11	Text		
First Name	FIRSTNAME11	Text		
Infant's Initial code	INFINI1	Text (Uppercase)		
Infant's Date of Birth	INFDOB1	MM-DD-YYYY		
Infant's Gender	INFGEN1	Text		
Infant's SSN Code	INFSSN1	Text		
Infant's Unique Id	INFID1	Text		
Breast feeding at discharge	ATDIS1111	Text		
Breast feeding at 6 weeks	SIXWEEKS1111	Text		
Baby returns to live with mother within first year	RETLIVE111	Text (Uppercase)		
First Newborn well baby visit was completed within	WELLBABY1	Number		
Specify	SPECIFYC031	Text		
Infant enrolled in MA within	INFMEDIC1	Number		
Specify	SPECIFYC021	Text		
Infant enrolled in WIC within	INFWIC1	Number		
Specify	SPECIFYC041	Text		
Infant immunizations up to date at 6 mo.	IMMUNSIX11	Text		
Infant immunizations up to date at 1 year	IMMUNONE11	Text		
Specify	SPECIFYC0511	Text		
Infant lead screening at 6 mo.	LEADSIX11	Text		
Infant lead screening at 1 year	LEADONE11	Text		
Specify	SPECIFYC071	Text		

Attachment 3.2

CHILD FORM Prompt	Variable	Format	Check Code	Comments
Today's Date	TODDAT	MM-DD-YYYY		
Parent's Unique Id	UNIQUEID	Text		GLOBAL
Last Name	LNAME	Text (Uppercase)		GLOBAL
First Name	FNAME	Text (Uppercase)		GLOBAL
Maiden Name	MAIDEN	Text (Uppercase)		GLOBAL
Intake Date	DATINTAKE	MM-DD-YYYY		GLOBAL
CHW Initials	INITIALS	Text (Uppercase)		GLOBAL
Program Code	PROGCOD	Number		GLOBAL
Site	SITE	Number		GLOBAL
Last Name	CLNAME	Text (Uppercase)		
First Name	CFNAME	Text (Uppercase)		
Initial Code	CHILDINI	Text (Uppercase)		
Date of Birth	CHILDDOB	MM-DD-YYYY		
Gender	CHILDGEN	Text		
SSN Code	CHILDSSN	Text		
Id	CHILDID	Text		
Enrolled in PHC prior to CHWP	PRIM	Text		
If no, was child assisted to enroll in PHC	PRIM01	Text	Available if Enrolled in PHC="No"	
Date	N1COMPLETE	MM-DD-YYYY	Available if child assisted to enroll in PHC="Completed" and Enrolled in PHC="No"	
Specify	SPECIFYCAS	Text	Available if child assisted to enroll in PHC="Completed" and Enrolled in PHC="No"	
Insurance coverage at CHWP contact	CHILINS1	Text		
Type of insurance	CHILINS011	Text	Available if Insurance coverage="Yes"	
If no, was child assisted to enroll in MA	ENROLLMA1	Text	Available if Insurance coverage="No"	
Date	N1COMPLE011	MM-DD-YYYY	Available if Insurance coverage="No" and assisted to enroll in MA="Completed"	
Specify	SPECIFYC031	Text	Available if Insurance coverage="No" and assisted to enroll in MA="Completed"	
If ineligible for MA, was child assisted	CHILHPLUS11	Text	Available if child assisted to enroll in MA="Not Eligible"	
Date	N1COMPLE021	MM-DD-YYYY	Available if ineligible for MA, was child assisted to enroll in CHP="Completed"	

Attachment 3.2

CHILD FORM Prompt	Variable	Format	Check Code	Comments
Specify	SPECIFYC021	Text	Available if ineligible for MA, was child assisted to enroll in CHP="Completed"	
Was child enrolled in WIC	WIC	Text		
If no, was child assisted to enroll in WIC	WIC01	Text	Available of child enrolled in WIC="No"	
Date	N1COMPLE03	MM-DD-YYYY	Available of assisted to enroll in WIC="Completed" and child enrolled in WIC="No"	
Specify	SPECIFYC01	Text	Available of assisted to enroll in WIC="Completed" and child enrolled in WIC="No"	
Was child up to date on immunizations	IMMUN	Text		
If not, was child assisted	IMMUN011	Text	Available if child up to date="No"	
Date	N1COMPLE041	MM-DD-YYYY	Available if assisted to obtain immunizations="Completed" and child up to date="No"	
Specify	SPECIFYC041	Text	Available if assisted to obtain immunizations="Completed" and child up to date="No"	
Has child received lead test	LEAD	Text		
If not, was child assisted	LEAD011	Text	Available if child received lead test="No"	
Date	N1COMPLE051	MM-DD-YYYY	Available if assisted to receive lead test="Completed" and child received lead test="No"	
Specify	SPECIFYC051	Text	Available if assisted to receive lead test="Completed" and child received lead test="No"	

REFERRAL TRACKING FORM Prompt	Variable	Format	Check Code	Comments
Today's Date	TODDAT	MM-DD-YYYY		
Unique Id	UNIQUEID	Text		GLOBAL
Last Name	LNAME	Text (Uppercase)		GLOBAL
First Name	FNAME	Text (Uppercase)		GLOBAL
Maiden Name	MAIDEN	Text (Uppercase)		GLOBAL
Date of Intake	DATINTAKE	MM-DD-YYYY		GLOBAL
Initials of CHW	INITIALS	Text (Uppercase)		GLOBAL
Program Code	PROGCOD	Number		GLOBAL

Attachment 3.2

REFERRAL TRACKING FORM Prompt	Variable	Format	Check Code	Comments
Site	SITE	Number		GLOBAL
Health Care Referrals		Grid		
Prenatal Care Referrals		Grid	Available for gender="Female"	
Family & Social Support Referrals		Grid		

Semi-Annual & Annual Reports		Table #	Cross reference				Comments
Measure	Objective	CHWP DDA	Pregnancy	Infant	Child	Long Term	
Total # of Clients	# of clients	1					
Home Visits	# Home Visits	2					
Caseload	1.1	3a					
Short term encounters	1.2	3b					
Entry Prenatal Care - 1st Trimester	1.3	4	3				
Entry Prenatal Care - Late or No Care	1.3	4	3				
Initiate Prenatal Care	1.4	6					
Prenatal Appointments Attended	1.5	7	5 **				Unweighted
Prenatal Appointments Scheduled	1.5	8	4 **				Unweighted
Medicaid Enrollment	1.6	9	11				
WIC Enrollment	1.7	10	12				
Low Birth Weight	1.8	11		3			
Post Partum Visit	1.9	12	13				
Newborn Visit within 4 Weeks	2.1	13 **		6			Selection criteria excludes some records
Preventive/Primary Care	2.2	14			4		
Medicaid Enrollment - Newborns	2.3	15		13			
Medicaid Enrollment - Children	2.3	16			7		
Child Health Plus	2.4	17			8		
WIC Enrollment - Newborns	2.5	18 **		14			Selection criteria excludes some records
WIC Enrollment - Children	2.5	19			9 & 10		
Immunizations - Newborns	3	20 **		15 & 16			Triple relates - 13, 18,

Attachment 3.2

Semi-Annual & Annual Reports		Table # CHWP DDA	Cross reference				Comments
Measure	Objective		Pregnancy	Infant	Child	Long Term	
							20 & 23
Immunizations - Children	3	21			11 & 12		
Immunized with CHWP Assist	3	22			12		
Lead Screening - Newborns	4	23 **		17			Selection criteria excludes some records
Lead Screening - Children	4	24			13 & 14		
Lead Screened with CHWP Assist	4	25			14		
HIV - Education	5	26	10				
HIV - Referrals	5	27 or 34				25	
Substance Abuse - Referrals	6	36				28	
Domestic Violence - Referrals	7	36				28	
Family Planning - Post partum use	8	28	14				
Family Planning - Referrals	8	34				25	
Breastfeeding at Discharge	9	29		7			
Breastfeeding at 6 Weeks	9	30		8			
Breastfeeding at 6 Months	9	31		9			
ASQ - Newborns	10	32		31 & 32			
ASQ - Children	10	33			15 - 19		
Health Care Referrals	Section III	34				25	
Prenatal Care Referrals	Section III	35				31	
Family & Social Support Referrals	Section III	36				28	
Nutrition Referrals	Section III	35					
Education Referrals	Section III	36					

*** Check Immunizations & Lead for ASQ-type programming

DEFINITIONS

BREAST-FEEDING: Mothers who are exclusively breast-feeding or using a combination of breast and bottle feeding.

CASE MANAGEMENT: Clients should not be entered as case management until an intake and assessment have been done and it has been determined that a case will be opened for the client.

CHILD INFORMATION FORM: Should be completed for each child in the family up to the age of six years; it can also be completed for older children in the family if you have or can easily access the information.

DATE PREGNANCY CASE REPORTED: (Pregnancy Care Case Report): If reason for enrollment is pregnancy, enter the date of enrollment to CHWP; if the client becomes pregnant after enrolling in CHWP, enter the date that the CHW learned of the pregnancy.

EDD: Estimated date of delivery is the anticipated date of delivery given to the client by her medical provider in one of the first visits; if then the date is revised during the pregnancy because of new information, tests, etc.; when the EDD is revised by the provider, the revised date should be entered (updated,) in the pregnancy form.

ENROLLED IN PRIMARY HEALTH CARE: The child is enrolled in primary health care if the parent is able to identify a medical provider to whom the child sees for preventive and routine health care.

ENROLLED IN PRENATAL CARE: When the client has had the first clinical visit (usually includes examination, lab testing, etc.) with a health care provider, such as a physician, nurse practitioner, nurse midwife, or physician assistant.

HOME VISIT: The number entered for home visits should be only for those home visits when the client is actually seen in the home. We know that many home visits are sometimes attempted before one is actually accomplished (e.g., client is not home, doesn't answer the door); we recognize this is a frustrating and time consuming aspect of home visiting, but for the purposes of data analysis, only home visits where the client is present should be counted.

HOMELESS: An individual who does not have a permanent address. If a person without a permanent address is temporarily staying with someone other than a relative, that person is considered homeless.

HOUSEHOLD COMPOSITION: Composition of individuals residing in the household. Individuals need not be related.

LEAD SCREEN TEST: This is a blood test, either by finger stick or drawing of blood. Although the NYSDOH recommendations are for lead testing at one or two years of age, there may be older children who were not screened at those ages and who because of their situation are now assessed appropriate for lead test screening.

Note: Not applicable may apply to children not in the one to six-year age range or other reasons.

PENDING: Referral made by CHW and is reasonably expected to be completed, though at the time of the data entry has not yet been completed by the client.

NOTE: All pending information should be updated monthly until such time that a time frame for enrollment or “not enrolled” is entered as an outcome; pending should not remain as the final outcome.

REFERRAL: Anytime specific information is given to a client on accessing a community resource/service with the expectation that the client will make an appointment and/or seek that service. However, **services provided directly by the CHWP may not be counted as referrals.**

SHORT TERM CONTRACT: Individuals for whom services are provided, but are not opened as cases. Encounters are informal for the purpose of providing education or referral for services. Encounters with clients would typically be 1-3 direct contacts.

**Community Health Worker Program
Data Management System
User's Guide**

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The software is designed for installation on the C:\ drive and requires a basic understanding of Windows operating systems to complete.

Installing Epi Info

1. Insert the CD into the CD-ROM drive
2. Open the *My Computer* icon on the desktop and click on the CD-ROM disc drive
3. The CD-ROM contains the files setup.exe and the Program Files and CHWP Documentation folders
4. Right mouse click on setup.exe and click on "Copy"
5. Go to the desktop (your computer screen), right mouse click on the desktop and click on "Paste," this copies setup.exe to the computer desktop
6. On the computer desktop, double click on setup.exe to run it
7. Follow the installation instructions, do not change any settings and click "Next" when prompted.
8. An Epi Info icon should now be on your desktop and Epi Info should be installed in the C:\Epi_Info folder

To Install the Community Health Worker Program database

9. Click on the *My Computer* icon, click on the CD-ROM disc
10. Click on the "Program Files" folder
11. From the menu, click on "Edit" then click on "Select All" (all files in the Program Files folder are highlighted)
12. From the menu, click "Edit" then click on "Copy"
13. Click on the *My Computer* icon then click on the C: drive
14. Right mouse click on the Epi_Info folder then click "Paste"
15. Respond "Yes to All" when prompted to replace existing files
16. Return to the computer desktop and click on the Epi Info icon to start the application

Note: If operating in a networked environment, install Epi Info on each computer which will access the database. Then delete the Community Health Worker Program.mdb file from each computer's C:\Epi_Info folder and place one copy on the network server. The data entry and analysis

functions must then be "pointed" to the proper file location using instructions on pages 5 and 19, respectively. You may need assistance from technical support staff to install the application on a network.

Other Files on the CD-ROM

The CD-ROM contains a "CHWP Documentation" folder, which has a copy of this Data User's Guide and data dictionaries for each form in the Community Health Worker Program data system. Data managers or programmers can use the data dictionaries to design additional analyses using the information collected in the database.

For technical assistance or to document problems with the software, please contact Fran Mazzariello or Rudy Lewis at (518) 474-3368 or by e-mail at fgm03@health.state.ny.us

Using the Software

- Use the Epi Info shortcut on your desktop to open the application
- This brings you to the main screen for the Community Health Worker Program Data Management System
- A description of Basic Navigation and Menu Functions for Epi Info begin on page 6 of this guide



Main Menu

From the main menu, Data Entry/Edit and Analysis functions can be accessed

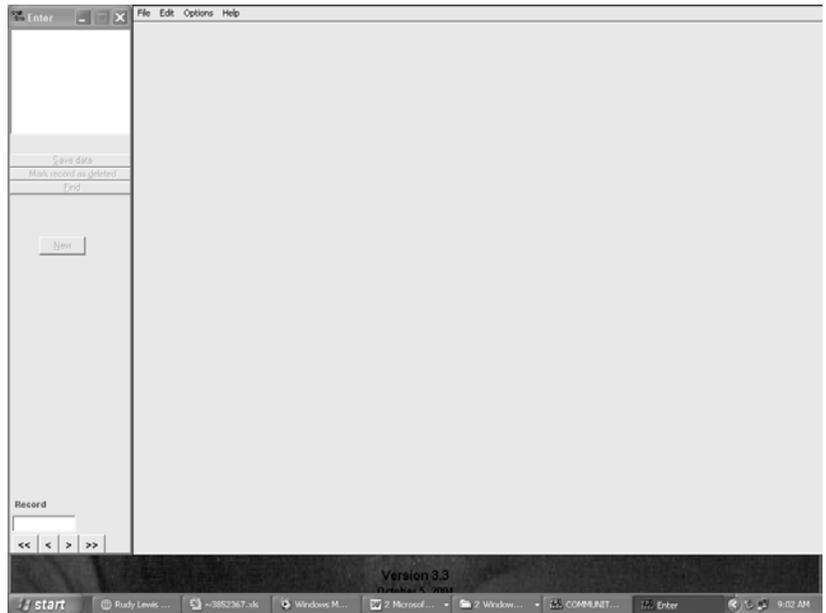
- To enter, edit or delete data, click on Programs then click on Enter Data. This will take you to the Epi Info Entry Window (see page 6).
- Click on Programs/Analyze Data to:
 - Run analysis programs
 - Produce Reports using CHWP data. This will take you to the Analysis window (see page 18).
- Other functions exist on the main menu. Use the Help item to access the Epi Info User's Manual for a description of additional capabilities
- Details about how to use Epi Info can be accessed by clicking on Help/Contents from the main menu



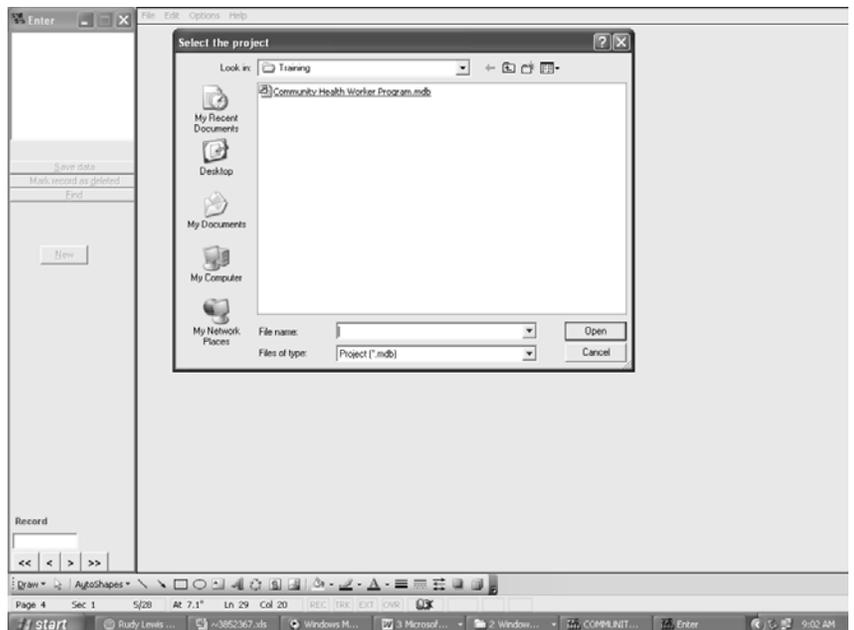
- This manual is available by clicking on Help/Tutorials/CHWP Help
- To close the program, click on Programs/Exit. This should return you to the computer desktop.

Starting Data Entry/Edit

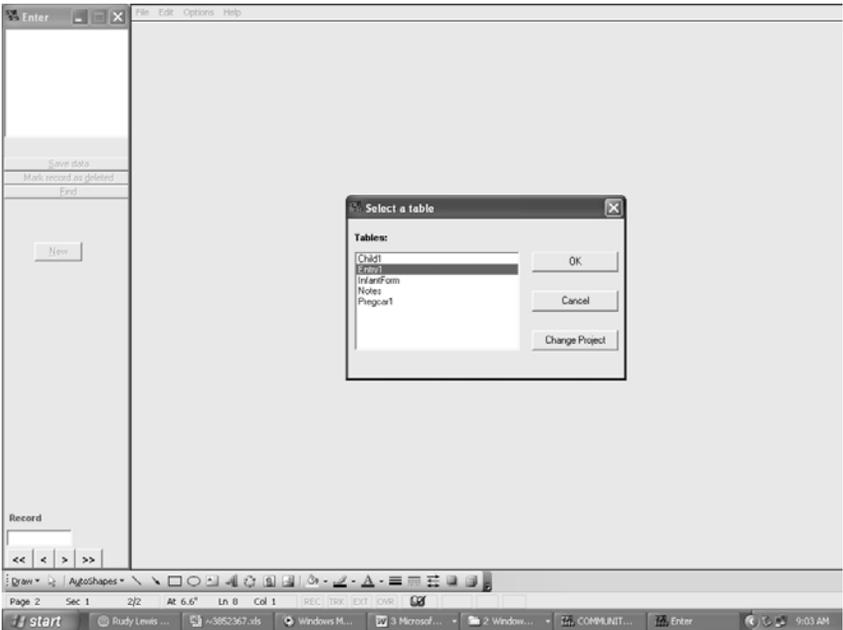
- From the main menu, click on Programs/Enter Data
- Epi Info always opens a blank screen.



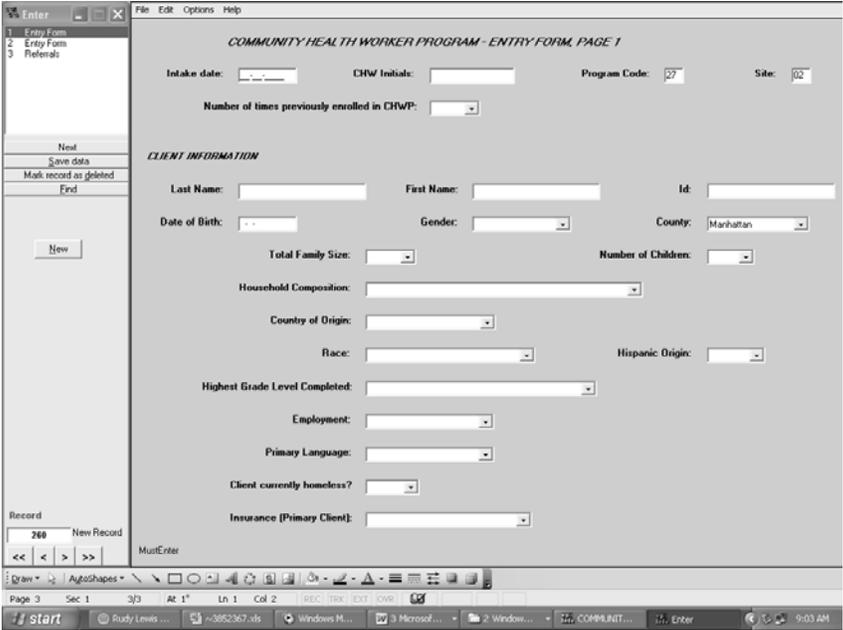
- From the menu, click on File/Open to open the Select the Project window.
- In the Select the Project window, click on the down arrow in the Look In box to locate the Community Health Worker Program.mdb file
- Click on the Community Health Worker Program.mdb file, then click Open



- Click on Entry1 in the Select a Table window.
- Then click Ok.



- Epi Info opens the Entry Form database to a new record.



Basic Navigation Functions

- Epi Info always opens a database at a new record. You can navigate through records in the database by selecting the first, previous, next, last or a specific record. The navigation functions are available through the bar in the lower left hand corner of the screen

- In the "Record" window in the lower left hand corner, you can:
 - Move between records by clicking on the single arrow (< for the previous record, > for the next record)
 - Use the double arrows (<< for the first record or >> for the last record)
 - Go directly to a specific record by typing in the record number in the window that says "1 of 6," for example

COMMUNITY HEALTH WORKER PROGRAM - ENTRY FORM, PAGE 1

Intake date: 03-18-2003 CHW Initials: RRL Program Code: 05 Site: 03

Number of times previously enrolled in CHWP: 02

CLIENT INFORMATION

Last Name: GOODBAH First Name: RUBY Id: GORU02F03181985

Date of Birth: 03-18-1985 Gender: Female County: Albany

Total Family Size: 02 Number of Children: 01

Household Composition: Single parent family (female-headed)

Country of Origin: USA

Race: White Hispanic Origin: No

Highest Grade Level Completed: 9th - 12th grade: no diploma

Employment: Part Time

Primary Language: English

Client currently homeless? No

Insurance (Primary Client): Medicaid Managed Care

Record: 1 of 6

Page 1 Sec 1 1/4 | At 5.5" Ln 1 Col 1 REC TRN EXT CTR WPR

- Move between pages of a record by clicking on Entry Form Page 1 or Entry Form Page 2 in the upper left hand corner of the screen, or by clicking on Next

- Deletion of an existing record is done by clicking on Mark record as deleted. Epi Info will mark the record as deleted, which excludes it from analysis, but it will not physically remove the record from the database.

- Addition of a new record can be done by clicking on New

- Trying to go to page 2 of a blank record will produce the message at right, which indicates no data has been entered and prompts the user to choose how to proceed

COMMUNITY HEALTH WORKER PROGRAM - ENTRY FORM, PAGE 1

Intake date: . . CHW Initials: Program Code: 05 Site: 03

Number of times previously enrolled in CHWP:

CLIENT INFORMATION

Last Name: First Name: Id:

Date of Birth: Gender: County:

Enter

Attention: you have not entered any data into this new record.

Choose "Save" if you want to save this empty record and go to <page 3> in this record. Save

Choose "Previous" if you want to go to <page 3> in the previous record without saving this new record. Previous

Choose "Cancel" to remain on the current page in this new record. Cancel

Record: 7 New Record

Page 1 Sec 1 1/4 | At 5.5" Ln 1 Col 1 REC TRN EXT CTR WPR

January 30, 2003

Basic Menu Functions

The Community Health Worker Program Data Management System has two menus. The Main Menu, which is seen when Epi Info is started, contains Programs, Edit, Settings, Utilities and Help items (see page 4). The Records Access Menu contains File, Edit, Options and Help items, and this is available in all database forms.

Records Access Menu

File

- Consists of a drop-down menu that allows the user to:
 - Open
 - Close
 - Save
 - Compress
 - Print – To print current screen
 - Exit – To exit to the main menu

The screenshot shows the 'Entry Form' window with the 'File' menu open. The menu options are: Open... (Ctrl+O), Close (Ctrl+W), Save (Ctrl+S), Compress Database..., Print (Ctrl+P), and Exit. The form fields are as follows:

Last Name:	GOOMBAH	First Name:	RUBY	Id:	GORU02F03181985
Date of Birth:	03-18-1985	Gender:	Female	County:	Albany
Total Family Size:	02	Number of Children:	01		
Household Composition:	Single parent family (female-headed)				
Country of Origin:	USA				
Race:	White	Hispanic Origin:	No		
Highest Grade Level Completed:	9th - 12th grade; no diploma				
Employment:	Part Time				
Primary Language:	English				
Client currently homeless?	No				
Insurance (Primary Client):	Medicaid Managed Care				

At the bottom of the window, it says 'MustEnter' and 'January 30, 2003'.

Edit

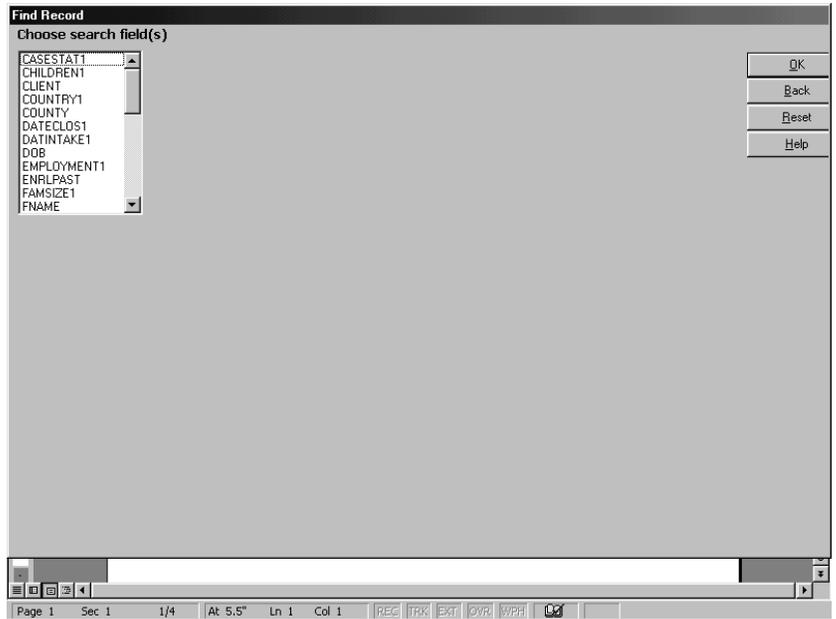
- Consists of a drop-down menu that allows:
 - Find – to locate a record
 - Delete – to mark as record as deleted, the record remains in the database, but is not counted in the analysis

The screenshot shows the 'Entry Form' window with the 'Edit' menu open. The menu options are: Find (Ctrl+F) and Delete. The form fields are as follows:

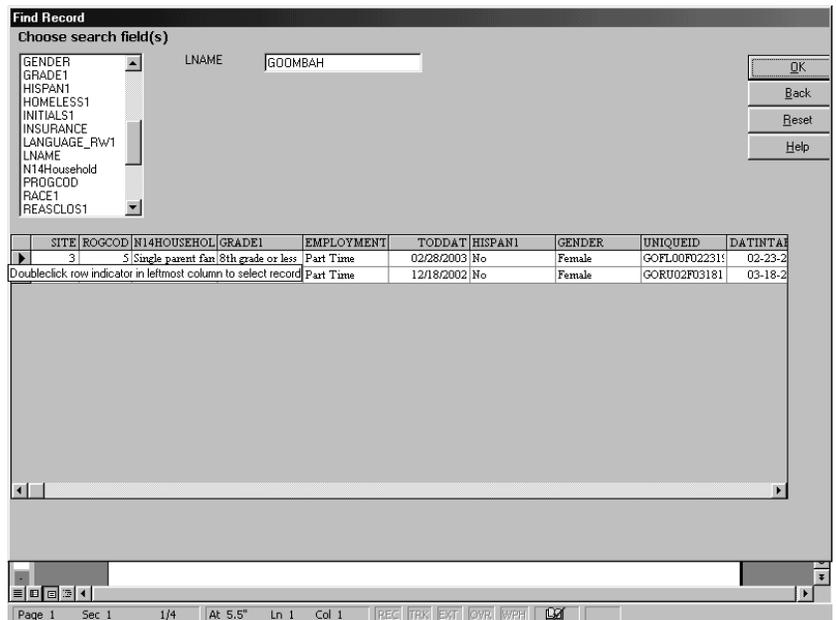
Intake date:	03-18-2003	CHW Initials:	FRL	Program Code:	05	Site:	03
Number of times previously enrolled in CHWP:	02						
CLIENT INFORMATION							
Last Name:	GOOMBAH	First Name:	RUBY	Id:	GORU02F03181985		
Date of Birth:	03-18-1985	Gender:	Female	County:	Albany		
Total Family Size:	02	Number of Children:	01				
Household Composition:	Single parent family (female-headed)						
Country of Origin:	USA						
Race:	White	Hispanic Origin:	No				
Highest Grade Level Completed:	9th - 12th grade; no diploma						
Employment:	Part Time						
Primary Language:	English						
Client currently homeless?	No						
Insurance (Primary Client):	Medicaid Managed Care						

At the bottom of the window, it says 'MustEnter'.

- The Find option opens the Find Record window
- Choose search field(s) allows the user to search on several fields in the database
- Find displays all records, which meet the search criteria



- Use the Choose search field(s) to select the field you would like to search on
- This search was on Last Name (LNAME)
- After typing in the Last Name, click on OK to search the database
- The search for LNAME of Goombah produced two records
- Double clicking in the leftmost column will bring you to that record in the data entry screen
- Clicking on Back will take you back to data entry



- Clicking on Reset will clear the search criteria and restart the search
- For more details on field names see the documents (Entry Form.doc, Pregnancy Form.doc, Infant Form.doc and Child Form.doc) included with the original CD

Options

- Consists of a drop-down menu that allows:
 - Yes/No Fields
 - Full Screen – Allows you to switch to a Full Screen view of the form (see below)

HEALTH WORKER PROGRAM - ENTRY FORM, PAGE 1

Intake date: 03-18-2003 CHW Initials: RRL Program Code: 05 Site: 03

Number of times previously enrolled in CHWP: 02

CLIENT INFORMATION

Last Name: GOOMBAH First Name: RUBY Id: GORU02F03181985

Date of Birth: 03-18-1985 Gender: Female County: Albany

Total Family Size: 02 Number of Children: 01

Household Composition: Single parent family (female-headed)

Country of Origin: USA

Race: White Hispanic Origin: No

Highest Grade Level Completed: 9th - 12th grade; no diploma

Employment: Part Time

Primary Language: English

Client currently homeless? No

Insurance (Primary Client): Medicaid Managed Care

Record 1 of 6

MustEnter

January 30, 2003

- Standard Screen – Allows you to switch back to the Standard Screen view (see above)

COMMUNITY HEALTH WORKER PROGRAM - ENTRY FORM, PAGE 1

Intake date: 03-18-2003 CHW Initials: RRL Program Code: 05 Site: 03

Number of times previously enrolled in CHWP: 02

CLIENT INFORMATION

Last Name: GOOMBAH First Name: RUBY Id: GORU02F03181985

Date of Birth: 03-18-1985 Gender: Female County: Albany

Total Family Size: 02 Number of Children: 01

Household Composition: Single parent family (female-headed)

Country of Origin: USA

Race: White Hispanic Origin: No

Highest Grade Level Completed: 9th - 12th grade; no diploma

Employment: Part Time

Primary Language: English

Client currently homeless? No

Insurance (Primary Client): Medicaid Managed Care

Record 1 of 6

COMMUNITY HEALTH WORKER PROGRAM.MDB :: ENTRY1 DATINTAKE1.Date:MM-DD-YYYY | Required - Mustenter

Help

- Contents – Accesses the Epi Info Help Manual
- How To
- Command reference
- About

EPIDEMIOLOGIC PROGRAM - ENTRY FORM, PAGE 1

Intake date: 03-18-1985 IRRL Program Code: 05 Site: 03

Number of times previously enrolled in CHWP: 02

CLIENT INFORMATION

Last Name: GOOMBAAH First Name: RUBY Id: GORU02F03181985

Date of Birth: 03-18-1985 Gender: Female County: Albany

Total Family Size: 02 Number of Children: 01

Household Composition: Single parent family (female-headed)

Country of Origin: USA

Race: White Hispanic Origin: No

Highest Grade Level Completed: 9th - 12th grade; no diploma

Employment: Part Time

Primary Language: English

Client currently homeless? No

Insurance (Primary Client): Medicaid Managed Care

MustEnter

Record 1 of 6

Page 1 Sec 1 1/1 At 6.5" Ln 1 Col 1 REC TRX EXT OVR WPH

Client-Specific Databases

The CHWP data system consists of several databases. They are the Entry Form, Pregnancy Form, Infant Form, Child Form, Referrals and Client Notes. The Entry Form is the main form in the data system and access to all forms, except Referrals, is **ONLY** available from page 2 of the Entry Form. Referrals are available from page 3 of the Entry Form. All forms, except the Client Notes, are multi-page forms.

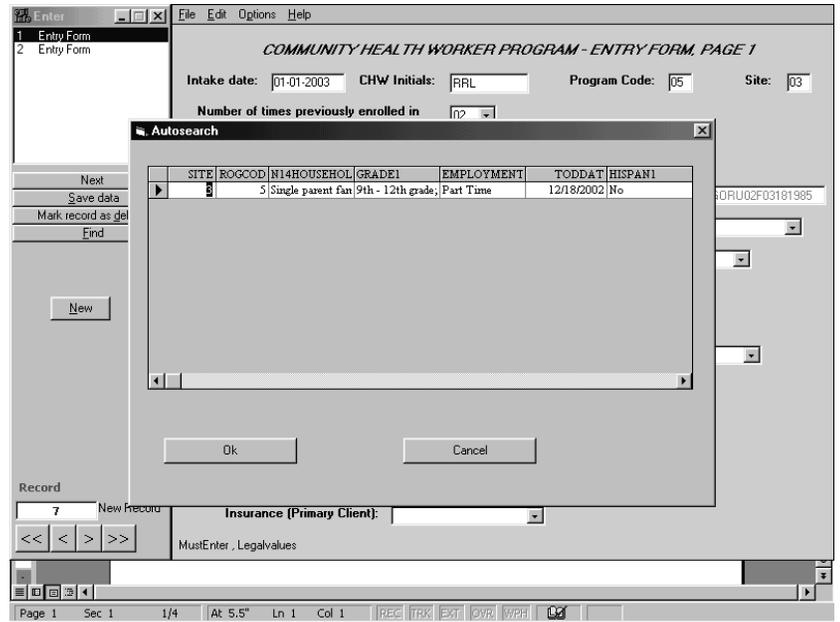
Entry Form Database (3 page form)

- This is the data entry/edit screen for the Entry Form

- Epi Info always opens a database with a new record.
- All data input screens permit basic record navigation functions (See *details under Basic Navigation Functions*)
- Use this input screen to add, edit, delete or locate records
- Drop-down boxes are available for most data entry fields
- The software uses several fields to create a unique ID. If a client re-enrolls in your program, increment the "Number of times previously enrolled in CHWP" to generate a unique Id.

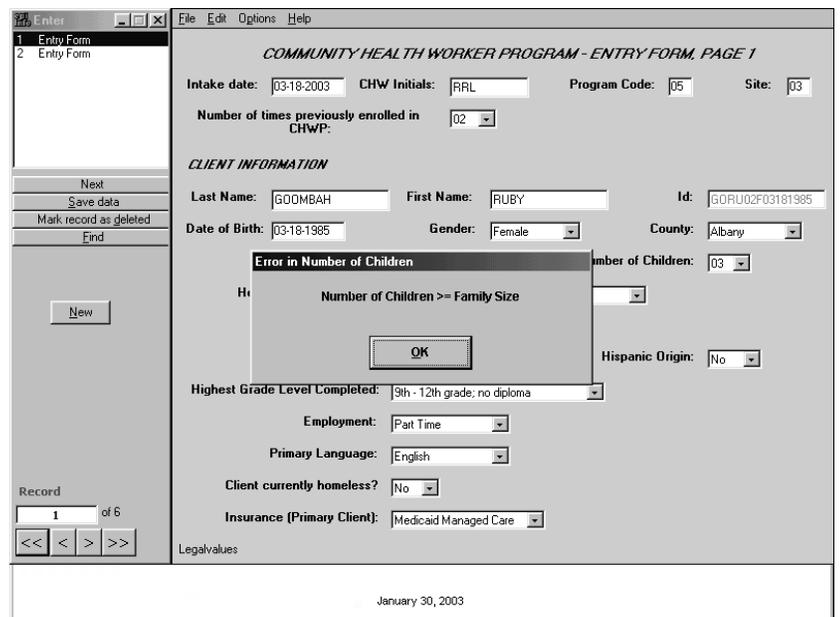
- Go to Page 2, by clicking on 2 Entry Form, to complete the client record
- Click on the appropriate button (Pregnancy Form, Infant Form, Child Form, Client Notes) or on 3 Referrals to access additional forms for a client
- You can scroll through records in the Entry Form Database or start a New client record (See *details under Basic Navigation Functions*)
- To return to the main menu, close the form by clicking on File/Exit on the menu

- The CHWP data management system has many built in system edits
- These are designed to ensure the accuracy of the information entered
- For example, entry of duplicate records is not allowed
- If you enter a duplicate record, the Autosearch screen appears.
- By clicking OK or double clicking on the arrow in the leftmost column, you will edit the record already existing in the database



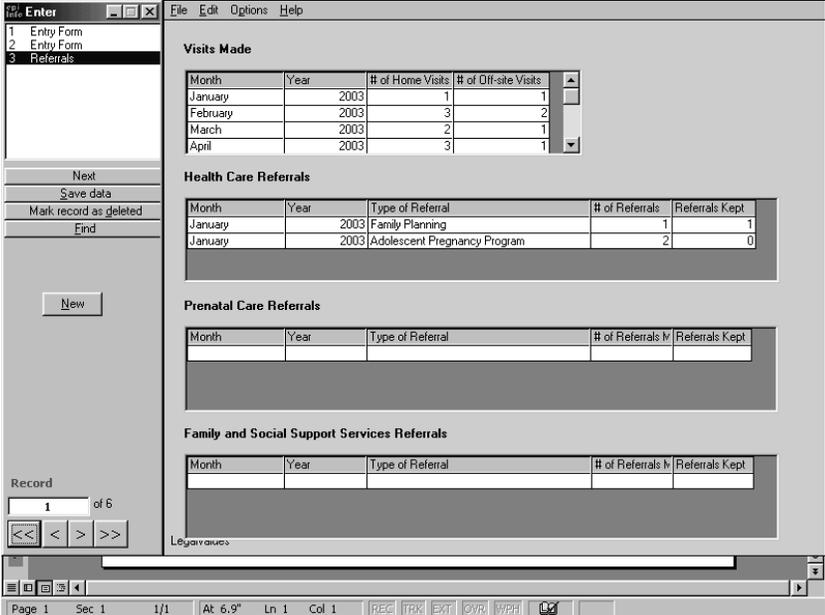
- By clicking Cancel, you will continue to enter the record for a new client
- However, the system will not accept the record unless the ID is unique

- Whenever an error is detected, the software will notify the user of a problem
- In this example, the number of children exceeded the stated family size
- By clicking OK, the number of children field is cleared of the input and you can re-enter a correct value



Referrals Database

- The Referrals Database is the third page of the Entry Form Database
- Information on the client's visits, Health Care, Prenatal Care and Family and Social Support Services referrals can be added or edited
- **ONLY ONE** record is completed for a client, but that record can contain multiple referrals for the client
- Standard navigation and drop-down box functions are also available here
- Return to the Entry Form Database by clicking on 1 Entry Form or 2 Entry Form



Pregnancy Form Database (2 page form)

- From the Entry Form Database input screen, locate the desired record and proceed to this input screen by going to page 2 of the Entry Form and clicking the Pregnancy Form button
- The Pregnancy Form should be completed for clients who enroll during pregnancy, become pregnant while enrolled in the program or who enter during the postpartum (up to 8 weeks after delivery) period
- Information on the client's pregnancy and/or postpartum care can be added or edited here
- A record is completed for each pregnancy, therefore, multiple pregnancy records may exist for a client
- For clients who enter the program postpartum, only complete Pregnancy History and page 2**
- Standard navigation and drop-down box functions are also available here
- Return to the Entry Form Database by clicking on the Back button on the form

COMMUNITY HEALTH WORKER PROGRAM - PREGNANCY FORM, PAGE 1

CLIENT INFORMATION

Last Name: GOOMBAH First Name: RUBY Id: GORU02F03181985

PREGNANCY HISTORY

Date Last Pregnancy Ended: 01-01-2003 # of Prev. Live Births: 00

CURRENT PREGNANCY ** Do not complete for client who entered postpartum

Date pregnancy case reported to CHWP: 02-14-2003 EDD: 02-15-2003

PRENATAL CARE SERVICES ** Do not complete for client who entered postpartum

Month of pregnancy when entered CHWP: 00

Month of pregnancy when entered PNC:

Number of Prenatal Care Visits a. scheduled 05 b. attended

PREGNANCY OUTCOME ** Do not complete for client who entered postpartum

Pregnancy status: Case closed before pregnancy ended

Date pregnancy ended/delivery: - -

Live Birth: Yes

Multiple Births: No Specify number of infants:

- This is the second page of the Pregnancy Form
- Go to this page by clicking on 2 Pregnancy Form, to complete the pregnancy record

COMMUNITY HEALTH WORKER PROGRAM - PREGNANCY FORM, PAGE 2

MEDICAID, WIC AND HIV EDUCATION

Client received HIV Education from CHW: Yes

Mother enrolled in Medicaid? Pending

Mother enrolled in WIC? Pending

POST PARTUM CARE and FP SERVICES

Post partum visit was completed within: Completed within 8 weeks

Family planning services received within: Not received

Infant Form Database (2 page form)

- Access the Infant Form from the second page of the Entry Form
- The Infant Form should be completed for infants born into the program and those of women entering during the postpartum (up to 8 weeks after delivery) period
- Information on a client's infants can be added, edited or deleted
- A record is completed for each infant, therefore, multiple Infant records may exist for each client
- Standard navigation and drop-down box functions are also available here
- Return to the Entry Form Database by clicking on the Back button on the form

- This is the second page of the Infant Form Database
- Go to this page by clicking on 2 Infant Form, to complete the infant's record

Child Form Database (2 page form)

- Access the Child Form from the second page of the Entry Form
- The Child Form should be completed for infants older than 8 weeks through six years of age
- Information on a client's children can be added, edited or deleted
- A record is completed for each child, therefore, multiple Child records may exist for a client
- Standard navigation and drop-down box functions are also available here
- Return to the Entry Form Database by clicking on the Back button on the form

- This is the second page of the Child Form Database
- Go to this page by clicking on 2 Child Form, to complete the child's record

Client Notes

- Access the Client Notes from the second page of the Entry Form
- Client Notes is for CHW use to store useful information about clients and their families
- **ONLY ONE** Client Notes page is completed for a client
- The Client Notes pages expands, as needed, to accommodate additional information
- Standard menu functions are also available here
- Return to the Entry Form Database by clicking on the Back button on the form

COMMUNITY HEALTH WORKER PROGRAM - CLIENT NOTES

Last Name: GOOMBAH First Name: RUBY Id: GORU02F03181985

Notes: This is the notes file for client number 830. This is the end.

Record 1 of 1

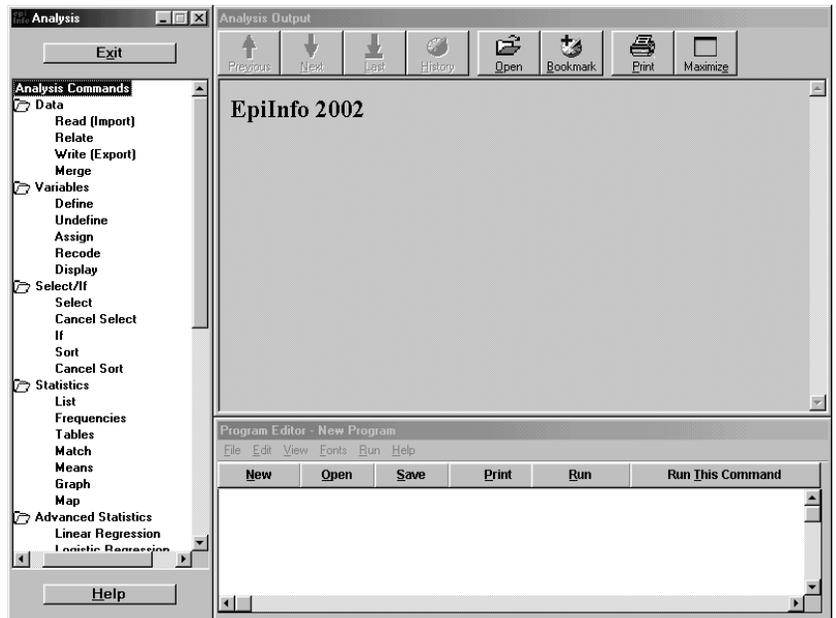
Page 1 Sec 1 1/1 At 6.9"

Analysis Programs (Canned Programs)

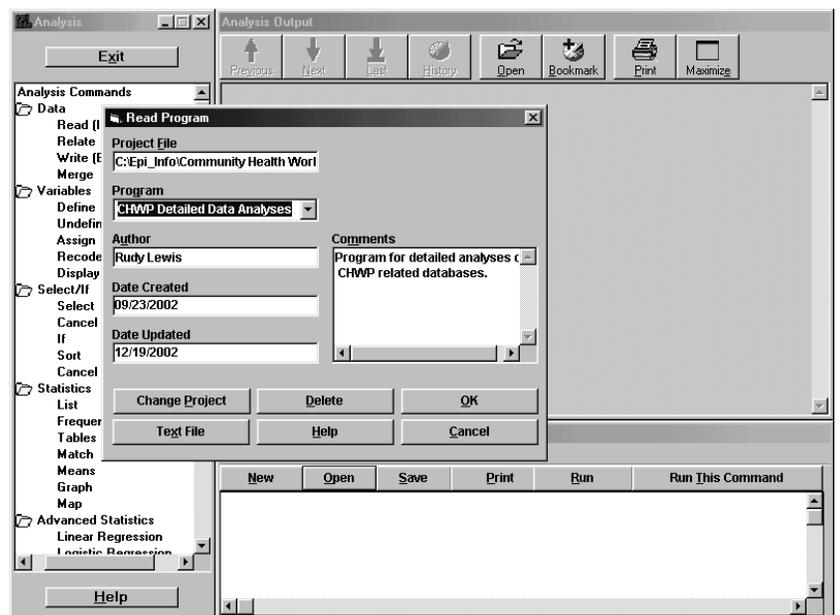
Data analysis functions are started from the main menu (see page 4). Eleven analysis programs are available however the beginning steps are the same for all of these programs.

Running a Canned Program

- To open the Analysis window, click on Programs/Analyze data from the main menu (see page 4)
- The Analysis screen has three windows: Analysis (on the left hand side), Program Output (upper right hand side) and Program Editor (lower right hand side)
- Click on Read (Import) under Analysis Commands in the Analysis window
- Click on the Change Project button
- Locate the Community Health Worker Program.mdb file
- Click on Open
- Click on ViewEntry1
- Click OK
- In the Program Editor window, click on Open to begin running a canned program



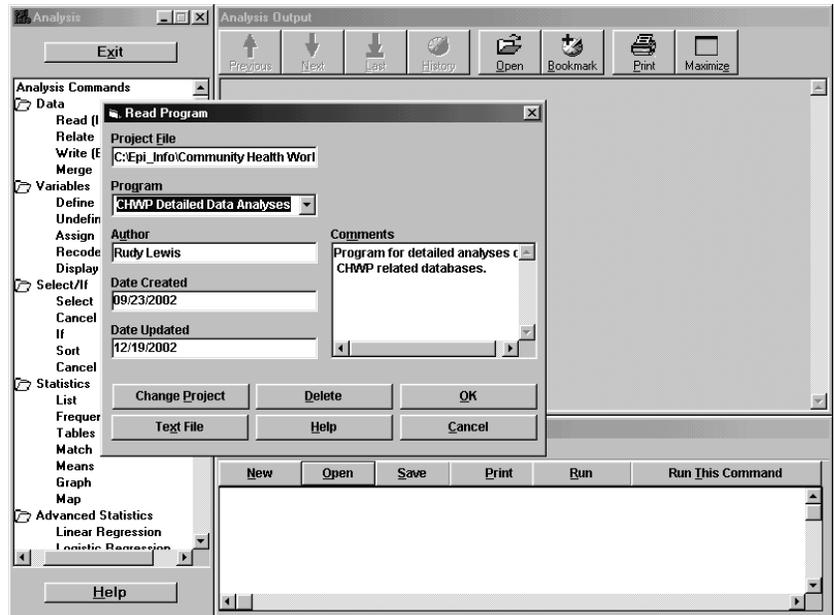
- In the Read Program window, click the down arrow on the Program box and several programs will appear including: CHWP Child Form, CHWP Client Recall, CHWP Data Export, CHWP Detailed Data Analysis, CHWP Infant Form Analysis, CHWP Long Term Analysis, CHWP Pregnancy Form, CHWP Short Term Cases, CHWP Tickler, Management Reports, and Select-Relate-Analyze
- Select a program to run by clicking on it
- Click the OK button in the Read Program window for the program to be listed in the Program Editor
- Click the Run button in the Program Editor window to start the program



Running the CHWP Tickler Program

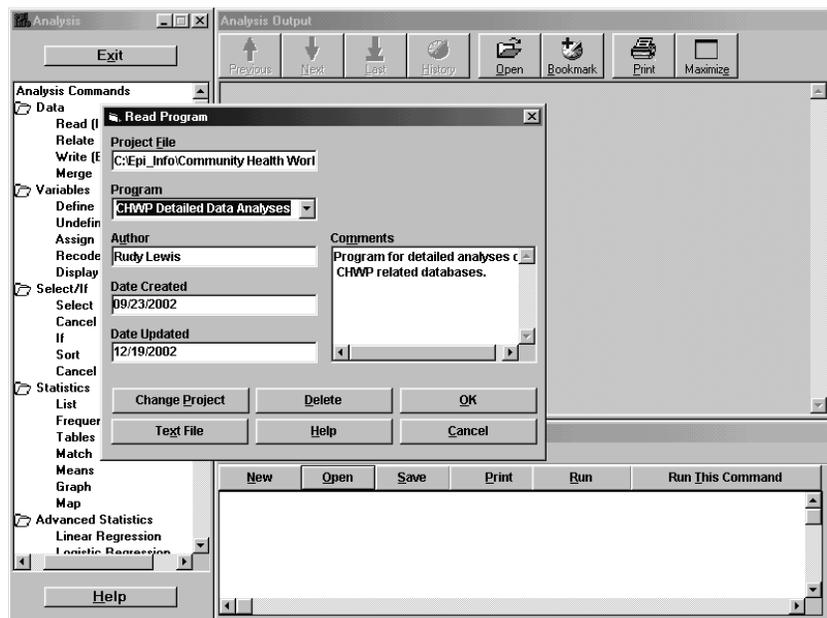
Always run the CHWP Tickler program before analyzing or submitting data to DOH. The tickler will help identify missing information in a client record. Once the data has been updated, your analyses and submissions will reflect the most complete data available at your agency.

- After selecting CHWP Tickler and clicking OK to read the program, the program text appears in the Program Editor window
- Click on Run in the Program Editor window to start the program
- Results are sent to the Analysis Output window and saved as "CHWP Tickler.htm" in the default Epi_Info folder
- ***Monitor the CHWP Tickler program to click OK if it pauses***
- Click on print tool button in the Analysis Output window to send output to printer
- To close the Analysis window, click on Exit



Running the CHWP Detailed Data Analyses Program

- After selecting CHWP Detailed Data Analyses and clicking OK to run the program, the program text appears in the Program Editor window
- Click on Run in the Program Editor window to start the program
- You will be prompted for reporting dates
- After entering the dates you want the analysis to use, the program will select records and analyze them
- Results are sent to the Analysis Output window and saved as "CHWP Detailed Data Analysis.htm" in the default Epi_Info directory
- ***Monitor the CHWP Detailed Data Analyses program to click OK if it pauses***
- Click on print tool button in the Analysis Output window to send output to printer
- To close the Analysis window, click on Exit



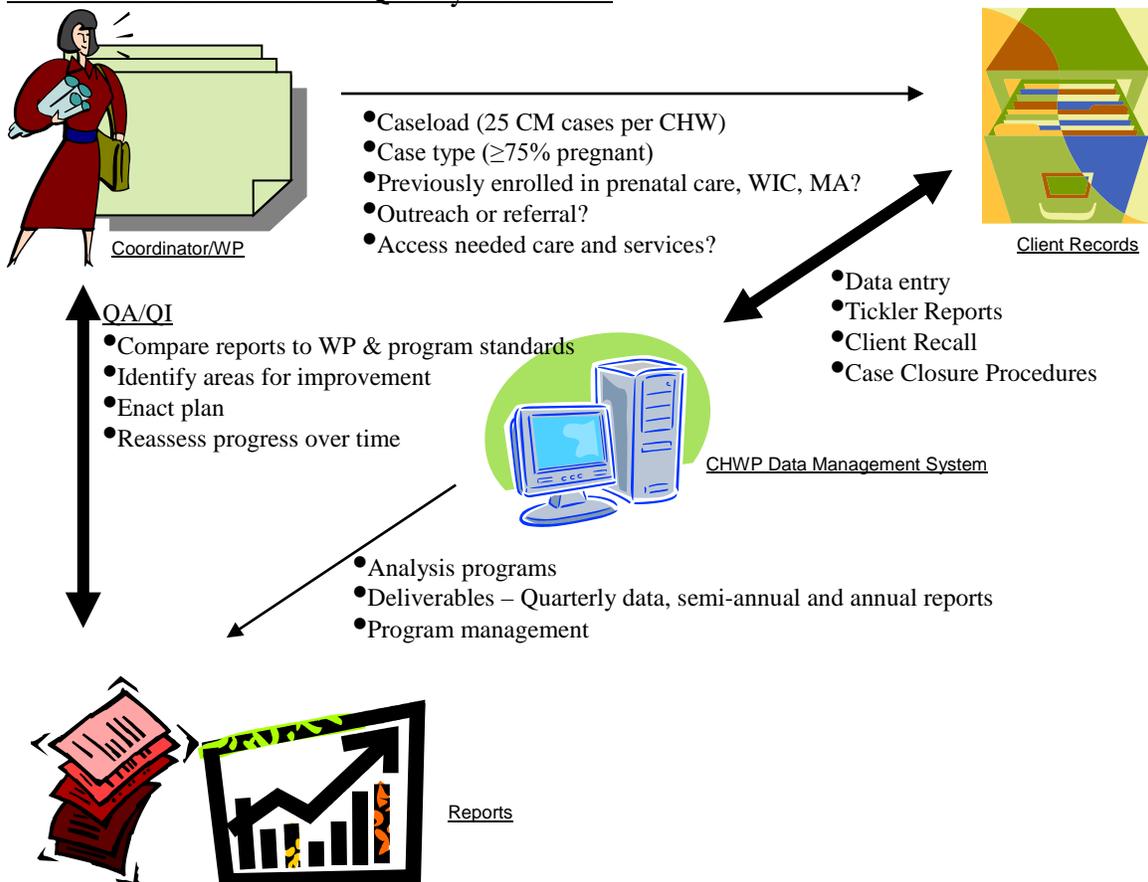
Using the Data Management System for Quality Assurance/Quality Improvement

The information in the Community Health Worker Program Data Management System (CHWP DMS) should be used to monitor progress in meeting stated objectives in the work plan and to identify areas in need of improvement. An action plan should be developed for areas where deficiencies are identified and the coordinator should use the information to assess whether the interventions are having the desired outcome. The information should be used to routinely measure a program’s quality and improve its performance. In the CHWP DMS, coordinators have a unique opportunity to use the information system as a program management tool by producing period-specific analyses and reports, which allows the coordinator to monitor trends

Questions a coordinator might ask include:

- ❑ Do indicators meet or exceed CHWP standards?
- ❑ Do the caseload (25 cases/CHW) and case type (≥75% pregnant) reflect program requirements?
- ❑ What are the numbers of clients, infants and children served by the CHWP?
- ❑ What is the source of new clients and is the program’s outreach strategy effective?
- ❑ Are new clients already enrolled in essential services (prenatal care, MA and WIC) or do they enroll in these services after entering the CHWP?
- ❑ Are required services (education on breastfeeding, family planning, postpartum visit) provided to clients?
- ❑ What is the percentage of infants with well baby visits, lead screening, and immunizations?

The Coordinator’s Role in Quality Assurance



Data Encryption

- Epi Info has a data encryption utility, EpiLock, which is available from the main menu under Utilities
- Files for transmission to the Health Department can be copied to a CD ROM or attached to an e-mail and sent to the Health Department
- Whichever method you choose, please remember to ensure the confidentiality of the information you send us by encrypting the data
- If using e-mail, attach the files to an e-mail and send to fgm03@health.state.ny.us



APPENDIX A - PROGRAM CODES

- 01 Albany County Health Department
- 03 Buffalo Prenatal-Perinatal Task Force
- 06 Safe Space
- 07 Mid Hudson Family Health Center, Inc.
- 10 Nassau County Health Department
- 12 Northern Manhattan Prenatal-Perinatal Partnership
- 13 Tuscarora Indian Nation
- 14 Oneida County Health Department
- 16 Onondaga County Health Department
- 17 Orange County Health Department
- 18 Planned Parenthood of Northern New York
- 20 Shinnecock Indian Nation
- 21 Suffolk County Health Department
- 26 Church Avenue Merchants Block Association
- 27 Harlem Hospital
- 28 Morris Heights Health Center
- 29 Niagara Falls Memorial Medical Center
- 30 Urban Health Plan
- 31 Brookdale Hospital Health Department
- 32 Chautauqua Opportunities, Inc.
- 33 Livingston County Department of Health
- 34 Mount Vernon Neighborhood Health Center
- 35 Sullivan County Division of Health & Family Services
- 36 Whitney M. Young, Jr. Health Center

APPENDIX B - DEFINITIONS

BREAST-FEEDING: Mothers who are exclusively breast-feeding or using a combination of breast and bottle feeding.

CASE MANAGEMENT: Clients should not be entered as case management until an intake and assessment have been done and it has been determined that a case will be opened for the client.

CHILD INFORMATION FORM: Should be completed for each child in the family up to the age of six years; it can also be completed for older children in the family if you have or can easily access the information.

DATE PREGNANCY CASE REPORTED: If reason for enrollment is pregnancy, enter the date of enrollment to CHWP; if the client becomes pregnant after enrolling in CHWP, enter the date that the CHW learned of the pregnancy.

EDD: Estimated date of delivery is the anticipated date of delivery given to the client by her medical provider in one of the first visits; often the date is revised during the pregnancy because of new information, tests, etc.; when the EDD is revised by the provider, the revised date should be entered (updated,) in the pregnancy form.

ENROLLED IN PRIMARY HEALTH CARE: The child is enrolled in primary health care if the parent is able to identify a medical provider the child sees for preventive and routine health care.

ENROLLED IN PRENATAL CARE: When the client has had the first clinical visit (usually includes examination, lab testing, etc.) with a health care provider, such as a physician, nurse practitioner, nurse midwife, or physician assistant.

HOME VISIT: The number entered for home visits should be only for those home visits when the client is actually seen in the home. We know that many home visits are sometimes attempted before one is actually accomplished (e.g., client is not home, doesn't answer the door); we recognize this is a frustrating and time consuming aspect of home visiting, but for the purposes of data analysis, only home visits where the client is present should be counted.

HOMELESS: An individual who does not have a permanent address. If a person without a permanent address is temporarily staying with someone other than a relative, that person is considered homeless.

HOUSEHOLD COMPOSITION: Composition of individuals residing in the household. Multiple family/extended family relationship or Other may be used to describe situations in which unrelated individuals reside in the same household.

LEAD SCREEN TEST: This is a blood test, either by finger stick or drawing of blood. Although the NYSDOH recommendations are for lead testing at one or two years of age, there may be older children who were not screened at those

ages and who because of their situation are now assessed appropriate for lead test screening.

Note: Not applicable (not age appropriate) may apply to children not in the one to six-year age range or other reasons.

REFERRAL: Anytime specific information is given to a client on accessing a community resource/service with the expectation that the client will make an appointment and/or seek that service. However, services provided directly by the CHWP may not be counted as referrals.

SHORT TERM CONTRACT: Individuals for whom services are provided, but are not opened as cases. Encounters are informal for the purpose of providing education or referral for services. Encounters with clients would typically be 1-3 direct contacts.

APPENDIC C - CHWP Data System FAQs

How do I find a previously entered record?

This is documented in the User's Guide under Basic Menu Functions. Click on Edit/Find from the main menu of the data entry screen. This opens the Find Record window. Choosing search field(s) allows the user to search the database on several fields. Select the field(s) you would like to search on and enter the value. For example, you can search for all records with a certain CHW's Initials. All the records are displayed and you can select a particular record by double clicking in the left most column. Another way to find a record is by entering the record number in the Record window in the lower left hand corner of the data entry screen. Refer to pages 8 and 9 of this user's guide.

Why does the Site Code keep the last value entered?

Most programs have a limited number of sites. The site code retains the last value entered to save you some data entry. If you are entering a set of records from site 01 in your agency then you won't have to enter the site code field each time. You must remember to enter the site code when you enter a record for a different site.

Why are Pregnancy, Infant and Child Forms unavailable for a Short-term client?

If the Case/Encounter Status on the Entry Form is short-term, the Pregnancy, Infant and Child Forms are unavailable. This is because we would expect short-term clients to only utilize limited services. However, the Pregnancy, Infant and Child forms are available for clients with a Case/Encounter Status that is Open case management or Short-term encounter converted to case management. This was always the case and describes how the system is meant to work.

If a new client has already delivered, do we fill out the pregnancy form?

It depends. You can fill out the pregnancy form for postpartum clients (up to 8 weeks after delivery). For postpartum clients, the system will limit data entry to Pregnancy History, Medicaid, WIC and HIV Education, and Postpartum Care and FP Services sections of the form.

If a client re-enters the program and a child form already exists, do we update the existing child form or do we have to complete a new one?

Each entry of a client is a point in time "snapshot," which includes all related forms, pregnancy, child, infant and referrals. Once closed, if a client re-enters, hence number of times previous enrolled changes from 0 to 1 or 1 to 2, then a new entry form and all related forms must be completed. You should never update an old set of forms for a client who was lost to follow-up or whose case was closed.

If a client re-enters the program and we had already completed an infant form, do we now complete a child form?

For a client who re-enters, the choice between an Infant form and a Child Form depends on whether the client enters during or after the postpartum period (eight

weeks after delivery.) If the client enters up to eight weeks after delivery, you would use the Infant Form. If the client enters more than eight weeks after delivery, you would complete the Child Form.

In the section for client's notes, are we the only ones who have access to that or do you get that information when we send in the reports? Is there a limit as to the amount of information that we can enter in that section?

The information in the Client Notes section is sent to the Department but not reviewed or used in the analysis of program data. The limit to the amount of information you can enter in Client Notes is 2 gigabytes, but you may get tired of typing or run out of disk space first. The Client Notes is entirely for your use. You can enter information if it is useful to the way things work in your program.

Ages and stages on the child form only goes to 36 months. Does this mean that we only do a child form for children up to age 3?

You are to do ASQs up to 36 months. This does not mean you can only carry children up to 36 months; you can follow children beyond years, but you just don't need to do ASQ after 36 months.

If we do not enter a date in the Date of Previous Live Birth on the Pregnancy Form, the system won't let us enter the Total Number of Previous Live Births. What happens if we know that she has other children but don't get the date of the last birth?

If you are case managing a client, you need to obtain the information of date last pregnancy ended.

My client miscarried; do I keep the case open?

Yes, as long as the client is willing to be case managed, she should be followed through postpartum period and family planning, and through whatever other goals she has set for herself.

My client's baby was taken away from her at delivery because the baby tested positive for drugs. The baby was placed in the grandmother's custody, but we want to follow both mother and infant. How do I report this situation in Epi Info? Do I open 2 cases?

No, only one case should be opened. From Infant's Living Arrangement, located in the Infant Form, choose "Not living with mother; case managing infant," and continue to report on the client's pregnancy outcome (i.e., postpartum visit, family planning) as well as reporting outcomes of the infant on the Infant Form.

Why does my data indicate a higher number of low birth weight babies within a specified time period?

The analysis program includes services and outcomes for all case managed clients, infants and children with cases open during the reporting period. Since some clients are managed for more than one year, LBW babies born to those clients remain in the analysis and reports. The LBW rate that is calculated is a for a cohort of clients rather than an annual rate.

Since short term encounters (STEs) cannot access the Pregnancy Form, why does the Tickler Report show several short term encounters (STEs) as missing Pregnancy Form data?

If pregnancy records are being tickled for short term encounter clients, it suggests the records may have been entered as Open Case Management, at some point, with accompanying pregnancy records. You could temporarily change the client status (on Entry Form) to “open case management,” access the pregnancy record and delete them if that is appropriate. Upon returning to the Entry Form, you would then revert the case status to a “short term encounter.”

Certain religious sects do not believe in infant/child immunizations. How do I report this?

Report the immunizations as not completed, but explain this when submitting your semiannual and annual reports. The narrative section of the reports should be used to explain all extraordinary circumstances, which impact on achieving work plan objectives.

If the clients are getting HIV counseling and testing as part of prenatal care, shouldn't the CHWP get credit for the referral?

CHWs need to provide universal education, including information about requesting the test from prenatal care providers (which doesn't count as a referral). Referrals are those instances, beyond the regular education, where there is a concentrated effort to have a particular client counseled and tested (because of her personal situation, risk factors, etc.).

I couldn't make an ASQ screening because the client wasn't at home or available.

ASQ screenings are valid within a two-month window, one month before to one month after the designated age. Every effort should be made to conduct age appropriate ASQs within the required period.

My client's infant has turned one, and we are still case managing this client. Do I transfer the infant to the child form?

No. You should continue to collect information in the Infant Form including ASQ screenings at 12, 24 and 36 months.

My client's infant is due for an ASQ screening, but the case was closed because the mother moved. Do I indicate “no” for not being completed, or do I leave it blank? If I leave it blank, will the CHWP Tickler report it as missing?

It should be left blank. The CHWP Tickler uses the date the case was closed to determine which records should be included in the report. If the case was closed before the date the ASQ was due, the tickler report will not show the record as having missing data. The case will be coded as having closed before x weeks and included in the appropriate table.

When is the appropriate time to close a case?

When the client has met the established goals, typically when the infant turns one, or when the client refuses services, moves, or is lost to follow up.

When is the appropriate time to close a client who cannot be found?

We recommend keeping the case open for 3 months; if the client cannot be found within that time, close the case using the date of the last home visit.

My client's infant just turned one and she has become pregnant again. How do I handle this?

Keep the file open, and enter a new pregnancy record.

Do I record a postpartum baby in the infant or child form?

You should record it in the infant form as long as the client enrolled during the postpartum (up to 8 weeks after delivery) period.

**COMMUNITY HEALTH WORKER PROGRAM
DATA COLLECTION FORMS**

ENTRY FORM

Record No. _____

Intake Date ____ / ____ / ____

CHW Initials _____

Program Code _____

Site _____

Number of times previously enrolled in CHWP _____ (00 - >12)

Last Name _____

First Name _____

Id _____

Date of Birth __ / __ / ____

Gender _____ (Male, Female)

County _____

Total family size _____ (00 - >12)

Number of children _____ (00 - >12)

Household composition:

- One individual
- Single parent family (male headed)
- Single parent family (female headed)
- Two parent family
- Multiple family/extended family relationship
- Other

Country of Origin:

- USA
- Other _____

Race:

- White Black/African American
- Native American Asian/Pacific Islander
- Other Unknown

Hispanic origin _____ (Yes, No)**Highest Grade Level Completed:**

- 8th grade or less 9th-12th grade; no diploma
- H.S. Dip. or GED Some college; no degree
- Associate degree Bachelor's degree
- Master's degree Doctorate degree
- Unknown

Employment:

- Full Time Part Time
- Unemployed Disability
- Student Unknown/Other

Primary Language:

- English Spanish
- French/Creole Hebrew/Yiddish
- Other

Client currently homeless _____ (Yes, No)

ENTRY FORM

Record No. _____

Insurance (Primary client);

- Child Health Plus Family Health Plus
 Medicaid Managed Care Medicaid/PCAP(FFS)
 Private Medicare
 None Other

WIC _____ (Yes, No, Not eligible)

Food Stamps _____ (Yes, No, Not eligible)

SSI _____ (Yes, No, Not eligible)

Source of Referral:

- Medical Provider DSS/HRA
 WIC PH Nurse
 School Managed Care Provider
 Relative/Friend Self
 Other Client Door to Door
 Street Community Agency
 Other _____

Client Status:

- Pregnant
 Post partum
 Not applicable
 Post Partum; now pregnant
 Not applicable; now pregnant

Reasons for Enrollment #1, #2, #3

- Pregnant Care
 Parenting
 Medical Care Domestic Violence
 Substance Abuse HIV/AIDS
 Social Services Nutrition
 Housing Other

NOTE: For pregnant clients, the primary reason (Reason #1) for enrollment should be "Pregnant Care." For post partum clients, the primary reason should be "Parenting." In both cases, a pregnancy form should be filled out.

If the client isn't enrolling for case management services (pregnant care or parenting), the client is considered short term and a pregnancy form is not completed.

Case/encounter status:

- Short term encounter
 Short term converted to case management
 Open case management
 Closed

Date case was closed ___ / ___ / ____

Reason for closing:

- Case objectives met Client lost to follow-up
 Client moved Client refuses further services
 Other

PREGNANCY FORM

(For pregnant/post partum clients at entry and for clients who become pregnant while enrolled)

Last Name _____

First Name _____

Id _____

Date Last Pregnancy Ended ____/____/____

of Prev. Live Births ____ (00 - >12)

***** Do not complete for clients who entered post partum (more than 8 weeks after delivery)**

Date Pregnancy Reported to CHWP ____/____/____ EDD ____/____/____

Month of Preg. when Entered CHWP ____ (00 - 09) Month of Preg. when Entered PNC ____ (00 - 09, No PNC)

of Prenatal Visits: a. Scheduled ____ (00 - >12) b. Attended ____ (00 - >12)

Client Received Dental Health Education from CHW ____ (Yes, No)

Client Screened for Perinatal
Depression ____ (Yes, No)

Referred for Further Assessment ____ (Yes, No)

Pregnancy Status:

- Ended/Delivered
- Case closed before pregnancy ended

Date Pregnancy Ended/Delivery ____/____/____

Live birth ____ (Yes, No)

Multiple births ____ (No, Yes)

Specify number of infants ____

Client Received HIV Education from CHW ____ (Yes, No)

Mother Enrolled in Medicaid:

- Enrolled by CHWP
- Enrolled prior to CHWP
- Pending
- Not eligible
- Not enrolled

Mother Enrolled in WIC:

- Enrolled by CHWP
- Enrolled prior to CHWP
- Pending
- Not eligible
- Not enrolled

Client Screened for Postpartum Depression
by CHW? ____ (Yes, No)

Referred for Further Assessment? ____ (Yes, No)

Post Partum Visit was Completed:

- Completed within 8 weeks
- Not completed

Family Planning Services Received:

- Completed within 8 weeks
- Not received

CHILD FORM

(Complete for children older than 8 weeks to 5 years)

Last Name _____

First Name _____

Id _____

Child Last Name _____

Child First Name _____

Date of Birth ____ / ____ / ____

Gender _____ (Male, Female)

Enrolled in primary health care prior to CHW
contact ____ (Yes, No)

If no, was child assisted to enroll in PHC:

 Completed Pending Not enrolled

Insurance coverage at CHWP contact ____ (Yes, No)

Type of insurance:

 Medicaid Managed Care Medicaid (FFS) Child Health Plus Private Other

If not, was child assisted to enroll in Medicaid:

 Completed Pending Not eligible Not enrolledIf ineligible for Medicaid, was child assisted to
enroll in Child Health Plus: Completed Pending Not eligible Not enrolledWas child enrolled in WIC prior to first CHW contact
____ (Yes, No)

If not, was child assisted to enroll in WIC:

 Completed Pending Not eligible Not enrolled Not participatingWas child up to date on immunizations prior to first
CHWP contact ____ (Yes, No)If not, was child assisted to obtain
immunizations: Completed Not obtainedHad child received lead test screening prior to first
CHWP contact ____ (Yes, No)If not, was child assisted to receive lead test
screening: Completed Not applicable (not age appropriate) Not obtained**ASQ Completed:**

(Yes, No, Enrolled after designated month, Enrolled in EIP, Done prior to entry)

At 4 months _____

At 8 months _____

At 12 months _____

At 24 months _____

At 36 months _____

REFERRAL TRACKING FORM

Health Care Referrals:

1. Adolescent Pregnancy Program
2. Adult Primary Care
3. Child Health Care
4. Dental Services
5. Early Intervention
6. Family Planning
7. HIV Medical Services
8. HIV Counseling & Testing
9. IHAP
10. Immunization
11. Lead Testing
12. Post Partum Care
13. Pregnancy Testing
14. Other

Prenatal Care Referrals:

15. Initial Visit
16. Follow Up Visits
17. Public Health Nursing
18. STD
19. Nutrition/Food Pantry
20. Nutrition/WIC
21. Nutrition/FAN
22. Other

Family and Social Support Services Referrals:

23. Child Health Plus
24. Clothing/Bedding/Supply
25. Individual Counseling
26. Day Care/Babysitting
27. Domestic Violence
28. DSS/HRA Food Stamps
29. DSS/HRA Medicaid
30. DSS/HRA TANF
31. DSS/HRA Child Protective
32. Education Childbirth
33. Education Parenting
34. Education Vocational
35. Employment
36. Environmental Health/Safety
37. Family Counseling
38. Family Health Plus
39. Family Planning Benefit Program
40. Family Planning Extension Program
41. Food Pantry
42. GED
43. HEAP
44. HIV Support
45. Housing
46. Immigration Services
47. Individual Counseling
48. Legal Services
49. Mental Health Services
50. Prenatal Depression
51. Postpartum Depression
52. Substance Abuse/Drugs
53. Substance Abuse/Alcohol
54. Substance Abuse/Tobacco
55. Support Groups
56. Translation
57. Transportation
58. Others

CLIENT NOTES

(This form is optional and intended for CHWs use to record important client information)

Last Name: _____ **First Name:** _____

ID: _____

Notes:

**COMMUNITY HEALTH WORKER PROGRAM
SAMPLE REPORTS**

*CHWP Detailed Data Analysis***Table 1 - Total # of clients**

CASESTAT1	Frequency	Percent	Cum Percent
Closed	1730	46.6%	46.6%
Open case management	1780	48.0%	94.6%
Short term encounter	185	5.0%	99.6%
Short term encounter converted to case management	14	0.4%	100.0%
Total	3709	100.0%	100.0%

For Total # of Referrals Made and Accomplished: Use Tables 31, 32 & 33

Table 2 - Total Number of Home Visits accomplished

NMonth	Frequency	Percent	Cum Percent
A. July	1483	7.6%	7.6%
B. August	1522	7.8%	15.5%
C. September	1614	8.3%	23.8%
D. October	1474	7.6%	31.4%
E. November	1483	7.6%	39.1%
F. December	1551	8.0%	47.1%
G. January	3512	18.1%	65.2%
H. February	1400	7.2%	72.4%
I. March	1613	8.3%	80.7%
J. April	1407	7.3%	88.0%
K. May	1120	5.8%	93.7%
L. June	1212	6.3%	100.0%
Total	19391	100.0%	100.0%

Table 3 - Caseload (Long term cases - Pregnant and Parenting), Objective 1.1

REASENR3	Frequency	Percent	Cum Percent
Domestic Violence	4	0.1%	0.1%
Housing	3	0.1%	0.2%
Medical Care	25	0.7%	0.9%
Nutrition	6	0.2%	1.1%
Other	5	0.1%	1.2%
Parenting	657	18.6%	19.9%
Pregnant Care	2817	79.9%	99.8%
Social Services	7	0.2%	100.0%
Total	3524	100.0%	100.0%

Table 4 - Short term encounters, Objective 1.2

CASESTAT1	Frequency	Percent	Cum Percent
Short term encounter	185	100.0%	100.0%
Total	185	100.0%	100.0%

Table 5 - Entry Prenatal Care, Objective 1.3

MONPNC1	Frequency	Percent	Cum Percent
Missing	12	0.4%	0.4%
01	600	20.4%	20.9%
02	1045	35.6%	56.5%
03	614	20.9%	77.4%
04	268	9.1%	86.5%
05	167	5.7%	92.2%
06	95	3.2%	95.5%
07	54	1.8%	97.3%
08	38	1.3%	98.6%
09	12	0.4%	99.0%
No PNC	29	1.0%	100.0%
Total	2934	100.0%	100.0%

Table 6 - Initiate Prenatal Care Relative to Entry into CHWP (Pregnant women - Excludes Prior PNC), Objective 1.4

PNCTIMING	Frequency	Percent	Cum Percent
More than 1 month	47	4.0%	4.0%
Within 1 month	1132	96.0%	100.0%
Total	1179	100.0%	100.0%

Table 7 - Number of Prenatal Visits Schedule, Objective 1.5

SCHEDULE1	Frequency	Percent	Cum Percent
Missing	0	0.0%	0.0%
>12	5018	24.3%	24.3%
01	263	1.3%	25.5%
02	436	2.1%	27.6%
03	663	3.2%	30.8%
04	868	4.2%	35.0%
05	1040	5.0%	40.1%
06	1224	5.9%	46.0%
07	1302	6.3%	52.3%
08	1584	7.7%	59.9%
09	1368	6.6%	66.5%
10	2220	10.7%	77.3%
11	1353	6.5%	83.8%
12	3348	16.2%	100.0%
Total	20687	100.0%	100.0%

Table 8 - Number of Prenatal Visits Attended, Objective 1.5

ATTENDED1	Frequency	Percent	Cum Percent
Missing	0	0.0%	0.0%
>12	5161	26.2%	26.2%
01	270	1.4%	27.5%
02	466	2.4%	29.9%
03	687	3.5%	33.4%
04	884	4.5%	37.8%
05	1080	5.5%	43.3%
06	1260	6.4%	49.7%
07	1288	6.5%	56.2%
08	1632	8.3%	64.5%
09	1341	6.8%	71.3%
10	2120	10.7%	82.0%
11	1298	6.6%	88.6%
12	2244	11.4%	100.0%
Total	19731	100.0%	100.0%

Table 9 - MA Enrollment of Pregnant Women (Excludes not eligible), Objective 1.6

MOMEDIC1	Frequency	Percent	Cum Percent
Enrolled by CHWP	902	31.4%	31.4%
Enrolled prior to CHWP	1865	64.8%	96.2%
Missing	22	0.8%	97.0%
Not enrolled	57	2.0%	99.0%
Pending	30	1.0%	100.0%
Total	2876	100.0%	100.0%

Table 10 - WIC Enrollment (Excludes not eligible), Objective 1.7

MOWIC1	Frequency	Percent	Cum Percent
Enrolled by CHWP	1136	39.0%	39.0%
Enrolled prior to CHWP	1648	56.6%	95.6%
Missing	24	0.8%	96.5%
Not enrolled	81	2.8%	99.2%
Pending	22	0.8%	100.0%
Total	2911	100.0%	100.0%

Table 11 - Low Birth Weight (All Babies born in Program), Objective 1.8

BWT	Frequency	Percent	Cum Percent
LBW (< 5lb. 8oz.)	124	6.6%	6.6%
NORMAL (>= 5 lb. 8oz.)	1727	92.4%	99.0%
VLBW (< 3lb. 5oz.)	18	1.0%	100.0%
Total	1869	100.0%	100.0%

Table 12 - Post Partum Visit (Women who delivered in program), Objective 1.9

POSTPAR111	Frequency	Percent	Cum Percent
Missing	31	1.7%	1.7%
Closed	28	1.5%	3.2%
Completed within 8 weeks	1672	91.9%	95.2%
Not completed	68	3.7%	98.9%
Pending (not yet 8 weeks postpartum)	20	1.1%	100.0%
Total	1819	100.0%	100.0%

Table 13 - Newborn Visit (Women who delivered in program), Objective 2.1

WELLBABY1	Frequency	Percent	Cum Percent
Missing	6	0.3%	0.3%
2 weeks	1589	91.8%	92.1%
3-4 weeks	100	5.8%	97.9%
5-8 weeks	27	1.6%	99.5%
Not completed	9	0.5%	100.0%
Total	1731	100.0%	100.0%

Table 14 - Preventive/Primary Care, Objective 2.2

PRIM01	Frequency	Percent	Cum Percent
Missing	3	2.8%	2.8%
Completed	95	87.2%	89.9%
Not enrolled	3	2.8%	92.7%
Pending	8	7.3%	100.0%
Total	109	100.0%	100.0%

Table 15 - Medicaid Enrollment Newborns (Women who delivered in program, excludes ineligible newborn, Objective 2.3a)

INFMEDIC1	Frequency	Percent	Cum Percent
Enrolled	1807	98.3%	98.3%
Missing	7	0.4%	98.7%
Not enrolled	9	0.5%	99.2%
Pending	15	0.8%	100.0%
Total	1838	100.0%	100.0%

Table 16 - Medicaid Enrollment Children (Excludes ineligibles), Objectives 2.3b

ENROLLMA1	Frequency	Percent	Cum Percent
Completed	121	77.6%	77.6%
Missing	22	14.1%	91.7%
Not enrolled	2	1.3%	92.9%
Pending	11	7.1%	100.0%
Total	156	100.0%	100.0%

Table 17 - Child Health Plus, Objectives 2.4

CHILHPLUS11	Frequency	Percent	Cum Percent
Completed	5	83.3%	83.3%
Pending	1	16.7%	100.0%
Total	6	100.0%	100.0%

Table 18 - WIC Enrollment Newborns (Women who delivered in program, excludes ineligible newborns), Objectives 2.5a

INFWIC1	Frequency	Percent	Cum Percent
Enrolled	1675	97.6%	97.6%
Missing	5	0.3%	97.9%
Not enrolled	19	1.1%	99.0%
Pending	17	1.0%	100.0%
Total	1716	100.0%	100.0%

Table 19 - WIC Enrollment Children (Excludes ineligible children), Objectives 2.5b

WICALL	Frequency	Percent	Cum Percent
Completed	1255	94.1%	94.1%
Not Completed	79	5.9%	100.0%
Total	1334	100.0%	100.0%

Table 20 - Infant Immunizations, Objective 3.1a

IMMUNALL	Frequency	Percent	Cum Percent
Closed	265	14.9%	14.9%
No	224	12.6%	27.6%
Yes	1285	72.4%	100.0%
Total	1774	100.0%	100.0%

Table 21 - Child Immunized With CHW Assist, Objective 3.1b

IMMUN011	Frequency	Percent	Cum Percent
Missing	9	9.2%	9.2%
Completed	77	78.6%	87.8%
Not obtained	10	10.2%	98.0%
Pending	2	2.0%	100.0%
Total	98	100.0%	100.0%

Table 22 - Infant Lead Screening, Objective 4.3a

LEADONE11	Frequency	Percent	Cum Percent
Missing	48	4.5%	4.5%
Closed	250	23.6%	28.1%
No	85	8.0%	36.1%
Not complete	1	0.1%	36.2%
Pending (not yet designated age)	94	8.9%	45.1%
Yes	583	54.9%	100.0%
Total	1061	100.0%	100.0%

Table 23 - Child Lead Screened with CHW Assist, Objective 4.3b

LEAD011	Frequency	Percent	Cum Percent
Missing	6	2.0%	2.0%
Completed	105	34.5%	36.5%
Not applicable (not age appropriate)	142	46.7%	83.2%
Not obtained	49	16.1%	99.3%
Pending	2	0.7%	100.0%
Total	304	100.0%	100.0%

Table 24 - HIV Education, Objective 5.2

HIVEDUC1	Frequency	Percent	Cum Percent
Missing	52	1.8%	1.8%
No	18	0.6%	2.4%
Yes	2864	97.6%	100.0%
Total	2934	100.0%	100.0%

For Objectives 5.2, 6.3, 7.3 & 8.3: Use Table 31 - HIV & Family Planning Referrals, and Table 33 - Substance Abuse & Domestic Violence

Table 25 - Family Planning (Women who delivered in program), Objective 8.2

FAMPLAN111	Frequency	Percent	Cum Percent
Missing	32	1.8%	1.8%
Closed	26	1.4%	3.2%
Completed within 8 weeks	1665	91.5%	94.7%
Not received	87	4.8%	99.5%
Pending (not yet 8 weeks post partum)	9	0.5%	100.0%
Total	1819	100.0%	100.0%

Table 26 - Breastfeeding at Hospital Discharge (Infants born in program), Objective 9.1

ATDIS1111	Frequency	Percent	Cum Percent
Missing	4	0.2%	0.2%
No	475	25.5%	25.7%
Yes	1386	74.3%	100.0%
Total	1865	100.0%	100.0%

Table 27 - Breastfeeding for at Least Six Weeks (Infants born in program), Objective 9.2

SIXWEEKS1111	Frequency	Percent	Cum Percent
Missing	41	2.3%	2.3%
Closed	17	1.0%	3.3%
No	708	40.1%	43.4%
Yes	1001	56.6%	100.0%
Total	1767	100.0%	100.0%

Table 28 - Breastfeeding at Least Six Months (Infants born in program), Objective 9.3

Breastfeeding	Frequency	Percent	Cum Percent
Missing	80	5.7%	5.7%
Closed	182	12.9%	18.5%
No	735	51.9%	70.5%
Yes	418	29.5%	100.0%
Total	1415	100.0%	100.0%

Table 29 - Newborn ASQs, Objective 10.1a

NASQALL	Frequency	Percent	Cum Percent
No	379	24.1%	24.1%
Yes	1192	75.9%	100.0%
Total	1571	100.0%	100.0%

Table 30 - Sibling ASQs, Objective 10.1b

CASQALL	Frequency	Percent	Cum Percent
Closed	7	0.5%	0.5%
Entered >3 Years	513	35.4%	35.8%
No	342	23.6%	59.4%
Yes	589	40.6%	100.0%
Total	1451	100.0%	100.0%

Table 31a - Health Care Referrals: Total Made, Objectives 8.3 & Section III

TypeOfReferral	Frequency	Percent	Cum Percent
Missing	2	0.0%	0.0%
Adolescent Pregnancy Program	24	0.4%	0.5%
Adult Primary Care	322	5.8%	6.3%
April	1	0.0%	6.3%
Child Health Care	893	16.2%	22.5%
December	1	0.0%	22.5%
Dental Services	951	17.2%	39.7%
Early Intervention	142	2.6%	42.2%
Family Planning	1087	19.7%	61.9%
February	1	0.0%	61.9%
HIV Counseling & Testing	349	6.3%	68.2%
HIV Medical Services	11	0.2%	68.4%
IHAP	1	0.0%	68.5%
Immunization	649	11.7%	80.2%
July	1	0.0%	80.2%
June	4	0.1%	80.3%
Lead Testing	347	6.3%	86.6%
November	2	0.0%	86.6%
Other	89	1.6%	88.2%
Post Partum Care	450	8.1%	96.3%
Pregnancy Testing	200	3.6%	100.0%
September	2	0.0%	100.0%
Total	5529	100.0%	100.0%

Table 31b - Health Care Referrals: Total Kept, Objectives 8.3 & Section III

TypeOfReferral	Frequency	Percent	Cum Percent
Missing	2	0.0%	0.0%
Adolescent Pregnancy Program	18	0.4%	0.4%
Adult Primary Care	273	5.5%	5.9%
April	1	0.0%	5.9%
Child Health Care	854	17.2%	23.2%
December	1	0.0%	23.2%
Dental Services	757	15.3%	38.5%
Early Intervention	111	2.2%	40.7%
Family Planning	961	19.4%	60.1%
February	1	0.0%	60.1%
HIV Counseling & Testing	332	6.7%	66.8%
HIV Medical Services	11	0.2%	67.1%
IHAP	1	0.0%	67.1%
Immunization	637	12.9%	80.0%
July	1	0.0%	80.0%
June	3	0.1%	80.0%
Lead Testing	327	6.6%	86.6%
November	2	0.0%	86.7%
Other	69	1.4%	88.1%
Post Partum Care	392	7.9%	96.0%
Pregnancy Testing	197	4.0%	100.0%
September	2	0.0%	100.0%
Total	4953	100.0%	100.0%

Table 32a - Prenatal Care Services Referrals: Total Made, Section III

TypeOfReferral	Frequency	Percent	Cum Percent
2009	1	0.0%	0.0%
April	1	0.0%	0.0%
August	1	0.0%	0.1%
Follow Up Visits	3185	53.7%	53.8%
Initial Visit	467	7.9%	61.6%
January	2	0.0%	61.7%
June	1	0.0%	61.7%
May	1	0.0%	61.7%
Nutrition/FAN	22	0.4%	62.1%

Nutrition/Food Pantry	542	9.1%	71.2%
Nutrition/WIC	1264	21.3%	92.5%
Other	270	4.6%	97.1%
Public Health Nursing	107	1.8%	98.9%
September	1	0.0%	98.9%
STD	64	1.1%	100.0%
Total	5929	100.0%	100.0%

Table 32b - Prenatal Care Services Referrals: Total Kept, Section III

TypeOfReferral	Frequency	Percent	Cum Percent
2009	0	0.0%	0.0%
April	1	0.0%	0.0%
August	1	0.0%	0.0%
Follow Up Visits	3102	55.2%	55.2%
Initial Visit	443	7.9%	63.1%
January	2	0.0%	63.1%
June	1	0.0%	63.1%
May	1	0.0%	63.2%
Nutrition/FAN	18	0.3%	63.5%
Nutrition/Food Pantry	485	8.6%	72.1%
Nutrition/WIC	1154	20.5%	92.6%
Other	258	4.6%	97.2%
Public Health Nursing	98	1.7%	99.0%
September	1	0.0%	99.0%
STD	58	1.0%	100.0%
Total	5623	100.0%	100.0%

Table 33a - Family and Social Support Services Referrals: Total Made, Objectives 6.3, 7.3 & Section III

TypeOfReferral	Frequency	Percent	Cum Percent
Missing	1	0.0%	0.0%
Child Health Plus	47	0.4%	0.4%
Clothing/Bedding/Supply	1906	15.4%	15.9%
Day Care/Babysitting	410	3.3%	19.2%
December	2	0.0%	19.2%
Domestic Violence	129	1.0%	20.2%
DSS/HRA Child Protective	29	0.2%	20.5%
DSS/HRA Food Stamps	692	5.6%	26.1%

Attachment 3.6

DSS/HRA Medicaid	714	5.8%	31.9%
DSS/HRA TANF	296	2.4%	34.3%
Education Childbirth	526	4.3%	38.5%
Education Parenting	1403	11.4%	49.9%
Education Vocational	469	3.8%	53.7%
Employment	375	3.0%	56.7%
Environmental Health/Safety	182	1.5%	58.2%
Family Counseling	56	0.5%	58.6%
Family Health Plus	18	0.1%	58.8%
Family Planning Benefit Program	66	0.5%	59.3%
Family Planning Extension Program	22	0.2%	59.5%
February	1	0.0%	59.5%
Food Pantry	537	4.3%	63.9%
GED	181	1.5%	65.3%
HEAP	102	0.8%	66.1%
HIV Support	5	0.0%	66.2%
Housing	858	6.9%	73.1%
Immigration Services	64	0.5%	73.7%
Individual Counseling	259	2.1%	75.8%
January	2	0.0%	75.8%
June	3	0.0%	75.8%
Legal Services	235	1.9%	77.7%
March	3	0.0%	77.7%
May	2	0.0%	77.7%
Mental Health Services	177	1.4%	79.2%
Others	552	4.5%	83.6%
Postpartum Depression	109	0.9%	84.5%
Prenatal Depression	155	1.3%	85.8%
September	2	0.0%	85.8%
Substance Abuse/Alcohol	25	0.2%	86.0%
Substance Abuse/Drugs	32	0.3%	86.3%
Substance Abuse/Tobacco	85	0.7%	86.9%
Support Groups	324	2.6%	89.6%
Translation	514	4.2%	93.7%
Transportation	774	6.3%	100.0%
Total	12347	100.0%	100.0%

Table 33b - Family and Social Support Services Referrals: Total Kept, Objectives 6.3, 7.3 & Section III

TypeOfReferral	Frequency	Percent	Cum Percent
Missing	0	0.0%	0.0%
Child Health Plus	36	0.3%	0.4%
Clothing/Bedding/Supply	1689	16.0%	16.4%
Day Care/Babysitting	347	3.3%	19.7%
December	2	0.0%	19.7%
Domestic Violence	104	1.0%	20.7%
DSS/HRA Child Protective	25	0.2%	20.9%
DSS/HRA Food Stamps	556	5.3%	26.2%
DSS/HRA Medicaid	652	6.2%	32.4%
DSS/HRA TANF	247	2.3%	34.7%
Education Childbirth	477	4.5%	39.2%
Education Parenting	1307	12.4%	51.6%
Education Vocational	357	3.4%	55.0%
Employment	305	2.9%	57.9%
Environmental Health/Safety	172	1.6%	59.5%
Family Counseling	40	0.4%	59.9%
Family Health Plus	14	0.1%	60.1%
Family Planning Benefit Program	57	0.5%	60.6%
Family Planning Extension Program	20	0.2%	60.8%
February	1	0.0%	60.8%
Food Pantry	442	4.2%	65.0%
GED	123	1.2%	66.1%
HEAP	85	0.8%	67.0%
HIV Support	4	0.0%	67.0%
Housing	695	6.6%	73.6%
Immigration Services	51	0.5%	74.1%
Individual Counseling	201	1.9%	76.0%
January	2	0.0%	76.0%
June	3	0.0%	76.0%
Legal Services	183	1.7%	77.8%
March	2	0.0%	77.8%
May	2	0.0%	77.8%
Mental Health Services	131	1.2%	79.0%
Others	443	4.2%	83.2%

Attachment 3.6

Postpartum Depression	89	0.8%	84.1%
Prenatal Depression	111	1.1%	85.1%
September	2	0.0%	85.2%
Substance Abuse/Alcohol	21	0.2%	85.3%
Substance Abuse/Drugs	26	0.2%	85.6%
Substance Abuse/Tobacco	64	0.6%	86.2%
Support Groups	204	1.9%	88.1%
Translation	509	4.8%	93.0%
Transportation	742	7.0%	100.0%
Total	10546	100.0%	100.0%

*CHWP - Pregnancy Form***Client Status**

RCLIENT	Frequency	Percent	Cum Percent
Post Partum	412	12.3%	12.3%
Post Partum, now pregnant	9	0.3%	12.5%
Pregnant	2934	87.5%	100.0%
Total	3355	100.0%	100.0%

Case Status by Client Status

CASESTAT1	RCLIENT				TOTAL
	Post Partum	Post Partum, now pregnant	Pregnant		
Closed	252	2	1366	1620	
Row %	15.6	0.1	84.3	100.0	
Col %	61.2	22.2	46.6	48.3	
Open case management	157	7	1562	1726	
Row %	9.1	0.4	90.5	100.0	
Col %	38.1	77.8	53.2	51.4	
Short term encounter converted to case management	3	0	6	9	
Row %	33.3	0.0	66.7	100.0	
Col %	0.7	0.0	0.2	0.3	
TOTAL	412	9	2934	3355	
Row %	12.3	0.3	87.5	100.0	
Col %	100.0	100.0	100.0	100.0	

Number of previous live births

RCLIENT				
PREV1	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	15	0	20	35
Row %	42.9	0.0	57.1	100.0
Col %	3.6	0.0	0.7	1.0
00	137	0	1505	1642
Row %	8.3	0.0	91.7	100.0
Col %	33.3	0.0	51.3	48.9
01	127	5	751	883
Row %	14.4	0.6	85.1	100.0
Col %	30.8	55.6	25.6	26.3
02	65	3	387	455
Row %	14.3	0.7	85.1	100.0
Col %	15.8	33.3	13.2	13.6
03	39	0	154	193
Row %	20.2	0.0	79.8	100.0
Col %	9.5	0.0	5.2	5.8
04	15	1	69	85
Row %	17.6	1.2	81.2	100.0
Col %	3.6	11.1	2.4	2.5
05	7	0	26	33
Row %	21.2	0.0	78.8	100.0
Col %	1.7	0.0	0.9	1.0
06	5	0	11	16
Row %	31.3	0.0	68.8	100.0
Col %	1.2	0.0	0.4	0.5
07	0	0	5	5
Row %	0.0	0.0	100.0	100.0
Col %	0.0	0.0	0.2	0.1
08	1	0	5	6
Row %	16.7	0.0	83.3	100.0
Col %	0.2	0.0	0.2	0.2
09	1	0	1	2
Row %	50.0	0.0	50.0	100.0
Col %	0.2	0.0	0.0	0.1
TOTAL	412	9	2934	3355
Row %	12.3	0.3	87.5	100.0
Col %	100.0	100.0	100.0	100.0

Month of Pregnancy when entered CHWP

MONCHWP1	Frequency	Percent	Cum Percent
Missing	11	0.4%	0.4%
00	29	1.0%	1.4%
01	198	6.7%	8.1%
02	476	16.2%	24.3%
03	461	15.7%	40.0%
04	365	12.4%	52.5%
05	336	11.5%	63.9%
06	313	10.7%	74.6%
07	323	11.0%	85.6%
08	279	9.5%	95.1%
09	143	4.9%	100.0%
Total	2934	100.0%	100.0%

Month of Pregnancy when entered PNC

MONPNC1	Frequency	Percent	Cum Percent
Missing	12	0.4%	0.4%
01	600	20.4%	20.9%
02	1045	35.6%	56.5%
03	614	20.9%	77.4%
04	268	9.1%	86.5%
05	167	5.7%	92.2%
06	95	3.2%	95.5%
07	54	1.8%	97.3%
08	38	1.3%	98.6%
09	12	0.4%	99.0%
No PNC	29	1.0%	100.0%
Total	2934	100.0%	100.0%

Number of Prenatal Visits Scheduled

SCHEDULE1	Frequency	Percent	Cum Percent
Missing	40	1.4%	1.4%
>12	378	12.9%	14.2%
00	66	2.2%	16.5%
01	256	8.7%	25.2%
02	213	7.3%	32.5%
03	212	7.2%	39.7%
04	215	7.3%	47.0%
05	205	7.0%	54.0%
06	200	6.8%	60.8%
07	186	6.3%	67.2%
08	196	6.7%	73.9%
09	152	5.2%	79.0%
10	219	7.5%	86.5%
11	122	4.2%	90.7%
12	274	9.3%	100.0%
Total	2934	100.0%	100.0%

Number of Prenatal Visits Attended

ATTENDED1	Frequency	Percent	Cum Percent
Missing	42	1.4%	1.4%
>12	388	13.2%	14.7%
00	108	3.7%	18.3%
01	264	9.0%	27.3%
02	228	7.8%	35.1%
03	222	7.6%	42.7%
04	218	7.4%	50.1%
05	212	7.2%	57.3%
06	208	7.1%	64.4%
07	183	6.2%	70.7%
08	201	6.9%	77.5%
09	149	5.1%	82.6%
10	209	7.1%	89.7%
11	118	4.0%	93.7%
12	184	6.3%	100.0%
Total	2934	100.0%	100.0%

Pregnancy Status

PREGSTAT1	Frequency	Percent	Cum Percent
Missing	672	22.9%	22.9%
Case closed before pregnancy ended	286	9.7%	32.7%
Ended/Delivered	1976	67.3%	100.0%
Total	2934	100.0%	100.0%

Live Birth

OUTCOME1	Frequency	Percent	Cum Percent
Missing	3	0.2%	0.2%
No	43	2.2%	2.3%
Yes	1930	97.7%	100.0%
Total	1976	100.0%	100.0%

Multiple Births

MULTIPLE1	Frequency	Percent	Cum Percent
Missing	45	2.3%	2.3%
No	1894	95.9%	98.1%
Yes	37	1.9%	100.0%
Total	1976	100.0%	100.0%

Number of Infants (Multiple Births)

SPECNUM1	Frequency	Percent	Cum Percent
Missing	2	5.4%	5.4%
02	32	86.5%	91.9%
03	3	8.1%	100.0%
Total	37	100.0%	100.0%

Table 10 - Client received HIV Education from CHW

RCLIENT				
HIVEDUC1	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	13	0	52	65
Row %	20.0	0.0	80.0	100.0
Col %	3.2	0.0	1.8	1.9
No	11	0	18	29
Row %	37.9	0.0	62.1	100.0
Col %	2.7	0.0	0.6	0.9
Yes	388	9	2864	3261
Row %	11.9	0.3	87.8	100.0
Col %	94.2	100.0	97.6	97.2
TOTAL	412	9	2934	3355
Row %	12.3	0.3	87.5	100.0
Col %	100.0	100.0	100.0	100.0

Client enrolled in MA

RCLIENT				
MOMEDIC1	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	9	0	22	31
Row %	29.0	0.0	71.0	100.0
Col %	2.2	0.0	0.7	0.9
Enrolled by CHWP	49	3	895	947
Row %	5.2	0.3	94.5	100.0
Col %	11.9	33.3	30.5	28.2
Enrolled prior to CHWP	332	6	1859	2197
Row %	15.1	0.3	84.6	100.0
Col %	80.6	66.7	63.4	65.5
Not eligible	18	0	72	90
Row %	20.0	0.0	80.0	100.0
Col %	4.4	0.0	2.5	2.7
Not enrolled	4	0	57	61
Row %	6.6	0.0	93.4	100.0
Col %	1.0	0.0	1.9	1.8
Pending	0	0	29	29
Row %	0.0	0.0	100.0	100.0
Col %	0.0	0.0	1.0	0.9
TOTAL	412	9	2934	3355
Row %	12.3	0.3	87.5	100.0
Col %	100.0	100.0	100.0	100.0

Client enrolled in WIC

RCLIENT				
MOWIC1	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	9	0	24	33
Row %	27.3	0.0	72.7	100.0
Col %	2.2	0.0	0.8	1.0
Enrolled by CHWP	61	3	1129	1193
Row %	5.1	0.3	94.6	100.0
Col %	14.8	33.3	38.5	35.6
Enrolled prior to CHWP	334	5	1641	1980
Row %	16.9	0.3	82.9	100.0
Col %	81.1	55.6	55.9	59.0
Not eligible	3	0	37	40
Row %	7.5	0.0	92.5	100.0
Col %	0.7	0.0	1.3	1.2
Not enrolled	4	1	81	86
Row %	4.7	1.2	94.2	100.0
Col %	1.0	11.1	2.8	2.6
Pending	1	0	22	23
Row %	4.3	0.0	95.7	100.0
Col %	0.2	0.0	0.7	0.7
TOTAL	412	9	2934	3355
Row %	12.3	0.3	87.5	100.0
Col %	100.0	100.0	100.0	100.0

Post partum visit completed

RCLIENT				
POSTPAR111	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	21	2	31	54
Row %	38.9	3.7	57.4	100.0
Col %	5.1	22.2	1.7	2.4
Closed	0	0	28	28
Row %	0.0	0.0	100.0	100.0
Col %	0.0	0.0	1.5	1.3
Completed within 8 weeks	359	7	1672	2038
Row %	17.6	0.3	82.0	100.0
Col %	87.8	77.8	91.9	91.1
Not completed	26	0	68	94
Row %	27.7	0.0	72.3	100.0
Col %	6.4	0.0	3.7	4.2
Pending (not yet 8 weeks postpartum)	3	0	20	23
Row %	13.0	0.0	87.0	100.0
Col %	0.7	0.0	1.1	1.0
TOTAL	409	9	1819	2237
Row %	18.3	0.4	81.3	100.0
Col %	100.0	100.0	100.0	100.0

Family Planning Services

RCLIENT				
FAMPLAN111	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	20	2	32	54
Row %	37.0	3.7	59.3	100.0
Col %	4.9	22.2	1.8	2.4
Closed	0	0	26	26
Row %	0.0	0.0	100.0	100.0
Col %	0.0	0.0	1.4	1.2
Completed within 8 weeks	356	7	1665	2028
Row %	17.6	0.3	82.1	100.0
Col %	87.0	77.8	91.5	90.7
Not received	32	0	87	119
Row %	26.9	0.0	73.1	100.0
Col %	7.8	0.0	4.8	5.3
Pending (not yet 8 weeks post partum)	1	0	9	10
Row %	10.0	0.0	90.0	100.0
Col %	0.2	0.0	0.5	0.4
TOTAL	409	9	1819	2237
Row %	18.3	0.4	81.3	100.0
Col %	100.0	100.0	100.0	100.0

*CHWP Infant Form Analysis***Age (Months)**

AGE	Frequency	Percent	Cum Percent
Missing	1	0.0%	0.0%
0	76	3.3%	3.5%
1	78	3.4%	6.8%
2	81	3.5%	10.4%
3	103	4.5%	14.8%
4	101	4.4%	19.2%
5	88	3.8%	23.0%
6	123	5.3%	28.3%
7	116	5.0%	33.4%
8	111	4.8%	38.2%
9	122	5.3%	43.5%
10	134	5.8%	49.3%
11	104	4.5%	53.8%
12	93	4.0%	57.8%
13	92	4.0%	61.8%
14	82	3.6%	65.3%
15	84	3.6%	69.0%
16	67	2.9%	71.9%
17	58	2.5%	74.4%
18	60	2.6%	77.0%
19	46	2.0%	79.0%
20	57	2.5%	81.5%
21	54	2.3%	83.8%
22	50	2.2%	86.0%
23	48	2.1%	88.0%
24	30	1.3%	89.3%
25	17	0.7%	90.1%
26	20	0.9%	90.9%
27	12	0.5%	91.5%
28	10	0.4%	91.9%
29	7	0.3%	92.2%

AGE	Frequency	Percent	Cum Percent
30	10	0.4%	92.6%
31	12	0.5%	93.2%
32	7	0.3%	93.5%
33	5	0.2%	93.7%
34	5	0.2%	93.9%
35	6	0.3%	94.2%
36	1	0.0%	94.2%
37	1	0.0%	94.2%
38	3	0.1%	94.4%
39	1	0.0%	94.4%
40	1	0.0%	94.5%
41	3	0.1%	94.6%
42	2	0.1%	94.7%
43	2	0.1%	94.8%
45	1	0.0%	94.8%
46	1	0.0%	94.8%
47	1	0.0%	94.9%
48	7	0.3%	95.2%
49	14	0.6%	95.8%
50	7	0.3%	96.1%
51	11	0.5%	96.6%
52	5	0.2%	96.8%
53	8	0.3%	97.1%
54	8	0.3%	97.5%
55	4	0.2%	97.7%
56	5	0.2%	97.9%
57	3	0.1%	98.0%
58	6	0.3%	98.3%
59	6	0.3%	98.5%
60	5	0.2%	98.7%
61	1	0.0%	98.8%

Attachment 3.6

AGE	Frequency	Percent	Cum Percent
62	4	0.2%	99.0%
63	4	0.2%	99.1%
65	2	0.1%	99.2%
66	1	0.0%	99.3%
67	1	0.0%	99.3%
68	1	0.0%	99.4%
69	2	0.1%	99.4%
70	3	0.1%	99.6%
71	1	0.0%	99.6%
73	1	0.0%	99.7%

AGE	Frequency	Percent	Cum Percent
77	1	0.0%	99.7%
82	1	0.0%	99.7%
84	1	0.0%	99.8%
86	1	0.0%	99.8%
89	1	0.0%	99.9%
95	1	0.0%	99.9%
102	1	0.0%	100.0%
106	1	0.0%	100.0%
Total	2308	100.0%	100.0%

Age Group

AGEGRP	Frequency	Percent	Cum Percent
Missing	4	0.2%	0.2%
13 - 24 months	728	31.5%	31.7%
25 - 36 months	112	4.9%	36.6%
7 - 12 months	680	29.5%	66.0%
More than 3 yr.	134	5.8%	71.8%
Up to 6 months	650	28.2%	100.0%
Total	2308	100.0%	100.0%

Table 2 - Gender
TABLES INFGEN1 RCLIENT

INFGEN1	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	1	0	0	1
Row %	100.0	0.0	0.0	100.0
Col %	0.2	0.0	0.0	0.0
Female	211	1	941	1153
Row %	18.3	0.1	81.6	100.0
Col %	48.2	100.0	50.3	50.0
Male	226	0	928	1154
Row %	19.6	0.0	80.4	100.0
Col %	51.6	0.0	49.7	50.0
TOTAL	438	1	1869	2308
Row %	19.0	0.0	81.0	100.0
Col %	100.0	100.0	100.0	100.0

LBW

BWT	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	1	0	0	1
Row %	100.0	0.0	0.0	100.0
Col %	0.2	0.0	0.0	0.0
LBW (< 5lb. 8oz.)	87	0	142	229
Row %	38.0	0.0	62.0	100.0
Col %	19.9	0.0	7.6	9.9
NORMAL (>=5lb. 8oz.)	350	1	1727	2078
Row %	16.8	0.0	83.1	100.0
Col %	79.9	100.0	92.4	90.0
TOTAL	438	1	1869	2308
Row %	19.0	0.0	81.0	100.0
Col %	100.0	100.0	100.0	100.0

Neonatal Death

NEODEATH1	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	1	0	0	1
Row %	100.0	0.0	0.0	100.0
Col %	0.2	0.0	0.0	0.0
No	436	1	1865	2302
Row %	18.9	0.0	81.0	100.0
Col %	99.5	100.0	99.8	99.7
Yes	1	0	4	5
Row %	20.0	0.0	80.0	100.0
Col %	0.2	0.0	0.2	0.2
TOTAL	438	1	1869	2308
Row %	19.0	0.0	81.0	100.0
Col %	100.0	100.0	100.0	100.0

Infant's Living Arrangement

LIVING1	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Living with mother	429	1	1845	2275
Row %	18.9	0.0	81.1	100.0
Col %	98.4	100.0	98.9	98.8
Not living with mother; case managing infant	1	0	7	8
Row %	12.5	0.0	87.5	100.0
Col %	0.2	0.0	0.4	0.3
Not living with mother; not case managing infant	4	0	9	13
Row %	30.8	0.0	69.2	100.0
Col %	0.9	0.0	0.5	0.6
Returns to live with mother within first year	2	0	4	6
Row %	33.3	0.0	66.7	100.0
Col %	0.5	0.0	0.2	0.3
TOTAL	436	1	1865	2302
Row %	18.9	0.0	81.0	100.0
Col %	100.0	100.0	100.0	100.0

Well Baby Visit

WELLBABY1	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	1	0	7	8
Row %	12.5	0.0	87.5	100.0
Col %	0.2	0.0	0.4	0.3
2 weeks	369	1	1706	2076
Row %	17.8	0.0	82.2	100.0
Col %	84.6	100.0	91.5	90.2
3-4 weeks	31	0	111	142
Row %	21.8	0.0	78.2	100.0
Col %	7.1	0.0	6.0	6.2
5-8 weeks	30	0	31	61
Row %	49.2	0.0	50.8	100.0
Col %	6.9	0.0	1.7	2.6
Not completed	5	0	10	15
Row %	33.3	0.0	66.7	100.0
Col %	1.1	0.0	0.5	0.7
TOTAL	436	1	1865	2302
Row %	18.9	0.0	81.0	100.0
Col %	100.0	100.0	100.0	100.0

Breast Feeding at Discharge

ATDIS1111	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	0	0	4	4
Row %	0.0	0.0	100.0	100.0
Col %	0.0	0.0	0.2	0.2
Enrolled after discharge	3	0	0	3
Row %	100.0	0.0	0.0	100.0
Col %	0.7	0.0	0.0	0.1
No	134	0	475	609
Row %	22.0	0.0	78.0	100.0
Col %	30.7	0.0	25.5	26.5
Yes	299	1	1386	1686
Row %	17.7	0.1	82.2	100.0
Col %	68.6	100.0	74.3	73.2
TOTAL	436	1	1865	2302
Row %	18.9	0.0	81.0	100.0
Col %	100.0	100.0	100.0	100.0

Breast Feeding at 6 Weeks

SIXWEEKS1111	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	10	0	41	51
Row %	19.6	0.0	80.4	100.0
Col %	2.3	0.0	2.3	2.3
Closed	2	0	17	19
Row %	10.5	0.0	89.5	100.0
Col %	0.5	0.0	1.0	0.9
No	199	0	706	905
Row %	22.0	0.0	78.0	100.0
Col %	46.6	0.0	40.0	41.3
Yes	216	1	999	1216
Row %	17.8	0.1	82.2	100.0
Col %	50.6	100.0	56.7	55.5
TOTAL	427	1	1763	2191
Row %	19.5	0.0	80.5	100.0
Col %	100.0	100.0	100.0	100.0

Breast Feeding at 6 Months

Breastfeeding	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	12	0	78	90
Row %	13.3	0.0	86.7	100.0
Col %	3.3	0.0	5.5	5.1
Closed	46	0	181	227
Row %	20.3	0.0	79.7	100.0
Col %	12.8	0.0	12.8	12.8
No	199	0	735	934
Row %	21.3	0.0	78.7	100.0
Col %	55.3	0.0	52.1	52.7
Yes	103	1	418	522
Row %	19.7	0.2	80.1	100.0
Col %	28.6	100.0	29.6	29.4
TOTAL	360	1	1412	1773
Row %	20.3	0.1	79.6	100.0
Col %	100.0	100.0	100.0	100.0

ASQ at 4 Months

At4Months	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	9	0	67	76
Row %	11.8	0.0	88.2	100.0
Col %	2.3	0.0	4.3	3.9
Closed	25	0	138	163
Row %	15.3	0.0	84.7	100.0
Col %	6.3	0.0	8.8	8.3
Enrolled in EIP	13	0	24	37
Row %	35.1	0.0	64.9	100.0
Col %	3.3	0.0	1.5	1.9
No	52	0	141	193
Row %	26.9	0.0	73.1	100.0
Col %	13.2	0.0	9.0	9.8
Pending	5	0	36	41
Row %	12.2	0.0	87.8	100.0
Col %	1.3	0.0	2.3	2.1
Yes	290	1	1165	1456
Row %	19.9	0.1	80.0	100.0
Col %	73.6	100.0	74.2	74.1
TOTAL	394	1	1571	1966
Row %	20.0	0.1	79.9	100.0
Col %	100.0	100.0	100.0	100.0

ASQ at 8 Months

At8Months	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	14	0	62	76
Row %	18.4	0.0	81.6	100.0
Col %	4.4	0.0	5.1	4.9
Closed	63	0	233	296
Row %	21.3	0.0	78.7	100.0
Col %	19.7	0.0	19.1	19.2
Enrolled in EIP	10	0	29	39
Row %	25.6	0.0	74.4	100.0
Col %	3.1	0.0	2.4	2.5
No	35	1	120	156
Row %	22.4	0.6	76.9	100.0
Col %	10.9	100.0	9.8	10.1
Pending	10	0	59	69
Row %	14.5	0.0	85.5	100.0
Col %	3.1	0.0	4.8	4.5
Yes	188	0	716	904
Row %	20.8	0.0	79.2	100.0
Col %	58.8	0.0	58.7	58.7
TOTAL	320	1	1219	1540
Row %	20.8	0.1	79.2	100.0
Col %	100.0	100.0	100.0	100.0

ASQ at 12 Months

At12Months	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	16	0	37	53
Row %	30.2	0.0	69.8	100.0
Col %	6.7	0.0	4.5	5.0
Closed	56	0	176	232
Row %	24.1	0.0	75.9	100.0
Col %	23.3	0.0	21.4	21.8
Enrolled in EIP	7	0	24	31
Row %	22.6	0.0	77.4	100.0
Col %	2.9	0.0	2.9	2.9
No	28	0	102	130
Row %	21.5	0.0	78.5	100.0
Col %	11.7	0.0	12.4	12.2
Pending	12	0	69	81
Row %	14.8	0.0	85.2	100.0
Col %	5.0	0.0	8.4	7.6
Yes	121	1	413	535
Row %	22.6	0.2	77.2	100.0
Col %	50.4	100.0	50.3	50.4
TOTAL	240	1	821	1062
Row %	22.6	0.1	77.3	100.0
Col %	100.0	100.0	100.0	100.0

ASQ at 24 Months

At24Months	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	37	1	133	171
Row %	21.6	0.6	77.8	100.0
Col %	15.4	100.0	16.2	16.1
Closed	145	0	459	604
Row %	24.0	0.0	76.0	100.0
Col %	60.4	0.0	55.9	56.9
Enrolled in EIP	3	0	17	20
Row %	15.0	0.0	85.0	100.0
Col %	1.3	0.0	2.1	1.9
No	33	0	101	134
Row %	24.6	0.0	75.4	100.0
Col %	13.8	0.0	12.3	12.6
Pending	11	0	74	85
Row %	12.9	0.0	87.1	100.0
Col %	4.6	0.0	9.0	8.0
Yes	11	0	37	48
Row %	22.9	0.0	77.1	100.0
Col %	4.6	0.0	4.5	4.5
TOTAL	240	1	821	1062
Row %	22.6	0.1	77.3	100.0
Col %	100.0	100.0	100.0	100.0

ASQ at 36 Months

At36Months	Post Partum	Pregnant	TOTAL
Missing	10	19	29
Row %	34.5	65.5	100.0
Col %	52.6	16.4	21.5
Closed	0	8	8
Row %	0.0	100.0	100.0
Col %	0.0	6.9	5.9
Enrolled in EIP	0	5	5
Row %	0.0	100.0	100.0
Col %	0.0	4.3	3.7
No	0	5	5
Row %	0.0	100.0	100.0
Col %	0.0	4.3	3.7
Pending	9	74	83
Row %	10.8	89.2	100.0
Col %	47.4	63.8	61.5
Yes	0	5	5
Row %	0.0	100.0	100.0
Col %	0.0	4.3	3.7
TOTAL	19	116	135
Row %	14.1	85.9	100.0
Col %	100.0	100.0	100.0

Medicaid

INFMEDIC1	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	1	0	7	8
Row %	12.5	0.0	87.5	100.0
Col %	0.2	0.0	0.4	0.3
Enrolled	422	1	1807	2230
Row %	18.9	0.0	81.0	100.0
Col %	96.8	100.0	96.9	96.9
Not eligible	3	0	27	30
Row %	10.0	0.0	90.0	100.0
Col %	0.7	0.0	1.4	1.3
Not enrolled	5	0	9	14
Row %	35.7	0.0	64.3	100.0
Col %	1.1	0.0	0.5	0.6
Pending	5	0	15	20
Row %	25.0	0.0	75.0	100.0
Col %	1.1	0.0	0.8	0.9
TOTAL	436	1	1865	2302
Row %	18.9	0.0	81.0	100.0
Col %	100.0	100.0	100.0	100.0

WIC

INFWIC1	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	1	0	8	9
Row %	11.1	0.0	88.9	100.0
Col %	0.2	0.0	0.4	0.4
Enrolled	425	1	1804	2230
Row %	19.1	0.0	80.9	100.0
Col %	97.5	100.0	96.7	96.9
Not eligible	1	0	15	16
Row %	6.3	0.0	93.8	100.0
Col %	0.2	0.0	0.8	0.7
Not enrolled	5	0	20	25
Row %	20.0	0.0	80.0	100.0
Col %	1.1	0.0	1.1	1.1
Pending	4	0	18	22
Row %	18.2	0.0	81.8	100.0
Col %	0.9	0.0	1.0	1.0
TOTAL	436	1	1865	2302
Row %	18.9	0.0	81.0	100.0
Col %	100.0	100.0	100.0	100.0

Immunizations at 6 Months

IMMUNSIX11	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	13	0	75	88
Row %	14.8	0.0	85.2	100.0
Col %	3.6	0.0	5.3	5.0
Closed	52	0	213	265
Row %	19.6	0.0	80.4	100.0
Col %	14.4	0.0	15.1	14.9
No	17	0	52	69
Row %	24.6	0.0	75.4	100.0
Col %	4.7	0.0	3.7	3.9
Pending (not yet designated age)	9	0	57	66
Row %	13.6	0.0	86.4	100.0
Col %	2.5	0.0	4.0	3.7
Yes	269	1	1015	1285
Row %	20.9	0.1	79.0	100.0
Col %	74.7	100.0	71.9	72.5
TOTAL	360	1	1412	1773
Row %	20.3	0.1	79.6	100.0
Col %	100.0	100.0	100.0	100.0

Immunizations at 1 Year

IMMUNONE11	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	12	0	35	47
Row %	25.5	0.0	74.5	100.0
Col %	5.0	0.0	4.3	4.4
Closed	57	0	193	250
Row %	22.8	0.0	77.2	100.0
Col %	23.8	0.0	23.5	23.5
No	14	0	53	67
Row %	20.9	0.0	79.1	100.0
Col %	5.8	0.0	6.5	6.3
Not complete	0	0	1	1
Row %	0.0	0.0	100.0	100.0
Col %	0.0	0.0	0.1	0.1
Pending (not yet designated age)	17	0	80	97
Row %	17.5	0.0	82.5	100.0
Col %	7.1	0.0	9.7	9.1
Yes	140	1	459	600
Row %	23.3	0.2	76.5	100.0
Col %	58.3	100.0	55.9	56.5
TOTAL	240	1	821	1062
Row %	22.6	0.1	77.3	100.0
Col %	100.0	100.0	100.0	100.0

Lead at 1 Year

LEADONE11	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	12	0	36	48
Row %	25.0	0.0	75.0	100.0
Col %	5.0	0.0	4.4	4.5
Closed	58	0	192	250
Row %	23.2	0.0	76.8	100.0
Col %	24.2	0.0	23.4	23.5
No	17	0	68	85
Row %	20.0	0.0	80.0	100.0
Col %	7.1	0.0	8.3	8.0
Not complete	0	0	1	1
Row %	0.0	0.0	100.0	100.0
Col %	0.0	0.0	0.1	0.1
Pending (not yet designated age)	15	0	79	94
Row %	16.0	0.0	84.0	100.0
Col %	6.3	0.0	9.6	8.9
Yes	138	1	445	584
Row %	23.6	0.2	76.2	100.0
Col %	57.5	100.0	54.2	55.0
TOTAL	240	1	821	1062
Row %	22.6	0.1	77.3	100.0
Col %	100.0	100.0	100.0	100.0

CHWP - Child Form Analysis

AGE

AGE	Frequency	Percent	Cum Percent
-41	1	0.1%	0.1%
-1	2	0.1%	0.2%
0	286	19.6%	19.8%
1	325	22.3%	42.1%
2	265	18.2%	60.2%
3	260	17.8%	78.1%
4	156	10.7%	88.8%
5	70	4.8%	93.6%
6	29	2.0%	95.5%
7	22	1.5%	97.1%
8	19	1.3%	98.4%
9	7	0.5%	98.8%
10	3	0.2%	99.0%
11	1	0.1%	99.1%
12	3	0.2%	99.3%
13	3	0.2%	99.5%
14	3	0.2%	99.7%
16	2	0.1%	99.9%
20	1	0.1%	99.9%
37	1	0.1%	100.0%
Total	1459	100.0%	100.0%

Age at Entry (Years)

AGEGRP	Frequency	Percent	Cum Percent
Missing	3	0.2%	0.2%
0 - 2	876	60.0%	60.2%
3 - 4	416	28.5%	88.8%
5 - 7	121	8.3%	97.1%
8 +	43	2.9%	100.0%
Total	1459	100.0%	100.0%

Gender

HILDGEN	Frequency	Percent	Cum Percent
Female	772	52.9%	52.9%
Male	687	47.1%	100.0%
Total	1459	100.0%	100.0%

Enrolled in PHC prior to CHWP

PRIM	Frequency	Percent	Cum Percent
No	109	7.5%	7.5%
Yes	1350	92.5%	100.0%
Total	1459	100.0%	100.0%

If not, was assisted to enroll

PRIM01	Frequency	Percent	Cum Percent
Missing	3	2.8%	2.8%
Completed	95	87.2%	89.9%
Not enrolled	3	2.8%	92.7%
Pending	8	7.3%	100.0%
Total	109	100.0%	100.0%

Insurance coverage at CHW contact

CHILINS1	Frequency	Percent	Cum Percent
Missing	3	0.2%	0.2%
No	161	11.0%	11.2%
Yes	1295	88.8%	100.0%
Total	1459	100.0%	100.0%

Type of Insurance

CHILINS011	Frequency	Percent	Cum Percent
Missing	7	0.5%	0.5%
Child Health Plus	134	10.3%	10.9%
Medicaid (FFS)	197	15.2%	26.1%
Medicaid Managed Care	841	64.9%	91.0%
Other	61	4.7%	95.8%
Private	55	4.2%	100.0%
Total	1295	100.0%	100.0%

Table 7 - Assisted to enroll in MA

ENROLLMA1	Frequency	Percent	Cum Percent
Missing	22	13.7%	13.7%
Completed	121	75.2%	88.8%
Not eligible	5	3.1%	91.9%
Not enrolled	2	1.2%	93.2%
Pending	11	6.8%	100.0%
Total	161	100.0%	100.0%

Assisted to enroll in CHP

CHILHPLUS11	Frequency	Percent	Cum Percent
Completed	4	80.0%	80.0%
Pending	1	20.0%	100.0%
Total	5	100.0%	100.0%

Enrolled in WIC prior to CHWP

WIC1	Frequency	Percent	Cum Percent
Missing	9	0.6%	0.6%
No	374	25.6%	26.3%
Yes	1076	73.7%	100.0%
Total	1459	100.0%	100.0%

Was child assisted to enroll in WIC

WIC01	Frequency	Percent	Cum Percent
Missing	20	5.3%	5.3%
Completed	179	47.9%	53.2%
Not eligible	125	33.4%	86.6%
Not enrolled	15	4.0%	90.6%
Not Participating	26	7.0%	97.6%
Pending	9	2.4%	100.0%
Total	374	100.0%	100.0%

Was child up to date with immunizations prior to CHWP

IMMUN	Frequency	Percent	Cum Percent
Missing	10	0.7%	0.7%
No	98	6.7%	7.4%
Yes	1351	92.6%	100.0%
Total	1459	100.0%	100.0%

Was child assisted to obtain immunizations

IMMUN011	Frequency	Percent	Cum Percent
Missing	9	9.2%	9.2%
Completed	77	78.6%	87.8%
Not obtained	10	10.2%	98.0%
Pending	2	2.0%	100.0%
Total	98	100.0%	100.0%

Lead screening prior to CHWP

LEAD	Frequency	Percent	Cum Percent
Missing	19	1.3%	1.3%
No	304	20.8%	22.1%
Yes	1136	77.9%	100.0%
Total	1459	100.0%	100.0%

Was child assisted to obtain lead screening

LEAD011	Frequency	Percent	Cum Percent
Missing	6	2.0%	2.0%
Completed	105	34.5%	36.5%
Not applicable (not age appropriate)	142	46.7%	83.2%
Not obtained	49	16.1%	99.3%
Pending	2	0.7%	100.0%
Total	304	100.0%	100.0%

ASQ at 4 Months

At4Months	Frequency	Percent	Cum Percent
Missing	217	14.9%	14.9%
Closed	8	0.5%	15.4%
Done prior to entry	13	0.9%	16.3%
Enrolled after 4 months	1024	70.2%	86.5%
Enrolled in EIP	22	1.5%	88.0%
No	80	5.5%	93.5%
Yes	95	6.5%	100.0%
Total	1459	100.0%	100.0%

ASQ at 8 Months

At8Months	Frequency	Percent	Cum Percent
Missing	251	17.2%	17.2%
Closed	22	1.5%	18.7%
Done prior to entry	11	0.8%	19.5%
Enrolled after 8 months	955	65.5%	84.9%
Enrolled in EIP	23	1.6%	86.5%
No	86	5.9%	92.4%
Pending	1	0.1%	92.5%
Yes	110	7.5%	100.0%
Total	1459	100.0%	100.0%

ASQ at 12 Months

At12Months	Frequency	Percent	Cum Percent
Missing	262	18.0%	18.0%
Closed	52	3.6%	21.5%
Done prior to entry	11	0.8%	22.3%
Enrolled after 12 months	853	58.5%	80.7%
Enrolled in EIP	28	1.9%	82.7%
No	90	6.2%	88.8%
Pending	2	0.1%	89.0%
Yes	161	11.0%	100.0%
Total	1459	100.0%	100.0%

ASQ at 24 Months

At24Months	Frequency	Percent	Cum Percent
Missing	359	24.6%	24.6%
Closed	145	9.9%	34.5%
Done prior to entry	8	0.5%	35.1%
Enrolled after 24 months	584	40.0%	75.1%
Enrolled in EIP	47	3.2%	78.3%
No	82	5.6%	84.0%
Pending	5	0.3%	84.3%
Yes	229	15.7%	100.0%
Total	1459	100.0%	100.0%

ASQ at 36 Months

At36Months	Frequency	Percent	Cum Percent
Missing	462	31.7%	31.7%
Closed	264	18.1%	49.8%
Done prior to entry	6	0.4%	50.2%
Enrolled after 36 months	416	28.5%	78.7%
Enrolled in EIP	57	3.9%	82.6%
No	106	7.3%	89.9%
Pending	9	0.6%	90.5%
Yes	139	9.5%	100.0%
Total	1459	100.0%	100.0%

*CHWP Long Term Cases***Table 1a. - Age**

Age	Frequency	Percent	Cum Percent
0	1	0.0%	0.0%
10	2	0.1%	0.1%
11	1	0.0%	0.1%
13	5	0.1%	0.3%
14	26	0.7%	1.0%
15	53	1.5%	2.5%
16	125	3.5%	6.0%
17	163	4.6%	10.7%
18	219	6.2%	16.9%
19	262	7.4%	24.3%
20	281	8.0%	32.3%
21	280	7.9%	40.2%
22	245	7.0%	47.2%
23	212	6.0%	53.2%
24	193	5.5%	58.7%
25	168	4.8%	63.5%
26	166	4.7%	68.2%
27	142	4.0%	72.2%
28	140	4.0%	76.2%
29	138	3.9%	80.1%
30	116	3.3%	83.4%
31	89	2.5%	85.9%

Age	Frequency	Percent	Cum Percent
32	89	2.5%	88.4%
33	62	1.8%	90.2%
34	57	1.6%	91.8%
35	59	1.7%	93.5%
36	45	1.3%	94.8%
37	51	1.4%	96.2%
38	34	1.0%	97.2%
39	29	0.8%	98.0%
40	12	0.3%	98.3%
41	20	0.6%	98.9%
42	13	0.4%	99.3%
43	8	0.2%	99.5%
44	6	0.2%	99.7%
45	4	0.1%	99.8%
47	1	0.0%	99.8%
48	1	0.0%	99.8%
52	1	0.0%	99.9%
53	2	0.1%	99.9%
56	1	0.0%	99.9%
71	1	0.0%	100.0%
2212	1	0.0%	100.0%
Total	3524	100.0%	100.0%

Table 2 - Gender

GENDER	Frequency	Percent	Cum Percent
Female	3519	99.9%	99.9%
Male	5	0.1%	100.0%
Total	3524	100.0%	100.0%

Table 3 - Race

RACE1	Frequency	Percent	Cum Percent
Asian/Pacific Islander	43	1.2%	1.2%
Black/African American	1131	32.1%	33.3%
Native American	103	2.9%	36.2%
Other	1219	34.6%	70.8%
Unknown	16	0.5%	71.3%
White	1012	28.7%	100.0%
Total	3524	100.0%	100.0%

Table 4 - Ethnicity

HISPAN1	Frequency	Percent	Cum Percent
Missing	1	0.0%	0.0%
No	2073	58.8%	58.9%
Yes	1450	41.1%	100.0%
Total	3524	100.0%	100.0%

Table 5 - Education

GRADE1	Frequency	Percent	Cum Percent
Missing	2	0.1%	0.1%
8th grade or less	546	15.5%	15.6%
9th - 12th grade; no diploma	1450	41.1%	56.7%
Associate's degree	92	2.6%	59.3%
Bachelor's degree	55	1.6%	60.9%
Doctorate degree	2	0.1%	60.9%
High school grad or GED	900	25.5%	86.5%
Master's degree	13	0.4%	86.8%
Some college credit, but no degree	438	12.4%	99.3%
Unknown	26	0.7%	100.0%
Total	3524	100.0%	100.0%

Table 6 - Employment

EMPLOYMENT1	Frequency	Percent	Cum Percent
Missing	1	0.0%	0.0%
Disability	130	3.7%	3.7%
Full Time	331	9.4%	13.1%
Part Time	384	10.9%	24.0%
Student	343	9.7%	33.7%
Unemployed	2286	64.9%	98.6%
Unknown/Other	49	1.4%	100.0%
Total	3524	100.0%	100.0%

Table 7 - County of Residence

COUNTY	Frequency	Percent	Cum Percent
Albany	176	5.0%	5.0%
Bronx	376	10.7%	15.7%
Chautauqua	189	5.4%	21.0%
Dutchess	87	2.5%	23.5%
Erie	115	3.3%	26.8%
Jefferson	69	2.0%	28.7%
Kings	302	8.6%	37.3%
Lewis	1	0.0%	37.3%
Livingston	82	2.3%	39.6%
Manhattan	290	8.2%	47.9%
Monroe	103	2.9%	50.8%
Nassau	181	5.1%	55.9%
Niagara	171	4.9%	60.8%

COUNTY	Frequency	Percent	Cum Percent
Oneida	190	5.4%	66.2%
Onondaga	207	5.9%	72.0%
Orange	174	4.9%	77.0%
Queens	141	4.0%	81.0%
Rensselaer	18	0.5%	81.5%
St. Lawrence	85	2.4%	83.9%
Suffolk	262	7.4%	91.3%
Sullivan	62	1.8%	93.1%
Wayne	14	0.4%	93.5%
Westchester	216	6.1%	99.6%
Yates	13	0.4%	100.0%
Total	3524	100.0%	100.0%

Table 8 - Country of Origin

COUNTRY1	Frequency	Percent	Cum Percent
Africa	78	2.2%	2.2%
Antigua	1	0.0%	2.2%
Argentina	2	0.1%	2.3%
Belize	2	0.1%	2.4%

COUNTRY1	Frequency	Percent	Cum Percent
Columbia	11	0.3%	2.7%
Cuba	9	0.3%	2.9%
Dominican Republic	128	3.6%	6.6%

COUNTRY1	Frequency	Percent	Cum Percent
Ecuador	45	1.3%	7.8%
El Salvador	145	4.1%	11.9%
Guatemala	47	1.3%	13.3%
Guyana	28	0.8%	14.1%
Haiti	47	1.3%	15.4%
Honduras	79	2.2%	17.7%
Jamaica	89	2.5%	20.2%
Mexico	380	10.8%	31.0%
Nicaragua	6	0.2%	31.1%
Other	170	4.8%	36.0%
Panama	5	0.1%	36.1%
Paraguay	3	0.1%	36.2%

COUNTRY1	Frequency	Percent	Cum Percent
Peru	29	0.8%	37.0%
Phillipines	1	0.0%	37.0%
Puerto Rico	119	3.4%	40.4%
Spain	3	0.1%	40.5%
St. Vincent	8	0.2%	40.7%
Trinidad & Tobago	22	0.6%	41.3%
Unknown	6	0.2%	41.5%
Uruguay	1	0.0%	41.5%
USA	2060	58.5%	100.0%
Total	3524	100.0%	100.0%

Table 9 - Primary Language

LANGUAGE_RW1	Frequency	Percent	Cum Percent
English	2336	66.3%	66.3%
French/Creole	72	2.0%	68.3%
Other	99	2.8%	71.1%
Spanish	1017	28.9%	100.0%
Total	3524	100.0%	100.0%

Table 10 - Household Composition

N14Household	Frequency	Percent	Cum Percent
Missing	1	0.0%	0.0%
Multiple family/extended family relationship	824	23.4%	23.4%
One Individual	514	14.6%	38.0%
Other	24	0.7%	38.7%
Single parent family (female-headed)	798	22.6%	61.3%
Single parent family (male headed)	4	0.1%	61.4%
Two parent family	1359	38.6%	100.0%
Total	3524	100.0%	100.0%

Table 11 - Total Family Size

FAMSIZE1	Frequency	Percent	Cum Percent
Missing	1	0.0%	0.0%
00	3	0.1%	0.1%
01	528	15.0%	15.1%
02	987	28.0%	43.1%
03	855	24.3%	67.4%
04	581	16.5%	83.9%
05	287	8.1%	92.0%
06	160	4.5%	96.5%
07	65	1.8%	98.4%
08	30	0.9%	99.2%
09	10	0.3%	99.5%
10	11	0.3%	99.8%
11	4	0.1%	99.9%
12	2	0.1%	100.0%
Total	3524	100.0%	100.0%

Table 12 - Number of Children

CHILDREN1	Frequency	Percent	Cum Percent
Missing	4	0.1%	0.1%
00	1654	46.9%	47.0%
01	1020	28.9%	76.0%
02	502	14.2%	90.2%
03	195	5.5%	95.8%
04	91	2.6%	98.4%
05	38	1.1%	99.4%
06	15	0.4%	99.9%
07	1	0.0%	99.9%
08	3	0.1%	100.0%
09	1	0.0%	100.0%
Total	3524	100.0%	100.0%

Table 13 - Currently Homeless

HOMELESS1	Frequency	Percent	Cum Percent
Missing	1	0.0%	0.0%
No	3294	93.5%	93.5%
Yes	229	6.5%	100.0%
Total	3524	100.0%	100.0%

Table 14 - Insurance (Primary Client)

INSURANCE	Not Applicable	Not Applicable, now pregnant	Post Partum	Post Partum, now pregnant	Pregnant	TOTAL
Missing	0	0	0	0	6	6
Child Health Plus	2	0	8	0	15	25
Family Health Plus	5	0	15	1	46	67
Medicaid Managed Care	96	5	240	4	864	1209
Medicaid/PCAP (FFS)	27	1	150	10	1212	1400
Medicare	4	0	4	1	13	22
None	33	0	43	4	456	536
Other	18	1	22	0	64	105
Private	10	0	16	0	128	154
TOTAL	195	7	498	20	2804	3524

Table 15 - Source of Referral

SOURCEREF	Frequency	Percent	Cum Percent
Missing	2	0.1%	0.1%
Community Agency	561	15.9%	16.0%
Door to Door	93	2.6%	18.6%
DSS/HRA	27	0.8%	19.4%
Managed Care Provider	93	2.6%	22.0%
Medical Provider	585	16.6%	38.6%
Other	316	9.0%	47.6%
Other Client	128	3.6%	51.2%
PH Nurse	266	7.5%	58.8%
Relative/Friend	262	7.4%	66.2%
School	93	2.6%	68.8%
Self	454	12.9%	81.7%
Street	417	11.8%	93.6%
WIC	227	6.4%	100.0%
Total	3524	100.0%	100.0%

Table 16 - Client WIC Status

WIC	Frequency	Percent	Cum Percent
Missing	2	0.1%	0.1%
No	958	27.2%	27.2%
Not Eligible	45	1.3%	28.5%
Yes	2519	71.5%	100.0%
Total	3524	100.0%	100.0%

Table 17 - Client Food Stamps Status

STAMPS	Frequency	Percent	Cum Percent
Missing	3	0.1%	0.1%
No	1793	50.9%	51.0%
Not Eligible	368	10.4%	61.4%
Yes	1360	38.6%	100.0%
Total	3524	100.0%	100.0%

Table 18 - Client SSI Status

SSI	Frequency	Percent	Cum Percent
Missing	6	0.2%	0.2%
No	2092	59.4%	59.5%
Not Eligible	1197	34.0%	93.5%
Yes	229	6.5%	100.0%
Total	3524	100.0%	100.0%

Table 19 - Client Status at Enrollment

CLIENT	Frequency	Percent	Cum Percent
Not Applicable	195	5.5%	5.5%
Not Applicable, now pregnant	7	0.2%	5.7%
Post Partum	498	14.1%	19.9%
Post Partum, now pregnant	20	0.6%	20.4%
Pregnant	2804	79.6%	100.0%
Total	3524	100.0%	100.0%

Table 19b - Case Status by Client Status at Enrollment

CASESTAT1	Not Applicable	Not Applicable, now pregnant	Post Partum	Post Partum, now pregnant	TOTAL
Closed	117	4	296	6	1730
Row %	6.8	0.2	17.1	0.3	100.0
Col %	60.0	57.1	59.4	30.0	49.1
Open case management	76	3	196	13	1780
Row %	4.3	0.2	11.0	0.7	100.0
Col %	39.0	42.9	39.4	65.0	50.5
Short term encounter converted to case management	2	0	6	1	14
Row %	14.3	0.0	42.9	7.1	100.0
Col %	1.0	0.0	1.2	5.0	0.4
TOTAL	195	7	498	20	3524
Row %	5.5	0.2	14.1	0.6	100.0
Col %	100.0	100.0	100.0	100.0	100.0

CASESTAT1	Pregnant	TOTAL
Closed	1307	1730
Row %	75.5	100.0
Col %	46.6	49.1
Open case management	1492	1780
Row %	83.8	100.0
Col %	53.2	50.5
Short term encounter converted to case management	5	14
Row %	35.7	100.0
Col %	0.2	0.4
TOTAL	2804	3524
Row %	79.6	100.0
Col %	100.0	100.0

Table 20 - Primary Reason for Enrollment

REASENR3	Frequency	Percent	Cum Percent
Domestic Violence	4	0.1%	0.1%
Housing	3	0.1%	0.2%
Medical Care	25	0.7%	0.9%
Nutrition	6	0.2%	1.1%
Other	5	0.1%	1.2%
Parenting	657	18.6%	19.9%
Pregnant Care	2817	79.9%	99.8%
Social Services	7	0.2%	100.0%
Total	3524	100.0%	100.0%

Table 21 - Case/Encounter Status

CASESTAT1	Frequency	Percent	Cum Percent
Closed	1730	49.1%	49.1%
Open case management	1780	50.5%	99.6%
Short term encounter converted to case management	14	0.4%	100.0%
Total	3524	100.0%	100.0%

Table 22 - Reason for Closing

REASCLOS1	Frequency	Percent	Cum Percent
Missing	2	0.1%	0.1%
Case objectives met	757	43.8%	43.9%
Client lost to follow-up	375	21.7%	65.5%
Client moved	316	18.3%	83.8%
Client refuses further services	161	9.3%	93.1%
Other	119	6.9%	100.0%
Total	1730	100.0%	100.0%

Table 23 - Health Care Referrals Made

TypeOfReferral	Frequency	Percent	Cum Percent
Missing	2	0.0%	0.0%
Adolescent Pregnancy Program	24	0.4%	0.5%
Adult Primary Care	322	5.8%	6.3%
April	1	0.0%	6.3%
Child Health Care	893	16.2%	22.5%
December	1	0.0%	22.5%
Dental Services	951	17.2%	39.7%
Early Intervention	142	2.6%	42.2%
Family Planning	1087	19.7%	61.9%
February	1	0.0%	61.9%
HIV Counseling & Testing	349	6.3%	68.2%
HIV Medical Services	11	0.2%	68.4%
IHAP	1	0.0%	68.5%
Immunization	649	11.7%	80.2%
July	1	0.0%	80.2%
June	4	0.1%	80.3%
Lead Testing	347	6.3%	86.6%
November	2	0.0%	86.6%
Other	89	1.6%	88.2%
Post Partum Care	450	8.1%	96.3%
Pregnancy Testing	200	3.6%	100.0%
September	2	0.0%	100.0%
Total	5529	100.0%	100.0%

Table 24 - Health Care Referrals Kept

TypeOfReferral	Frequency	Percent	Cum Percent
Missing	2	0.0%	0.0%
Adolescent Pregnancy Program	18	0.4%	0.4%
Adult Primary Care	273	5.5%	5.9%
April	1	0.0%	5.9%
Child Health Care	854	17.2%	23.2%
December	1	0.0%	23.2%
Dental Services	757	15.3%	38.5%
Early Intervention	111	2.2%	40.7%
Family Planning	961	19.4%	60.1%
February	1	0.0%	60.1%
HIV Counseling & Testing	332	6.7%	66.8%
HIV Medical Services	11	0.2%	67.1%
IHAP	1	0.0%	67.1%
Immunization	637	12.9%	80.0%
July	1	0.0%	80.0%
June	3	0.1%	80.0%
Lead Testing	327	6.6%	86.6%
November	2	0.0%	86.7%
Other	69	1.4%	88.1%
Post Partum Care	392	7.9%	96.0%
Pregnancy Testing	197	4.0%	100.0%
September	2	0.0%	100.0%
Total	4953	100.0%	100.0%

Table 25 - Health Care Services Referrals: Made, Kept and Percentages

TypeOfReferral	COUNT1	COUNT	PSNT
Missing	2	2	100
Adolescent Pregnancy Program	18	24	75
Adult Primary Care	273	322	84.7826086956522
April	1	1	100
Child Health Care	854	893	95.6326987681971
December	1	1	100
Dental Services	757	951	79.6004206098843
Early Intervention	111	142	78.169014084507
Family Planning	961	1087	88.4084636614535
February	1	1	100
HIV Counseling & Testing	332	349	95.1289398280802
HIV Medical Services	11	11	100
IHAP	1	1	100
Immunization	637	649	98.1510015408321
July	1	1	100
June	3	4	75
Lead Testing	327	347	94.2363112391931
November	2	2	100
Other	69	89	77.5280898876404
Post Partum Care	392	450	87.11111111111111
Pregnancy Testing	197	200	98.5
September	2	2	100

Table 26 - Family and Social Support Services Referrals Made

TypeOfReferral	Frequency	Percent	Cum Percent
Missing	1	0.0%	0.0%
2010	1	0.0%	0.0%
April	2	0.0%	0.0%
Child Health Plus	47	0.4%	0.4%
Clothing/Bedding/Supply	1906	15.4%	15.9%
Day Care/Babysitting	410	3.3%	19.2%
December	2	0.0%	19.2%
Domestic Violence	129	1.0%	20.2%

TypeOfReferral	Frequency	Percent	Cum Percent
DSS/HRA Child Protective	29	0.2%	20.5%
DSS/HRA Food Stamps	692	5.6%	26.1%
DSS/HRA Medicaid	714	5.8%	31.9%
DSS/HRA TANF	296	2.4%	34.3%
Education Childbirth	526	4.3%	38.5%
Education Parenting	1403	11.4%	49.9%
Education Vocational	469	3.8%	53.7%
Employment	375	3.0%	56.7%
Environmental Health/Safety	182	1.5%	58.2%
Family Counseling	56	0.5%	58.6%
Family Health Plus	18	0.1%	58.8%
Family Planning Benefit Program	66	0.5%	59.3%
Family Planning Extension Program	22	0.2%	59.5%
February	1	0.0%	59.5%
Food Pantry	537	4.3%	63.9%
GED	181	1.5%	65.3%
HEAP	102	0.8%	66.1%
HIV Support	5	0.0%	66.2%
Housing	858	6.9%	73.1%
Immigration Services	64	0.5%	73.7%
Individual Counseling	259	2.1%	75.8%
January	2	0.0%	75.8%
June	3	0.0%	75.8%
Legal Services	235	1.9%	77.7%
March	3	0.0%	77.7%
May	2	0.0%	77.7%
Mental Health Services	177	1.4%	79.2%
Others	552	4.5%	83.6%
Postpartum Depression	109	0.9%	84.5%
Prenatal Depression	155	1.3%	85.8%
September	2	0.0%	85.8%
Substance Abuse/Alcohol	25	0.2%	86.0%
Substance Abuse/Drugs	32	0.3%	86.3%
Substance Abuse/Tobacco	85	0.7%	86.9%

TypeOfReferral	Frequency	Percent	Cum Percent
Support Groups	324	2.6%	89.6%
Translation	514	4.2%	93.7%
Transportation	774	6.3%	100.0%
Total	12347	100.0%	100.0%

Table 27 - Family and Social Support Services Referrals Kept

TypeOfReferral	Frequency	Percent	Cum Percent
Missing	0	0.0%	0.0%
2010	1	0.0%	0.0%
April	2	0.0%	0.0%
Child Health Plus	36	0.3%	0.4%
Clothing/Bedding/Supply	1689	16.0%	16.4%
Day Care/Babysitting	347	3.3%	19.7%
December	2	0.0%	19.7%
Domestic Violence	104	1.0%	20.7%
DSS/HRA Child Protective	25	0.2%	20.9%
DSS/HRA Food Stamps	556	5.3%	26.2%
DSS/HRA Medicaid	652	6.2%	32.4%
DSS/HRA TANF	247	2.3%	34.7%
Education Childbirth	477	4.5%	39.2%
Education Parenting	1307	12.4%	51.6%
Education Vocational	357	3.4%	55.0%
Employment	305	2.9%	57.9%
Environmental Health/Safety	172	1.6%	59.5%
Family Counseling	40	0.4%	59.9%
Family Health Plus	14	0.1%	60.1%
Family Planning Benefit Program	57	0.5%	60.6%
Family Planning Extension Program	20	0.2%	60.8%
February	1	0.0%	60.8%
Food Pantry	442	4.2%	65.0%
GED	123	1.2%	66.1%
HEAP	85	0.8%	67.0%
HIV Support	4	0.0%	67.0%
Housing	695	6.6%	73.6%

TypeOfReferral	Frequency	Percent	Cum Percent
Immigration Services	51	0.5%	74.1%
Individual Counseling	201	1.9%	76.0%
January	2	0.0%	76.0%
June	3	0.0%	76.0%
Legal Services	183	1.7%	77.8%
March	2	0.0%	77.8%
May	2	0.0%	77.8%
Mental Health Services	131	1.2%	79.0%
Others	443	4.2%	83.2%
Postpartum Depression	89	0.8%	84.1%
Prenatal Depression	111	1.1%	85.1%
September	2	0.0%	85.2%
Substance Abuse/Alcohol	21	0.2%	85.3%
Substance Abuse/Drugs	26	0.2%	85.6%
Substance Abuse/Tobacco	64	0.6%	86.2%
Support Groups	204	1.9%	88.1%
Translation	509	4.8%	93.0%
Transportation	742	7.0%	100.0%
Total	10546	100.0%	100.0%

Table 28 - Family and Social Support Services Referrals: Made, Kept and Percentages

TypeOfReferral	COUNT1	COUNT	PSNT
Missing	0	1	0
2010	1	1	100
April	2	2	100
Child Health Plus	36	47	76.5957446808511
Clothing/Bedding/Supply	1689	1906	88.6149003147954
Day Care/Babysitting	347	410	84.6341463414634
December	2	2	100
Domestic Violence	104	129	80.6201550387597
DSS/HRA Child Protective	25	29	86.2068965517241
DSS/HRA Food Stamps	556	692	80.3468208092486
DSS/HRA Medicaid	652	714	91.3165266106443
DSS/HRA TANF	247	296	83.4459459459459

TypeOfReferral	COUNT1	COUNT	PSNT
Education Childbirth	477	526	90.6844106463878
Education Parenting	1307	1403	93.1575196008553
Education Vocational	357	469	76.1194029850746
Employment	305	375	81.33333333333333
Environmental Health/Safety	172	182	94.5054945054945
Family Counseling	40	56	71.4285714285714
Family Health Plus	14	18	77.77777777777778
Family Planning Benefit Program	57	66	86.3636363636364
Family Planning Extension Program	20	22	90.9090909090909
February	1	1	100
Food Pantry	442	537	82.3091247672253
GED	123	181	67.9558011049724
HEAP	85	102	83.33333333333333
HIV Support	4	5	80
Housing	695	858	81.002331002331
Immigration Services	51	64	79.6875
Individual Counseling	201	259	77.6061776061776
January	2	2	100
June	3	3	100
Legal Services	183	235	77.8723404255319
March	2	3	66.66666666666667
May	2	2	100
Mental Health Services	131	177	74.0112994350282
Others	443	552	80.2536231884058
Postpartum Depression	89	109	81.651376146789
Prenatal Depression	111	155	71.6129032258065
September	2	2	100
Substance Abuse/Alcohol	21	25	84
Substance Abuse/Drugs	26	32	81.25
Substance Abuse/Tobacco	64	85	75.2941176470588
Support Groups	204	324	62.962962962963
Translation	509	514	99.0272373540856
Transportation	742	774	95.8656330749354

Table 29 - Prenatal Care Services Referrals Made

TypeOfReferral	Frequency	Percent	Cum Percent
2009	1	0.0%	0.0%
April	1	0.0%	0.0%
August	1	0.0%	0.1%
Follow Up Visits	3185	53.7%	53.8%
Initial Visit	467	7.9%	61.6%
January	2	0.0%	61.7%
June	1	0.0%	61.7%
May	1	0.0%	61.7%
Nutrition/FAN	22	0.4%	62.1%
Nutrition/Food Pantry	542	9.1%	71.2%
Nutrition/WIC	1264	21.3%	92.5%
Other	270	4.6%	97.1%
Public Health Nursing	107	1.8%	98.9%
September	1	0.0%	98.9%
STD	64	1.1%	100.0%
Total	5929	100.0%	100.0%

Table 30 - Prenatal Care Services Referrals Kept

TypeOfReferral	Frequency	Percent	Cum Percent
2009	0	0.0%	0.0%
April	1	0.0%	0.0%
August	1	0.0%	0.0%
Follow Up Visits	3102	55.2%	55.2%
Initial Visit	443	7.9%	63.1%
January	2	0.0%	63.1%
June	1	0.0%	63.1%
May	1	0.0%	63.2%
Nutrition/FAN	18	0.3%	63.5%
Nutrition/Food Pantry	485	8.6%	72.1%
Nutrition/WIC	1154	20.5%	92.6%
Other	258	4.6%	97.2%
Public Health Nursing	98	1.7%	99.0%
September	1	0.0%	99.0%

STD	58	1.0%	100.0%
Total	5623	100.0%	100.0%

Table 31 - Prenatal Care Services Referrals: Made, Kept and Percentages

TypeOfReferral	COUNT1	COUNT	PSNT
2009	0	1	0
April	1	1	100
August	1	1	100
Follow Up Visits	3102	3185	97.3940345368917
Initial Visit	443	467	94.8608137044968
January	2	2	100
June	1	1	100
May	1	1	100
Nutrition/FAN	18	22	81.8181818181818
Nutrition/Food Pantry	485	542	89.4833948339483
Nutrition/WIC	1154	1264	91.2974683544304
Other	258	270	95.5555555555556
Public Health Nursing	98	107	91.588785046729
September	1	1	100
STD	58	64	90.625

*CHWP Short term cases***Table 1a. – Age, FREQ AGE**

Age	Frequency	Percent	Cum Percent
25	1	33.3%	33.3%
28	1	33.3%	66.7%
31	1	33.3%	100.0%
Total	3	100.0%	100.0%

Table 1b. - Age Group, FREQ AGEGRP

AGEGRP	Frequency	Percent	Cum Percent
25 - 29	2	66.7%	66.7%
30 - 34	1	33.3%	100.0%
Total	3	100.0%	100.0%

Table 2 – Gender, FREQ GENDER

GENDER	Frequency	Percent	Cum Percent
Female	3	100.0%	100.0%
Total	3	100.0%	100.0%

Table 3 – Race, FREQ RACE1

RACE1	Frequency	Percent	Cum Percent
Black/African American	3	100.0%	100.0%
Total	3	100.0%	100.0%

Table 4 – Ethnicity, FREQ HISPAN1

HISPAN1	Frequency	Percent	Cum Percent
No	3	100.0%	100.0%
Total	3	100.0%	100.0%

Table 5 – Education, FREQ GRADE1

GRADE1	Frequency	Percent	Cum Percent
High school grad or GED	2	66.7%	66.7%
Some college credit, but no degree	1	33.3%	100.0%
Total	3	100.0%	100.0%

Table 6 – Employment, FREQ EMPLOYMENT1

EMPLOYMENT1	Frequency	Percent	Cum Percent
Student	1	33.3%	33.3%
Unemployed	2	66.7%	100.0%
Total	3	100.0%	100.0%

Table 7 - County of Residence, FREQ COUNTY

COUNTY	Frequency	Percent	Cum Percent
Kings	3	100.0%	100.0%
Total	3	100.0%	100.0%

Table 8 - Country of Origin, FREQ COUNTRY1

COUNTRY1	Frequency	Percent	Cum Percent
Haiti	1	33.3%	33.3%
Jamaica	1	33.3%	66.7%
USA	1	33.3%	100.0%
Total	3	100.0%	100.0%

Table 9 - Primary Language, FREQ LANGUAGE_RW1

LANGUAGE_RW1	Frequency	Percent	Cum Percent
English	3	100.0%	100.0%
Total	3	100.0%	100.0%

Table 10 - Household Composition, FREQ N14HOUSEHOLD

N14Household	Frequency	Percent	Cum Percent
Multiple family/extended family relationship	2	66.7%	66.7%
Two parent family	1	33.3%	100.0%
Total	3	100.0%	100.0%

Table 11 - Total Family Size, FREQ FAMSIZE1

FAMSIZE1	Frequency	Percent	Cum Percent
05	3	100.0%	100.0%
Total	3	100.0%	100.0%

Table 12 - Number of Children, FREQ CHILDREN1

CHILDREN1	Frequency	Percent	Cum Percent
00	1	33.3%	33.3%
01	2	66.7%	100.0%
Total	3	100.0%	100.0%

Table 13 - Currently Homeless, FREQ HOMELESS1

HOMELESS1	Frequency	Percent	Cum Percent
No	3	100.0%	100.0%
Total	3	100.0%	100.0%

Table 14 - Insurance (Primary Client), FREQ INSURANCE

INSURANCE	Frequency	Percent	Cum Percent
Medicaid/PCAP (FFS)	1	33.3%	33.3%
None	1	33.3%	66.7%
Private	1	33.3%	100.0%
Total	3	100.0%	100.0%

Table 15 - Source of Referral, FREQ SOURCEREF

SOURCEREF	Frequency	Percent	Cum Percent
Medical Provider	1	33.3%	33.3%
Relative/Friend	1	33.3%	66.7%
Street	1	33.3%	100.0%
Total	3	100.0%	100.0%

Table 16 - Client WIC Status, FREQ WIC

WIC	Frequency	Percent	Cum Percent
No	2	66.7%	66.7%
Yes	1	33.3%	100.0%
Total	3	100.0%	100.0%

Table 17 - Client Food Stamps Status, FREQ STAMPS

STAMPS	Frequency	Percent	Cum Percent
Missing	1	33.3%	33.3%
No	2	66.7%	100.0%
Total	3	100.0%	100.0%

Table 18 - Client SSI Status, FREQ SSI

SSI	Frequency	Percent	Cum Percent
Missing	1	33.3%	33.3%
No	2	66.7%	100.0%
Total	3	100.0%	100.0%

Table 19 - Client Status, FREQ CLIENT

CLIENT	Frequency	Percent	Cum Percent
Post Partum	2	66.7%	66.7%
Pregnant	1	33.3%	100.0%
Total	3	100.0%	100.0%

Table 20 - Primary Reason for Contact, FREQ REASENR3

REASENR3	Frequency	Percent	Cum Percent
Parenting	1	33.3%	33.3%
Pregnant Care	1	33.3%	66.7%
Social Services	1	33.3%	100.0%
Total	3	100.0%	100.0%

**Table 23 - Health Care Services Referrals: Made, Kept and Percentages
LIST TypeOfReferral COUNT1 COUNT PSNT****Table 24 - Family and Social Support Services Referrals Made
FREQ TypeOfReferral WEIGHTVAR=OfReferrals OUTTABLE = RM**

TypeOfReferral	Frequency	Percent	Cum Percent
DSS/HRA Food Stamps	1	33.3%	33.3%
DSS/HRA Medicaid	1	33.3%	66.7%
DSS/HRA TANF	1	33.3%	100.0%
Total	3	100.0%	100.0%

**Table 25 - Family and Social Support Services Referrals Kept
FREQ TypeOfReferral WEIGHTVAR=ReferralsKept OUTTABLE = RK**

TypeOfReferral	Frequency	Percent	Cum Percent
DSS/HRA Food Stamps	0	0.0%	0.0%
DSS/HRA Medicaid	0	0.0%	0.0%
DSS/HRA TANF	0	0.0%	0.0%
Total	0	100.0%	100.0%

Table 26 - Family and Social Support Services Referrals: Made, Kept and Percentages
LIST TypeOfReferral COUNT1 COUNT PSNT

TypeOfReferral	COUNT1	COUNT	PSNT
DSS/HRA Food Stamps	0	1	0
DSS/HRA Medicaid	0	1	0
DSS/HRA TANF	0	1	0

Table 29 - Prenatal Care Services Referrals: Made, Kept and Percentages
LIST TypeOfReferral COUNT1 COUNT PSNT

CHWP Management Reports

Table 1 - Client Status at Enrollment by CHW Caseload
TABLES CLIENT INITIALS1 PERCENTS=(+)

CLIENT	AB	CD	EF	GH	IJ	TOTAL
Not Applicable	0	1	0	1	2	4
Row %	0.0	25.0	0.0	25.0	50.0	100.0
Col %	0.0	14.3	0.0	3.0	2.4	3.1
Post Partum	1	0	1	0	2	4
Row %	25.0	0.0	25.0	0.0	50.0	100.0
Col %	100.0	0.0	12.5	0.0	2.4	3.1
Pregnant	0	6	7	32	78	123
Row %	0.0	4.9	5.7	26.0	63.4	100.0
Col %	0.0	85.7	87.5	97.0	95.1	93.9
TOTAL	1	7	8	33	82	131
Row %	0.8	5.3	6.1	25.2	62.6	100.0
Col %	100.0	100.0	100.0	100.0	100.0	100.0

Table 1a - Case Status by CHW Caseload
TABLES CASESTAT1 INITIALS1 PERCENTS=(+)

CASESTAT1	AB	CD	EF	GH	TOTAL
Closed	1	6	3	30	111
Row %	0.9	5.4	2.7	27.0	100.0
Col %	100.0	85.7	37.5	90.9	84.7
Open case management	0	0	0	0	2
Row %	0.0	0.0	0.0	0.0	100.0
Col %	0.0	0.0	0.0	0.0	1.5
Short term encounter	0	1	5	3	18
Row %	0.0	5.6	27.8	16.7	100.0
Col %	0.0	14.3	62.5	9.1	13.7
TOTAL	1	7	8	33	131
Row %	0.8	5.3	6.1	25.2	100.0
Col %	100.0	100.0	100.0	100.0	100.0

**Table 2 - Number of Case Managed Cases by CHW for Reporting Period
FREQ INITIALS1**

INITIALS1	Frequency	Percent	Cum Percent
AB	1	0.9%	0.9%
CD	6	5.3%	6.2%
EF	3	2.7%	8.8%
GH	30	26.5%	35.4%
IJ	73	64.6%	100.0%
Total	113	100.0%	100.0%

**Table 3 - List of Case Managed Cases by CHW for Reporting Period
LIST INITIALS1 DATINTAKE1 FNAME LNAME CLIENT CASESTAT1 DATECLOS1
REASCLOS1**

Line	INITIALS1	DATINTAKE1	FNAME	LNAME	CLIENT	CASESTAT1
1	AB	1/1/2011			Post Partum	Closed
2	CD	1/1/2009			Pregnant	Closed
3	EF	1/1/2009			Pregnant	Closed
4	GH	1/1/2009			Pregnant	Closed

Line	DATECLOS1	REASCLOS1
1	1/1/2012	Case objectives met
2	1/1/2010	Client lost to follow-up
3	1/1/2011	Client moved
4	1/1/2010	Client refuses further services

**Table 4 - Number of Active Case Managed Cases by CHW
FREQ INITIALS1**

INITIALS1	Frequency	Percent	Cum Percent
IJ	2	100.0%	100.0%
Total	2	100.0%	100.0%

**Table 5 - List of Active Case Managed Cases by CHW
LIST INITIALS1 DATINTAKE1 FNAME LNAME CLIENT CASESTAT1**

INITIALS1	DATINTAKE1	FNAME	LNAME	CLIENT	CASESTAT1
IJ	1/1/2010			Pregnant	Open case management
IJ	1/1/2010			Pregnant	Open case management

Table 6 - Client Status at Entry by CHW - Active Cases
TABLES INITIALS1 CLIENT

INITIALS1	Pregnant	TOTAL
IJ	2	2
TOTAL	2	2

Table 7 - Total Number of Home Visits in Reporting Period, FREQ NMonth
WEIGHTVAR=OfHomeVisits

NMonth	Freq	Percent	Cum Percent
A. July	51	8.8%	8.8%
B. August	58	10.0%	18.7%
C. September	55	9.5%	28.2%
D. October	42	7.2%	35.4%
E. November	40	6.9%	42.3%
F. December	45	7.7%	50.0%
G. January	45	7.7%	57.7%
H. February	42	7.2%	64.9%
I. March	54	9.3%	74.2%
J. April	52	8.9%	83.2%
K. May	51	8.8%	91.9%
L. June	47	8.1%	100.0%
Total	582	100.0%	100.0%

Table 8 - Total Number of Offsite Visits in Reporting Period, FREQ NMonth
WEIGHTVAR=OfOffSiteVisits

NMonth	Freq	Percent	Cum Percent
A. July	4	9.1%	9.1%
B. August	8	18.2%	27.3%
C. September	3	6.8%	34.1%
D. October	5	11.4%	45.5%
E. November	2	4.5%	50.0%
F. December	4	9.1%	59.1%
G. January	2	4.5%	63.6%
H. February	2	4.5%	68.2%
I. March	5	11.4%	79.5%
J. April	4	9.1%	88.6%
K. May	2	4.5%	93.2%
L. June	3	6.8%	100.0%
Total	44	100.0%	100.0%

Table 9 – Outreach, FREQ OUTREACH

OUTREACH	Frequency	Percent	Cum Percent
Door to Door	3	2.7%	2.7%
Other	109	96.5%	99.1%
Street	1	0.9%	100.0%
Total	113	100.0%	100.0%

Table 10 - Timing of Entry to Prenatal Care, FREQ PNCTIMING

PNCTIMING	Frequency	Percent	Cum Percent
Prior PNC	42	37.8%	37.8%
Within 1 month	69	62.2%	100.0%
Total	111	100.0%	100.0%

Table 11 - MA Enrollment of Pregnant Women (Excludes not eligible), FREQ MOMEDIC1

MOMEDIC1	Frequency	Percent	Cum Percent
Enrolled by CHWP	43	39.1%	39.1%
Enrolled prior to CHWP	67	60.9%	100.0%
Total	110	100.0%	100.0%

Table 12 - WIC Enrollment (Excludes not eligible), FREQ MOWIC1

MOWIC1	Frequency	Percent	Cum Percent
Enrolled by CHWP	59	47.2%	47.2%
Enrolled prior to CHWP	63	50.4%	97.6%
Missing	1	0.8%	98.4%
Not enrolled	2	1.6%	100.0%
Total	125	100.0%	100.0%

Table 14 - Length of Time Case Open (Years), MEANS LOC

LOC	Frequency	Percent	Cum Percent
-1	11	9.7%	9.7%
0	61	54.0%	63.7%
1	34	30.1%	93.8%
2	7	6.2%	100.0%
Total	113	100.0%	100.0%

Obs Total Mean Variance Std Dev
 113 37.0000 .3274 .5436 .7373

Minimum 25% Median 75% Maximum Mode
 -1.0000 0.0000 0.0000 1.0000 2.0000 0.0000

Table 15 - Cases open more than 18 months

LIST INITIALS1 DATINTAKE1 FNAME LNAME CLIENT CASESTAT1 DATECLOS1

Line	INITIALS1	DATINTAKE1	FNAME	LNAME	CLIENT	CASESTAT1	DATECLOS1
1	CD	1/1/2008			Pregnant	Closed	1/1/2010
2	GH	1/1/2008			Pregnant	Closed	1/1/2010
3	IJ	1/1/2008			Pregnant	Closed	1/1/2010

Table 16 - Reason for Closing, FREQ REASCLOS1

REASCLOS1	Frequency	Percent	Cum Percent
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Case objectives met	46	41.4%	41.4%
Client lost to follow-up	6	5.4%	46.8%
Client moved	15	13.5%	60.4%
Client refuses further services	19	17.1%	77.5%
Other	25	22.5%	100.0%
Total	111	100.0%	100.0%

Table 17 - Client Status at Enrollment, FREQ CLIENT

CLIENT	Frequency	Percent	Cum Percent
Not Applicable	2	1.8%	1.8%
Post Partum	3	2.7%	4.5%
Pregnant	106	95.5%	100.0%
Total	111	100.0%	100.0%

Table 18 - List of Pregnancies with Multiple Births

LIST INITIALS1 DATINTAKE1 FNAME LNAME PREGSTAT1 DATDELIV1

INITIALS1	DATINTAKE1	FNAME	LNAME	PREGSTAT1	DATDELIV1
IJ	1/1/2009			Ended/Delivered	1/1/2009
IJ	1/1/2010			Ended/Delivered	1/1/2010
IJ	1/1/2010			Ended/Delivered	1/1/2011

Table 19 - Low Birth Weight (All Babies born in Program), FREQ BWT

BWT	Frequency	Percent	Cum Percent
LBW (< 5lb. 8oz.)	7	7.9%	7.9%
NORMAL (>= 5 lb. 8oz.)	82	92.1%	100.0%
Total	89	100.0%	100.0%

Table 20 - List of Low Birthweight Babies

LIST INITIALS1 DATINTAKE1 FNAME LNAME FIRSTNAME11 INFLNAME11
INFDOB1 LBS1 ozs

Line	INITIALS1	DATINTAKE1	FNAME	LNAME	FIRSTNAME11	INFLNAME11
1	GH	1/1/2009				
2	IJ	1/1/2009				

Line	INFDOB1	LBS1	ozs
1	1/1/2009	5	2
2	1/1/2010	5	1

**Table 20 - Low Birth Weight (Current Program Year - All Babies born in Program)
FREQ BWT**

BWT	Frequency	Percent	Cum Percent
LBW (< 5lb. 8oz.)	1	3.0%	3.0%
NORMAL (>= 5 lb. 8oz.)	32	97.0%	100.0%
Total	33	100.0%	100.0%

Table 21 - List of Low Birthweight Babies (Current Program Year)

LIST INITIALS1 DATINTAKE1 FNAME LNAME FIRSTNAME11 INFLNAME11
INFDOB1 LBS1 ozs

Line	INITIALS1	DATINTAKE1	FNAME	LNAME	FIRSTNAME11	INFLNAME11
1	IJ	1/1/2009				

Line	INFDOB1	LBS1	ozs
1	1/1/2010	5	1

Table 22 - Low Birth Weight (Calendar Year - All Babies born in Program), FREQ BWT

BWT	Frequency	Percent	Cum Percent
LBW (< 5lb. 8oz.)	1	3.0%	3.0%
NORMAL (>= 5 lb. 8oz.)	32	97.0%	100.0%
Total	33	100.0%	100.0%

Table 23 - List of Low Birthweight Babies (Calendar Year)

LIST INITIALS1 DATINTAKE1 FNAME LNAME FIRSTNAME11 INFLNAME11
INFDOB1 LBS1 ozs

Line	INITIALS1	DATINTAKE1	FNAME	LNAME	FIRSTNAME11	INFLNAME11
1	GH	1/1/2009				

Line	INFDOB1	LBS1	ozs
1	1/1/2009	5	2

CHWP Client Recall (Sample)

Identifies clients that are due for services

**** Dental health education should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME FNAME EDD CLIENTRECEIVED NOWRAP
LINENUMBERS**

**** Depression screening should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME FNAME EDD CLIENTSCREENED NOWRAP
LINENUMBERS**

**** Screening for postpartum depression should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME FNAME EDD CLINETSCREENED NOWRAP
LINENUMBERS**

**** Post partum visits should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME FNAME EDD POSTPAR111 NOWRAP
LINENUMBERS**

**** Family planning services should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME FNAME EDD FAMPLAN111 NOWRAP
LINENUMBERS**

**** Well baby visit should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 WELLBABY1 NOWRAP LINENUMBERS**

**** ASQ at 4 months should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 AT4MONTHS NOWRAP LINENUMBERS**

**** ASQ at 8 months should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 AT8MONTHS NOWRAP LINENUMBERS**

**** ASQ at 12 months should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 AT12MONTHS NOWRAP LINENUMBERS**

**** ASQ at 24 months should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 AT12MONTHS NOWRAP LINENUMBERS**

**** ASQ at 36 months should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 AT12MONTHS NOWRAP LINENUMBERS**

**** Immunizations at 6 months should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 IMMUNSIX11 NOWRAP LINENUMBERS**

**** Immunizations at 1 year should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 IMMUNONE11 NOWRAP LINENUMBERS**

**** Lead screening at 1 year should be scheduled**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 LEADONE11 NOWRAP LINENUMBERS**

CHWP Tickler (Sample)

Identifies missing or incomplete data

ENTRY FORM

**** Cases opened for more than 18 months**

**LIST INITIALS1 UNIQUEID LNAME FNAME DATINTAKE1 NOWRAP
LINENUMBERS**

**** Date of Birth should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME DOB NOWRAP LINENUMBERS

**** Gender should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME GENDER NOWRAP LINENUMBERS

**** County should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME COUNTY NOWRAP LINENUMBERS

**** Family size should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME FAMSIZE1 NOWRAP LINENUMBERS

**** Children should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME CHILDREN1 NOWRAP
LINENUMBERS**

Line	INITIALS1	UNIQUEID	LNAME	FNAME	CHILDREN1
1	IJ	LLFF##A#####			Missing
2	IJ	LLFF##A#####			Missing

**** Household should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME N14HOUSEHOLD NOWRAP
LINENUMBERS**

**** Country of origin should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME COUNTRY1 NOWRAP
LINENUMBERS**

**** Race should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME RACE1 NOWRAP LINENUMBERS

**** Hispanic should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME HISPAN1 NOWRAP LINENUMBERS

**** Grade should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME GRADE1 NOWRAP LINENUMBERS

**** Employment should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME EMPLOYMENT1 NOWRAP
LINENUMBERS**

**** Primary language should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME LANGUAGE_RW1 NOWRAP
LINENUMBERS**

**** Homeless should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME HOMELESS1 NOWRAP
LINENUMBERS**

**** Insurance should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME INSURANCE NOWRAP
LINENUMBERS**

**** WIC should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME WIC NOWRAP LINENUMBERS

**** Food Stamps should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME STAMPS NOWRAP LINENUMBERS

**** SSI should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME SSI NOWRAP LINENUMBERS

**** Source of Referral should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME SOURCEREF NOWRAP
LINENUMBERS**

**** Client Status should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME CLIENT NOWRAP LINENUMBERS

**** Reason for Enrollment should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME REASENR3 NOWRAP LINENUMBERS

**** Date case closed should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME DATECLOS1 NOWRAP
LINENUMBERS**

Line	INITIALS1	UNIQUEID	LNAME	FNAME	DATECLOS1
1	EF	LLFF##A#####			Missing
2	EF	LLFF##A#####			Missing

**** Reason for closing should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME REASCLOS1 NOWRAP
LINENUMBERS**

**** Reason for closing should be completed**

PREGNANCY CARE FORM

**** Number of previous live births should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME PREV1 NOWRAP LINENUMBERS

Line	INITIALS1	UNIQUEID	LNAME	FNAME	PREV1
1	AB	LLFF##A#####			Missing
2	AB	LLFF##A#####			Missing
3	EF	LLFF##A#####			Missing
4	EF	LLFF##A#####			Missing

**** Date pregnancy reported should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME DATPREGREP NOWRAP
LINENUMBERS**

Line	INITIALS1	UNIQUEID	LNAME	FNAME	DATPREGREP
1	AB	LLFF##A#####			Missing
2	AB	LLFF##A#####			Missing
3	EF	LLFF##A#####			Missing
4	EF	LLFF##A#####			Missing

**** EDD should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME EDD NOWRAP LINENUMBERS

Line	INITIALS1	UNIQUEID	LNAME	FNAME	EDD
1	AB	LLFF##A#####			Missing
2	AB	LLFF##A#####			Missing
3	EF	LLFF##A#####			Missing
4	EF	LLFF##A#####			Missing

**** Month entered CHWP should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME MONCHWP1 NOWRAP
LINENUMBERS**

Line	INITIALS1	UNIQUEID	LNAME	FNAME	MONCHWP1
1	AB	LLFF##A#####			Missing
2	AB	LLFF##A#####			Missing
3	EF	LLFF##A#####			Missing
4	EF	LLFF##A#####			Missing

**** Month entered prenatal care should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME MONPNC1 NOWRAP LINENUMBERS

Line	INITIALS1	UNIQUEID	LNAME	FNAME	MONPNC1
1	AB	LLFF##A#####			Missing
2	AB	LLFF##A#####			Missing
3	EF	LLFF##A#####			Missing
4	EF	LLFF##A#####			Missing

**** Prenatal visits scheduled should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME SCHEDULE1 NOWRAP
LINENUMBERS**

Line	INITIALS1	UNIQUEID	LNAME	FNAME	SCHEDULE1
1	AB	LLFF##A#####			Missing
2	AB	LLFF##A#####			Missing
3	EF	LLFF##A#####			Missing
4	EF	LLFF##A#####			Missing

**** Prenatal visits attended should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME ATTENDED1 NOWRAP
LINENUMBERS**

Line	INITIALS1	UNIQUEID	LNAME	FNAME	ATTENDED1
1	AB	LLFF##A#####			Missing
2	AB	LLFF##A#####			Missing
3	EF	LLFF##A#####			Missing
4	EF	LLFF##A#####			Missing

**** Dental health education should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME CLIENTRECEIVED NOWRAP
LINENUMBERS**

**** Prenatal depression screening should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME CLIENTSCREENED NOWRAP
LINENUMBERS**

Line	INITIALS1	UNIQUEID	LNAME	FNAME	ClientScreened
1	EF	LLFF##A#####			Missing

**** Pregnancy status should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME EDD PREGSTAT1 NOWRAP
LINENUMBERS**

**** Pregnancy outcome should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME OUTCOME1 NOWRAP
LINENUMBERS**

**** Multiple births should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME MULTIPLE1 NOWRAP
LINENUMBERS**

**** Number of births should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME SPECNUM1 NOWRAP LINENUMBERS

**** HIV education should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME DATINTAKE1 HIVEDUC1 NOWRAP
LINENUMBERS**

**** Mother's MA status should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME DATINTAKE1 MOMEDIC1 NOWRAP
LINENUMBERS**

**** Mother's WIC status should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME DATINTAKE1 MOWIC1 NOWRAP
LINENUMBERS**

**** Postpartum depression screening should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME CLINETSCREENED NOWRAP
LINENUMBERS**

Line	INITIALS1	UNIQUEID	LNAME	FNAME	ClinetScreened
1	AB	LLFF##A#####			Missing
2	AB	LLFF##A#####			Missing
3	EF	LLFF##A#####			Missing
4	EF	LLFF##A#####			Missing

**** Post partum visits should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME EDD POSTPAR111 NOWRAP
LINENUMBERS**

Line	INITIALS1	UNIQUEID	LNAME	FNAME	EDD	POSTPAR111
1	AB	LLFF##A#####			Missing	Missing
2	AB	LLFF##A#####			Missing	Missing
3	EF	LLFF##A#####			Missing	Missing
4	EF	LLFF##A#####			Missing	Missing

**** Family planning services should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME EDD FAMPLAN111 NOWRAP
LINENUMBERS**

Line	INITIALS1	UNIQUEID	LNAME	FNAME	EDD	FAMPLAN111
1	AB	LLFF##A#####			Missing	Missing
2	AB	LLFF##A#####			Missing	Missing
3	EF	LLFF##A#####			Missing	Missing
4	EF	LLFF##A#####			Missing	Missing

INFANT FORM

**** Infant Date of Birth should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME INFDOB1 NOWRAP LINENUMBERS

**** Infant gender should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME INFGEN1 NOWRAP LINENUMBERS

**** Infant birthweight should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME LBS1 NOWRAP LINENUMBERS

**** Neonatal death should be completed**

**LIST INITIALS1 UNIQUEID LNAME FNAME NEODEATH1 NOWRAP
LINENUMBERS**

**** Infant living arrangement should be completed**

LIST INITIALS1 UNIQUEID LNAME FNAME LIVING1 NOWRAP LINENUMBERS

**** Well baby visit should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 WELLBABY1 NOWRAP LINENUMBERS**

**** Breastfeeding at discharge should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 ATDIS1111 NOWRAP LINENUMBERS**

**** Breastfeeding at 6 weeks should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 SIXWEEKS1111 NOWRAP LINENUMBERS**

**** Breastfeeding a 6 months should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 BREASTFEEDING NOWRAP LINENUMBERS**

**** ASQ at 4 months should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 AT4MONTHS NOWRAP LINENUMBERS**

**** ASQ at 8 months should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 AT8MONTHS NOWRAP LINENUMBERS**

**** ASQ at 12 months should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 AT12MONTHS NOWRAP LINENUMBERS**

**** ASQ at 24 months should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 AT24MONTHS NOWRAP LINENUMBERS**

**** ASQ at 36 months should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 AT36MONTHS NOWRAP LINENUMBERS**

**** Infant MA enrollment status should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 INFMEDIC1 NOWRAP LINENUMBERS**

**** Infant WIC enrollment status should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 INFWIC1 NOWRAP LINENUMBERS**

**** Immunizations at 6 months should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 IMMUNSIX11 NOWRAP LINENUMBERS**

**** Immunizations at 1 year should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 IMMUNONE11 NOWRAP LINENUMBERS**

**** Lead screening at 1 year should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 INFLNAME11 FIRSTNAME11
INFDOB1 LEADONE11 NOWRAP LINENUMBE**

CHILD FORM

**** Child date of birth should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME CHILDDOB
NOWRAP LINENUMBERS**

**** Child gender should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME CHILDGEN
NOWRAP LINENUMBERS**

**** Child enrolled in PHC should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME PRIM NOWRAP
LINENUMBERS**

**** Child assisted to enroll in PHC should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME PRIM01
NOWRAP LINENUMBERS**

**** Insurance for child should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME CHILINS1
NOWRAP LINENUMBERS**

**** Type of insurance for child should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME CHILINS011
NOWRAP LINENUMBERS**

**** Child assisted to enroll in Medicaid should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME ENROLLMA1
NOWRAP LINENUMBERS**

**** Child assisted to enroll in Child Health Plus should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME CHILHPLUS11
NOWRAP LINENUMBERS**

**** WIC enrolled prior to contact should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME WIC NOWRAP
LINENUMBERS**

**** Child assisted to enroll in WIC should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME WIC01
NOWRAP LINENUMBERS**

**** Child immunization status at contact should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME IMMUN
NOWRAP LINENUMBERS**

**** Child assisted to obtain immunizations should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME IMMUN011
NOWRAP LINENUMBERS**

**** Child lead screening status at contact should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME LEAD NOWRAP
LINENUMBERS**

**** Child assisted to obtain lead screening should be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME LEAD011
NOWRAP LINENUMBERS**

**** ASQ screening may need to be completed**

**LIST INITIALS1 UNIQUEID LNAME1 FNAME1 CLNAME CFNAME AT4MONTHS
AT8MONTHS AT12MONTHS AT24MONTHS AT36MONTHS CHILDDOB
DATINTAKE1 NOWRAP LINENUMBERS**

NEW YORK STATE
DEPARTMENT OF HEALTH

NO-BID FORM

PROCUREMENT TITLE: _____ FAU # _____

Bidders choosing not to bid are requested to complete the portion of the form below and return to the Designated Contact listed at the beginning of the RFP:

- We do not provide the requested services. *(Check all that apply)*
 - Part 1: Training, Technical Assistance, and Evaluation
 - Part 2: Development, Implementation, and Maintenance of the MIHI Data Management Information System

- We are unable to bid at this time because:

(Firm Name)

(Officer Signature)

(Date)

(Officer Title)

(Telephone)

(e-mail Address)

Return to:
 Erica Stupp
 New York State Department of Health
 Bureau of Maternal and Child Health
 Empire State Plaza
 Corning Tower, Room 831
 Albany, New York 12237
 e-mail: bmchph@health.state.ny.us
 Fax: 518-474-5445

1c. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility:

(Add additional pages as necessary)

2a. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No

Yes

2b. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding:

(Add additional pages as necessary)

B. Offerer/Bidder certifies that all information provided to the Department of Health with respect to State Finance Law §139-k is complete, true and accurate.

(Officer Signature)

(Date)

(Officer Title) (Telephone)

(e-mail Address)

Transmittal Letter

(Enclose this letter with the bid package)

I attest to the following bid requirements:

The bidding entity has a minimum of five years of successful work experience developing resources, services and evaluation related to multiple perinatal, maternal, infant and child health topics, with an emphasis on home visiting and community-based programming for Part 1 and Web-system development/ management for Part 2. Evidence of this experience is demonstrated in the enclosed proposal.

Circle one: Yes No

The provisions of the enclosed proposal will remain valid for a minimum of 365 days from the proposal due date.

Circle one: Yes No

The bidding entity and its employees, subcontractors, consultants, volunteers, and subsidiaries claim no business relationships and/or ownership interests exist that may represent a conflict of interest for the bidder.

(If such a relationship exists, the bidder must submit a description of how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided with this transmittal letter.)

Circle one: Yes No

Package includes proposals for: <i>(Check all that apply)</i> <input type="checkbox"/> Part 1 <input type="checkbox"/> Part 2	
Name of Bidder <i>(Legal name as it would appear on a contract)</i>	
Person authorized to obligate this firm in matters regarding this proposal or the resulting contract:	
Printed Name <i>(First, Last):</i>	Title:
Telephone number:	Fax number:
E-mail:	
(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this proposal on behalf of the Board:	
Printed Name <i>(First, Last):</i>	Title:
Signature of Bidder or Authorized Representative	Date:

**Maternal and Infant Health Center of Excellence
Technical Proposal Cover Sheet**

TECHNICAL PROPOSAL FOR PART (Please check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Name of Bidder Organization (Legal name as it would appear on a contract)	
Mailing Address (Street address, P.O. Box, City, State, ZIP Code)	
Federal Employee Identification Number:	
If NYS Certified:	
Minority Business Enterprise (MBE) <input type="checkbox"/>	Woman Business Enterprise (WBE) <input type="checkbox"/>
Person authorized to act as the contact for this firm in matters regarding this proposal:	
Printed Name (First, Last):	Title:
Telephone number:	Fax number:
E-mail:	
Person authorized to obligate this firm in matters regarding this proposal or the resulting contract:	
Printed Name (First, Last):	Title:
Telephone number:	Fax number:
E-mail:	
(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this proposal on behalf of the Board:	
Printed Name (First, Last):	Title:
Signature of Bidder or Authorized Representative	Date:

PART 1: Key MIH COE Staff Form

Individual and Title	Role / Responsibilities	Dedicated During Implementation (% FTE)	Dedicated During Ongoing Operations (% FTE)

**Maternal and Infant Health Center of Excellence
Cost Proposal Cover Sheet**

COST PROPOSAL FOR PART <i>(Please check one):</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Name of Bidder <i>(Legal name as it would appear on a contract)</i>	
Mailing Address <i>(Street address, P.O. Box, City, State, ZIP Code)</i>	
Federal Employee Identification Number:	
If NYS Certified:	
Minority Business Enterprise (MBE) <input type="checkbox"/>	Woman Business Enterprise (WBE) <input type="checkbox"/>
Person authorized to act as the contact for this firm in matters regarding this proposal:	
Printed Name <i>(First, Last):</i>	Title:
Telephone number:	Fax number:
E-mail:	
Person authorized to obligate this firm in matters regarding this proposal or the resulting contract:	
Printed Name <i>(First, Last):</i>	Title:
Telephone number:	Fax number:
E-mail:	
(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this proposal on behalf of the Board:	
Printed Name <i>(First, Last):</i>	Title:
Signature of Bidder or Authorized Representative	Date:

By signing this form the above Bidder or Authorized Representative attests that the bid price submitted on the Bid Detail Sheet will remain valid for a minimum of 365 days from the RFP Due Date.

PART 1-- Training, Technical Assistance, and Evaluation

BIDDER:

Deliverables	Unit	Enter Price per Unit Below	Five Year Total (Calculates Automatically)
Evidence-based/Best Practice Strategies Resource			
(A) Serve as clearinghouse and resource for current research, be available to MIHI grantees for technical assistance via email and telephone during normal business hours, and provide expert consultation to NYSDOH on emerging policy and program needs, including approximately eight in-person meetings with NYSDOH staff in Albany annually.	(A x 20)		
	Quarter (A):	\$ -	\$ -
(B) Within year 1, design a Web site to provide MIH grantees and DOH with access to the most current research, best practices, publications, and other resources in support of effective program implementation. Host a test site with access to DOH and MIH grantees. Web site to go live by end of year 1.	(B x 4)		
	Quarter, Year 1 (B):	\$ -	\$ -
(C) Update and maintain Web site, including posting 6 original reports or publications to Web site annually.	(C x 16)		
	Quarter, Years 2-5 (C):	\$ -	\$ -
Training and Technical Assistance			
(D) Training to MICHC and MIECHV grantees on maternal, infant, and child health topics and enhanced topics (mental health, substance abuse, and domestic violence) via four in-person trainings in each of the four NYS regions for a total of sixteen trainings annually.	(D x 80)		
	In-Person Training (D):	\$ -	\$ -
(E) Training to MICHC and MIECHV grantees on maternal, infant, and child health topics and enhanced topics (mental health, substance abuse, and domestic violence) via eight webinars annually.	(E x 40)		
	Webinar Training (E):	\$ -	\$ -
(F) Training to MICHC grantees on selecting and implementing evidence-based/promising strategies via five written education documents annually.	(F x 25)		
	Document (F):	\$ -	\$ -

BIDDER:

Deliverables	Unit	Enter Price per Unit Below	Five Year Total (Calculates Automatically)
(G) Training to MICHC grantees on selecting and implementing evidence-based/promising strategies via six statewide trainings annually (in-person, webinar, or conference call).	(G x 30)		
	Training (G):	\$ -	\$ -
(H) Within first 9 months of Year 1, develop and implement Web-based introductory training for CHW in consultation with NYSDOH, including training post-tests and certification of completion of training.	(H x 1)		
	Completion (H):	\$ -	\$ -
(I) Update introductory training based on results and feedback annually in Years 2 to 5.	(I x 4)		
	Annual Update, Years 2-5 (I):	\$ -	\$ -
(J) Annual in-person trainings on enhanced topics and skills building for CHWs, one training in each of four NYS regions for a total of four trainings annually, reaching a total of approximately 150 CHWs statewide.	(J x 20)		
	In-Person Training (J):	\$ -	\$ -
(K) Convene an annual two-day MIHI grantee meeting in Albany for approximately 150 participants per the specifications outlined in the RFP, including evaluation and written summary of the meeting.	(K x 5)		
	Two-Day Meeting (K):	\$ -	\$ -

Evaluation of MIHI

(L) Within first 9 months of Year 1, develop performance measures to assess progress toward MICHC and MIECHV performance standards and identify data sources in consultation with NYSDOH; develop other process measures specific to each MICHC and MIECHV project in consultation with those projects; develop an evaluation plan for the MICHC initiative to monitor progress and impact of grantees' strategies on performance standards and performance measures; and develop an evaluation plan for the MIECHV initiative to monitor grantees' progress toward achieving performance standards and benchmarks.	(L x 1)		
	Completion: (L):	\$ -	\$ -

BIDDER:

Deliverables	Unit	Enter Price per Unit Below	Five Year Total (Calculates Automatically)
(M) In years 2 to 5, implement evaluation plans for MICHC and MIECHV initiatives and coordinate evaluation activities, including generating and disseminating quarterly performance management reports to grantees and NYSDOH. If Deliverable L is completed before the end of Year 1, the contractor will provide the services in Deliverable M at no additional cost through the end of Year 1.	(M x 16)		
	Quarter (M):	\$ -	\$ -
(N) Within first 6 months, review NYSDOH's draft continuous quality improvement plan for the MIECHV initiative, and make recommendations to NYSDOH on the development of a final CQI plan meeting federal requirements put forth by HRSA.	(N x 1)		
	Completion (N):	\$ -	\$ -
(O) Starting in month 7 of year 1, and continuing in years 2 to 5, assist NYSDOH in implementing a continuous quality improvement plan for the MIECHV initiative, meeting federal requirements put forth by HRSA, and coordinate the development of improvement projects for MIECHV grantees.	(O x 18)		
	Quarter (O):	\$ -	\$ -
(P) Within first 6 months of year 1, develop tool measuring and qualifying community collaboration for MICHC grantees. Pilot test the tool with a subset of MICHC grantees. Develop and implement the final version of tool, pending approval by NYSDOH.	(P x 1)		
	Completion: (P):	\$ -	\$ -
(Q) Within first 6 months of year 1, develop a template for annual needs assessment submitted by MICHC grantees, and a template for annual needs assessment to be submitted by MIECHV grantees. Pilot test templates with subset of MICHC and MIECHV grantees. Develop final versions with approvals by NYSDOH.	(Q x 1)		
	Completion: (Q):	\$ -	\$ -

SCHEDULE AND TERMS OF PAYMENT
PART 1: TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

Evidence-based/Best Practice Strategies Resource	
Deliverable	Payment Schedule and Terms
(A) Serve as clearinghouse and resource for current research, be available to MIHI grantees for technical assistance via email and telephone during normal business hours, and provide expert consultation to NYSDOH on emerging policy and program needs, including approximately eight in-person meetings with NYSDOH staff in Albany annually.	Quarterly.
(B) Develop a Web site to provide NYSDOH and MIHI grantees with access to technical information, publications and other pertinent resources for the most current, research-based best practices in maternal and infant health and community-based interventions.	By the end of Year 1, develop a beta Web site for testing and provide access to NYSDOH and MIHI grantees. NYSDOH and MIHI grantees suggest recommendations. Integrate recommendations into web site design. Launch MIHI web site. Voucher upon completion of deliverable.
(C) Implement and maintain the MIHI Web site, including posting 6 original reports or publications to Web site annually.	Quarterly during Years 2-5. Upon completion of Deliverable B, the vendor can voucher for the cost of web site implementation and maintenance. If Deliverable B is completed prior to the start of Year 2, payment will be prorated for the remainder of the contract term, so as not exceed the four year price quoted on the Cost Proposal Bid Detail Sheet.

Training and Technical Assistance	
Deliverable	Payment Schedule and Terms
Training to MICHC and MIECHV grantees on maternal, infant, and child health topics and enhanced topics (mental health, substance abuse, and domestic violence), including:	Quarterly per training or webinar.

(D) sixteen in-person trainings annually across the four NYS regions and (E) eight webinars annually	
Training to MICHC grantees on selecting and implementing evidence-based/ promising strategies, including: (F) five written education documents annually and (G) six trainings annually (in-person, webinar, or conference call)	Quarterly per education document or webinar.
(H) Develop and implement Web-based introductory training for CHW in consultation with NYSDOH	In consultation with NYSDOH, develop web-based introductory training on maternal and child health topics for CHWs by the end of 9 months. Provide access to NYSDOH and MIHI grantees for beta testing, and incorporate recommendations in the final design. Launch web-based training site. Voucher upon completion of deliverable.
(I) Update introductory training annually based on results and feedback	Annually upon completion of updates during Years 2-5.
(J) Annual in-person trainings on enhanced topics and skills building for approximately 150 CHWs, one each in four NYS regions	Quarterly per training.
(K) Convene an annual MIHI grantee meeting in Albany for approximately 150 participants, including evaluation and written summary of the meeting	Annually per meeting.
Evaluation of MIHI	
Deliverable	Payment Schedule and Terms
(L) Develop performance measures to assess MICHC and MIECHV performance standards and identify data sources. Develop evaluation plans for the MICHC and MIECHV initiatives. (See Deliverables S and T).	Within the first 9 months of Year 1, develop a draft set of performance measures in consultation with NYSDOH and MIHI grantees. Pilot test the performance measures with a sample of MIHI grantees. Finalize the performance measures and obtain NYSDOH approval. Distribute the final performance measures to all MIHI grantees. Voucher upon completion of deliverable.

(M) Implement evaluation strategies for MICHC and MIECHV projects and coordinate evaluation activities, including generating and disseminating quarterly performance management reports to grantees.	Quarterly during Years 2-5. Upon completion of Deliverable L. Vendor can voucher for the implementation of evaluation activities prior to the start of Year 2. However, payment will be prorated to reflect the full period for the deliverable and will not exceed the four year price quoted on the Cost Proposal Bid Detail Sheet.
(N) Assist NYSDOH in the development of a Continuous Quality Improvement (CQI) plan for the MIECHV initiative, meeting federal requirements established by HRSA.	By the end of 6 months, obtain input from NYSDOH and MIHI grantees and review the existing draft CQI plan. Share updated draft CQI plan with NYSDOH and MIHI grantees and obtain feedback. Finalize the CQI plan and obtain NYSDOH approval. Distribute the CQI plan to all MIHI grantees. Voucher upon completion of deliverable.
(O) Implement a CQI plan for the MIECHV initiative, meeting federal requirements put forth by HRSA, and coordinate the development of improvement projects for MIECHV grantees.	Quarterly starting with the third quarter of Year 1. Upon completion of Deliverable N. Vendor can voucher for the implementation of evaluation activities prior to the start of the third quarter of Year 1. However, payment will be prorated to reflect the full period for the deliverable and will not exceed the four year price quoted on the Cost Proposal Bid Detail Sheet.
(P) Develop a tool to measure and qualify community collaboration for MICHC grantees.	By the end of 6 months, obtain input from NYSDOH and MIHI grantees and develop a draft community collaboration tool. Share draft tool with NYSDOH and MIHI grantees and obtain feedback. Finalize the tool and obtain NYSDOH approval. Distribute the tool to MIHI grantees. Voucher upon completion of deliverable.
(Q) Develop a template for annual needs assessment to be submitted by MICHC and MIECHV grantees.	By the end of 6 months, obtain input from NYSDOH and MIHI grantees and develop a draft needs assessment tool. Share draft needs assessment tool with NYSDOH and MIHI grantees and obtain feedback. Finalize the tool and obtain NYSDOH approval. Distribute the tool to all MIHI grantees. Voucher upon completion of deliverable.
Management of Data Collection and Analysis	
Deliverable	Payment Schedule and Terms
(R) Coordinate quarterly data submissions from MIECHV grantees and compile annual aggregate data reports as required by HRSA and as required for the evaluation plan	Quarterly.
(S) Coordinate data collection from MICHC and MIECHV	Quarterly starting in Year 2. Upon completion of Deliverable L. Vendor can voucher for the implementation of evaluation activities prior to the start

grantees and analysis as required by MIHI evaluation plan. (See Deliverable L).	of Year 2. However, payment will be prorated to reflect the full period for the deliverable and will not exceed the four year price quoted on the Cost Proposal Bid Detail Sheet.
(T) Generate quarterly Performance Reports based on performance measure data for each MICHC and MIECHV grantee. (See Deliverable L).	Quarterly starting in Year 2. Upon completion of Deliverable L. Vendor can voucher for the implementation of evaluation activities prior to the start of Year 2. However, payment will be prorated to reflect the full period for the deliverable and will not exceed the four year price quoted on the Cost Proposal Bid Detail Sheet.
(U) Assume management of the existing CHWP DMIS, including revision recommendations to reflect expanded scope of CHWs	Quarterly.
(V) In years 2 to 5, manage and implement the CHW DMIS, including collecting and processing quarterly data submissions from MICHC program sites and provision of technical assistance to program sites for implementing use of the CHW DMIS.	Quarterly starting in Year 2. Upon completion of Deliverable U. Vendor can voucher for the implementation of the CHW DMIS prior to the start of Year 2. However, payment will be prorated to reflect the full period for the deliverable and will not exceed the four year price quoted on the Cost Proposal Bid Detail Sheet.
Support for Data Analysis and Surveillance	
Deliverable	Payment Schedule and Terms
(W) Research Associate (includes salary, benefits, and travel)	Quarterly.

SCHEDULE AND TERMS OF PAYMENT
PART 2: DEVELOPMENT, IMPLEMENTATION AND MAINTENANCE
OF MIHI DATA MANAGEMENT AND INFORMATION SYSTEM

Deliverable	Payment Schedule and Terms
(A) Phase I: Within 6 months conduct a full assessment of the MIHI system and develop a transition plan for subsuming the CHWP DMIS.	By the end of six months, develop a plan for MIHI Full System Support during this phase for NYSDOH approval. Phase I will end when NYSDOH approves the plan. Voucher upon completion of deliverable. Additional reimbursement will not be received for any efforts or time as a result of delays during this phase.
(B) Phase II: Full development, testing and implementation for the MIHI System.	Subsequent to completion of Phase I and by the end of six months, design, develop and beta test a web-based data system for use by MICHC and MIECHV grantees testing and provide access to NYSDOH and MIHI grantees. Voucher upon completion of deliverable and approval by NYSDOH.
(C) Phase III: Full management, maintenance and support of the MIHI system, report generation, training and technical assistance to MICHC and MIECHV grantees.	Quarterly subsequent to completion of Phase II and continuing through Years 2-5. Upon completion of Deliverable B, the vendor can voucher for the cost of the full management of the MIHI system. If Deliverable B is completed prior to the start of Year 2, payment will be prorated for the remainder of the contract term, so as not exceed the four year price quoted on the Cost Proposal Bid Detail Sheet.
(D) Conduct in-person demonstrations and trainings on use of information system in each of 4 regions.	Quarterly per training during Year 1. Upon completion of Deliverable B, the vendor can voucher for the cost of conducting in-person trainings on use of the MIHI system.
(E) In Years 2 to 5, process data quarterly and generate and distribute quarterly performance management reports to MICHC and MIECHV grantees and NYSDOH. Alert grantees when client follow-up services and data reporting are due, and when data quality issues have arisen.	Quarterly during Years 2-5. Upon completion of Deliverable B, the vendor can voucher for the cost of quarterly data processing, generating and distributing reports from data collected in the MIHI system. If Deliverable B is completed prior to the start of Year 2, payment will be prorated for the remainder of the contract term, so as not exceed the four year price quoted on the Cost Proposal Bid Detail Sheet.
(F) In Years 2 to 5, provide web-based training and technical assistance to all MICHC and MIECHV grantees in completion of forms, submission of data use of the Web-based system, and interpretation of prepared reports. Provide help desk services to	Quarterly during Years 2-5. Upon completion of Deliverable B, the vendor can voucher for providing training and technical assistance to MICHC and MIECHV grantees on use of the MIHI System. If Deliverable B is completed prior to the start of Year 2, payment will be prorated for the remainder of the contract term, so as not exceed the four year price quoted on the Cost Proposal Bid Detail Sheet.

Deliverable	Payment Schedule and Terms
support MICHC, MIECHV and NYSDOH MIHI data system users via phone and email. Log all inquiries to help desk, and create and maintain a Frequently Asked Questions document to inform future trainings and technical assistance.	
(G) Meet with NYSDOH in Albany up to 4 times annually.	Quarterly per meeting.
(H) In Year 2, develop and implement a deduplicated longitudinal data file using client-level data from the MIHI, NFP, and HFNY DMISs.	By the end of Year 2, develop a deduplicated longitudinal data file and provide access to NYSDOH. NYSDOH suggest recommendations. Integrate recommendations into data file design. Implement design of data file. Voucher upon completion of deliverable.
(I) In Years 3-5, update and maintain deduplicated longitudinal data file.	Quarterly during Years 3-5. Upon completion of Deliverable H, the vendor can voucher for the cost to update and maintain the deduplicated longitudinal data file. If Deliverable B is completed prior to the start of Year 3, payment will be prorated for the remainder of the contract term, so as not exceed the four year price quoted on the Cost Proposal Bid Detail Sheet.

NYSDOH Account Management and Access Control Policies and Procedures

These will be based on the minimum policies, standards, and procedures found in the Federal HIPAA Security Regulation and the NYS Cyber Security Critical Infrastructure and Coordination (CSCIC) Information Security Policy P03-002, Information Security Policy, respectively accessible in .PDF format at the Centers for Medicare and Medicaid Services web address:

<http://www.cms.gov/HIPAAGenInfo/>

And the NYS CSCIC web address:

<http://www.dhSES.ny.gov/ocs/resources/documents/Cyber-Security-Policy-P03-002-V3.4.pdf>

Any proposed practices for data access security must be modifiable as needed to conform to the NYSDOH Account Management and Access Control Policies and Procedures when finalized.

NYSDOH Security & Network Configuration Policy

1. INTRODUCTION

1.1.

All systems for the New York State Department of Health (NYSDOH) both internal and external must comply with the security requirements listed in this document.

Contractors and/or NYSDOH program area are required to work with the NYSDOH CISO (New York State Department of Health Chief Information Security Officer) to satisfy these requirements.

An acceptable Security Plan will be a mandatory project deliverable and must be completed prior to commencement of detailed application and systems development, unless otherwise approved by the NYSDOH CISO. The Security Plan must address the following components and be presented to the NYSDOH CISO for approval. The standard NYSDOH Security Plan template will be provided prior to commencement of the project.

Security Plan Components

- 1) Secure Transmission**
- 2) Systems and Network Security**
- 3) Application Security Requirements**
- 4) Data integrity,**
- 5) Data availability**
- 6) Account management**
- 7) Security Incident Management and Audit Requirements**
- 8) Proprietary Information, Copyright and Software Licensing**
- 9) Data Confidentiality**

For management and maintenance of existing systems, NYSDOH CISO-approved security may already be in place for many of the security components required. Addressing gaps in these requirements within existing components will be the responsibility of the NYSDOH program area unless otherwise specified. Contractors and/or NYSDOH program area will have the responsibility to ensure new components are in compliance with the security standards in this document, as applicable.

Each project may not need to provide mechanisms for every security component, particularly if the proposed system/solution will leverage existing NYSDOH systems. NYSDOH program area, working in conjunction with the NYSDOH CISO as necessary, may make known in any RFP or project description which requirements will be managed by NYSDOH outside the scope of this project. Project proposals should describe measures to address all security requirements in this document in their Security Plan, as well as indicating which will be handled by NYSDOH program area and are therefore not applicable to the proposed solution.

For example, if a component of the systems network account management and authentication is accomplished using the NYSDOH Health Commerce System (HCS), which is a NYSDOH

CISO-approved system, the network account management and authentication requirements are satisfied by NYSDOH and can be stated as such. If this is not the case a description of how authentication, along with how account management will be handled and what the approach will be regarding these requirements, must be included in the Security Plan.

1.2

When the application/system is hosted internally, i.e., within the network of NYSDOH, network and account management security policies will adhere to NYSDOH infrastructure as defined in Section 2.2.3 and Section 2.6 of this document. NYSDOH CISO performs vulnerability scans as required on internally hosted systems using standard approved tools. Vulnerabilities are expected to be corrected in a timely manner, with critical vulnerabilities fixed quickly. Contractors and/or NYSDOH program area will work with the NYSDOH CISO during security assessment, vulnerability fixes, and security testing.

NYSDOH web server capabilities are typically utilized if the systems and applications are hosted inside the NYSDOH network. This environment includes, but is not limited:

- (a) Single-sign-on via NYSDOH “WAARP” SSO
- (b) Ability to scale to large number of users
- (c) Providing high-level data integrity
- (d) Providing for basic security of the data at rest and in motion
- (e) Built in audit capabilities
- (f) Providing point in time recovery
- (g) Providing backup and recovery capabilities
- (h) Providing logging information for back up, recovery and auditing
- (i) Providing support for large objects (blobs, etc)
- (j) Providing support for clustering and load balancing
- (k) Providing SSL connectivity
- (l) Providing data confidentiality
- (m) Providing data availability near 24/7/365 if required and requested
- (n) Compliance with all NYSDOH security policies

NYSDOH project leads can obtain further details from NYSDOH Information Systems and Health Statistics Group (ISHSG) staff upon request.

The contractor and/or NYSDOH program area will work with NYSDOH ISHSG system and network staff to ensure adequate NYSDOH services and capabilities exists for the proposed system as required. NYSDOH program area will be responsible for funding additional services as needed and may pass this requirement to contractors.

1.3

When the systems (databases, files, data, networks, and/or applications) are hosted outside NYSDOH network (i.e., hosted externally), all requirements detailed below must be satisfied:

1.3.1. Ensure network and host security is defined and in accordance with NYSDOH Network Configuration Policy (Section 2.2.3).

1.3.2 Documentation must exist in the form of schematics and / or diagrams of the network

layout of the system in accordance with the Network Configuration Policy and a description of how security will be performed. This network plan must be submitted for review and approval to NYSDOH CISO during development and again just prior to production. This should include diagrams with servers clearly labeled. The plan should clearly explain the system's networking security policy (which can be included as an appendix to the Security Plan), and should clearly describe how vulnerability scans and other on-going security measures will be implemented including frequency of security measures and tests.

1.3.3. NYSDOH CISO must approve the design. Details of all components of the system and all security components must be reviewed by NYSDOH CISO.

1.3.4. Any changes to the approved network layout must be reviewed and approved by NYSDOH CISO for continued compliance with NYSDOH network standards.

1.3.5 Documentation must be submitted to NYSDOH CISO for review and approval of how sessions are established.

1.3.6. Assurance must be provided that when user sessions for an application or network connection terminate, either normally or abnormally, all related network sessions will also terminate.

1.3.7. Assurance must be provided that the network is eavesdrop-proof through the use of technologies including but not limited to secure hubs and/or switches. Wireless networks must use WPA2 or higher encryption, they must not broadcast SSIDs and they must ensure only authorized hosts can connect to the WLAN. Wireless may not be used for secure private e-commerce or external-class networks as defined in the Network Configuration Policy (Section 2.2.3).

1.3.8. Assurance must be provided that the information, including system(s) will be isolated from other networks via secured network devices such as firewalls and/or state-full routers, including but not limited to other technologies that allow such isolated networks.

1.3.9. Assurance must be provided that devices to be used are protected by packet-filtering firewalls and/or firewall-grade routers.

1.3.10. Assurance must be provided that all devices are operated utilizing robust operating systems and hardened against attack. Hardening includes and is not limited to OS patch management, software patch management and removing unnecessary services where applicable. Systems should comply with New York State Cyber Security Policy P03-002 defined at:

<http://www.dhSES.ny.gov/ocs/resources/documents/Cyber-Security-Policy-P03-002-V3.4.pdf>

And National Institute of Standards and Technology (NIST) standards defined at:

<http://csrc.nist.gov/publications/PubsSPs.html>, such as:

NIST SP800-12 (An Introduction to Computer Security: The NIST Handbook)

- NIST SP800-14 (Generally Accepted Principles and Practices for Securing Information Technology Systems)
- NIST SP800-27 (Engineering Principles for Information Technology Security)
- NIST SP800-40 (Creating a Patch and Vulnerability Management Program)
- NIST SP800-41 (Guidelines on Firewalls and Firewall Policy)
- NIST SP800-44 (Guidelines on Securing Public Web Servers)
- NIST SP800-50 (Building an Information technology Security Awareness and Training Program)
- NIST SP800-53 (Recommended Security Controls for Federal Information Systems)
- NIST SP800-54 (Border Gateway Protocol Security)
- NIST SP800-61 (an Introductory Resource Guide for Implementing the HIPAA Security Role)
- NIST SP800-70 (National Checklist Program for IT Products-- Guidelines for Checklist Users and Developers)
- NIST SP800-81 (Secure Domain Name Systems (DNS) Deployment Guide)
- NIST SP800-88 (Guidelines for Media Sanitization)
- NIST SP800-92 (Guide to Computer Security Log Management)
- NIST SP800-94 (Guide to Intrusion Detection and Prevention Systems (IDPS))
- NIST SP800-95 (Guide to Secure Web Services)
- NIST SP-800-123 (Guide to General Server Security)

1.3.11. Assurance must be provided that periodic network vulnerability scans and tests are performed. These scans and/or tests should include and not be limited to open ports scans and network intrusion detection. This requirement must be addressed within the Security Plan, and the plan will be reviewed by NYSDOH CISO. For externally hosted systems, specify tools that will be used for vulnerability scans in the security assessment section. Within NYSDOH managed (internally hosted) networks, standard tools are used in systems like the Health Commerce System (HCS), and these tools were approved by NYSDOH CISO. Similar standard tools must be used for scanning in externally hosted systems as well, and these tools will be reviewed for acceptability by NYSDOH CISO. After review, NYSDOH CISO must approve the tools that are planned to be used for vulnerability scanning. Contractors can request of NYSDOH the names of the scanning tools used in NYSDOH internally hosted applications/systems, if required.

NYSDOH CISO reserves the right to run periodic vulnerability scans and review reports from scans as needed. Scans and tests will be performed prior to being implemented on production networks and after software of operating systems or configuration changes are made. All source code must be provided for periodic review by NYSDOH CISO. Critical vulnerabilities identified during scans must be fixed and all NYSDOH CISO's security recommendations must be followed. Scans and tests must be performed at least annually and more frequently for critical and/or high-risk systems, such as those exposed to external users and/or the Internet. Scan frequencies should be defined within the scope of work.

1.3.12. All hardware, networking components, physical devices and software related to the project/system are to be protected and no unauthorized person should be able to access these hardware and software components. Any intrusion and unauthorized accesses must be stopped and reported to the NYSDOH CISO as they occur.

1.3.13. Description and documentation must exist of the steps to physically secure the location of servers or workstations that will contain applications, source code and/or databases related to the project/system. This must contain how all these physical devices are protected.

1.3.14. Description and documentation must exist regarding disaster recovery/business continuity of the systems. Periodic back-ups of data, databases, software, applications including and not limited to source code of anything defined within the project scope must be performed according to the disaster recovery/business continuity requirements. Encryption of backup media is encouraged and at times may be required by law.

1.3.15. Systems hosted outside NYSDOH-managed networks, including all hardware, software, networking components, applications, data, etc, must have the same level of security as that of systems hosted within NYSDOH networks. Some of the capabilities of servers hosted internally are highlighted in Section 1.2. Periodic reviews and keeping externally hosted systems up to date to meet all security requirements are required. Working with NYSDOH CISO to ensure that externally hosted systems are at least as secure as NYSDOH-internally hosted systems is required. NYSDOH CISO reserves the right to review externally hosted systems to ensure they satisfy NYSDOH security requirements completely.

1.3.16. Periodically NYSDOH may update security policies pertaining to systems hosted externally. NYSDOH will make updated standards and polices available.

2. SECURITY REQUIREMENTS

2.1 SECURE TRANSMISSION

The following requirements need to be followed whenever computer systems are used and data is transmitted electronically.

2.1.1. All information transfers must be secure from point to point as outlined in this section commensurate with data.

2.1.2. No sensitive or confidential information, current, historical, archived files or other information, will be allowed via unencrypted channels.

2.1.3 Information transmission must be commensurate with sensitivity and confidentiality of the data. This secure transmission policy applies to all sensitive and confidential information and the Security Plan must include details on how secure transmission is addressed.

2.1.4. Appropriate measures to protect information during transmission must be in place. These include but are not limited to: use of data encryption, and/or using transmission headers, checksums, digital signatures and control totals.

2.1.5. Assurance must exist in the Security Plan that information classified as “confidential” (as defined in an RFP, HIPAA, NYSDOH policies related to data classification, and/or other NYS Laws and Regulations) must not be transmitted across an open or insecure network

unless it is encrypted.

2.1.6. Encryption implementations must be approved by NYSDOH CISO before being utilized. The management of encryption keys and mechanisms must be planned and must conform to NYSDOH standards of encryption management agreed upon with NYSDOH CISO.

2.1.7. Proprietary encryption algorithms used will provide supplemental security only and will not be the sole source of encryption security. All information stored is to be encrypted using above average encryption strength (currently 128-bit for data in motion) except where the information is required for basic system operation and encryption beyond industry-standard levels is not available.

2.2 SYSTEMS AND NETWORK SECURITY

2.2.1 Server Requirements

Security requirements for server(s) used for the project/system are included but not limited to what is outlined in this section.

All information must be stored on appropriately secured servers, as required in Section 2.2.3, Network Configuration Policy, and they need to have appropriate level of access control.

Systems used for NYSDOH systems must have appropriate physical controls and be described in the Security Plan.

NYSDOH uses and maintains anti-virus software to ensure virus and anti-malware protection steps are in place to ensure safe operation of the network(s). The approach used should be included in the Security Plan. NYSDOH CISO reserves the right to review the virus protection solution and make recommendations to ensure proper virus protection/prevention.

2.2.2 Remote Access Control

2.2.2.1. All systems and applications that connect remotely to NYSDOH systems or networks used by NYSDOH systems, whether hosted internally or externally, must be approved in writing by NYSDOH CISO.

2.2.2.2. All remote access must be logged at all times, including the ability to produce documentation and justification for any lapses in logging.

2.2.2.3. The use of modems attached to any permanently network-connected device is not allowed unless approved in writing by NYSDOH CISO.

2.2.3 Network Configuration Policy

An organization or Internet domain may contain several types of networks. Each type of network provides different methods of risk reduction, depending on the network access needs. Below is a basic definition of acceptable network configurations.

2.2.3.1 All Networks

- Eavesdrop-proof through use of secure hubs and/or switches
(See NIST SP800-41, SP800-53, SP800-94)
- Isolated from other networks via secured network devices such as firewalls and/or state-full routers
(See NIST SP800-41, SP800-53, SP800-54)
- Logging of all successful and failed attempts should occur at all network perimeter devices
(See NIST SP800-53, SP800-92)
- Logs should be stored on protected hosts
(See NIST SP800-92)
- Logs should be reviewed at least every business day
- Hosts must comply with security modules as described in: NIST SP800-53, -41, -44, -92, -94, -95, and -123
- Network users and administrators must receive security awareness training
(See NIST SP800-12, NIST-SP800-50)

2.2.3.2 Untrusted Networks

Definition: A network outside of the direct, immediate control of the organization.

Example: Internet

Requirements:

- Only firewalls and/or firewall-grade router devices should reside on an untrusted network
- Management of devices on an untrusted network must be via a trusted connection to the device

2.2.3.3 External Networks

Definition: servers that require unauthenticated access from untrusted networks, such as the Internet.

Example: Network containing public web or mail servers

- No client (user) machines should reside on an external network
- Devices should be protected by packet-filtering firewalls and/or firewall-grade routers
- Devices must run robust operating systems and be hardened against attack. Hardening includes loading of all applicable patches as they are released and removing unneeded services
- No confidential or sensitive information may be stored, either temporarily or permanently, on any devices on this network except as needed for fundamental system operation and then only if encrypted (/etc/shadow, for example)
- Network logs should be archived for a least six (6) months
- Application logging should be activated wherever possible and reviewed at least every business day
- Inbound and outbound connectivity should be limited to needed services** but may go to and come from any type of network
- Authentication systems must be centrally managed

2.2.3.4 E-commerce Networks

Definition: Servers that provide authenticated access from untrusted networks, such as the Internet.

Example: Networks used to transact confidential information with clients and/or partners

- No client (user) machines should reside on an e-commerce network
- Devices should be protected by packet-filtering firewalls and/or firewall-grade routers
- Devices must run robust operating systems and be hardened against attack. Hardening includes loading of all applicable patches as they are released and removing unneeded services
- Network logs should be archived for a least six (6) months
- Application logging must be activated where ever possible and reviewed at least every business day
- Confidential or sensitive information stored on devices in this network must be secured independently from network access security control (for example, separate password files) where ever possible
- Confidential or sensitive information stored on devices in this network must be encrypted using above-average encryption strength (currently 128-bit) except where the information is required for basic system operation and encryption beyond industry-standard levels (currently 56-bit) is not available (example: /etc/shadow)
- Confidential or sensitive information transferred to or across untrusted networks must be encrypted
- System and application standards designed to protect the systems, applications and network must be established by the system administrators
- Access to systems must be limited to needed parties and must be approved, where applicable, by data owners
- Inbound and outbound connectivity should be limited to needed services**
- Inbound connectivity from untrusted networks must be authenticated. Authentication must be encrypted to industry-standard levels (at least 56-bit at time of writing)
- Authentication systems must be centrally managed

2.2.3.5 Private Networks

Definition: Internal network which hosts users and internal-only applications and servers

Example: Corporate intranet

- Devices should be protected by packet-filtering firewalls and/or firewall-grade routers
- Devices should be maintained in a secure state
- An automated virus-protect solution must be in operation
- Network logs should be archived for a least six (6) months
- Application logging should be activated wherever possible and frequently reviewed by the individual(s) responsible for the application
- Access to systems must be limited to needed parties and must be approved, where applicable, by data owners
- No inbound connectivity from untrusted networks is permitted

- Inbound connectivity from e-commerce networks is permitted provided the private network devices run robust operating systems and hardened against attack. Hardening includes loading of all applicable patches as they are released and removing unneeded services. The needed services cannot provide access beyond the scope of the need **
- Outbound connectivity should be limited to only to needed services**
- Authentication is required for access to confidential or sensitive information. This includes information temporarily or permanently stored on PCs or other single-user devices

2.2.3.6 Secured Private Networks

Definition: Servers that hold the organizations most sensitive information and are secured from all other types of networks

Example: Network containing database servers containing credit card or patient-identifying data

- No client (user) machines should reside on a secured private network
- Devices should be protected by packet-filtering firewalls and/or firewall-grade routers
- Devices must run robust operating systems and be hardened against attack. Hardening includes loading of all applicable patches as they are released and removing unneeded services
- Network logs should be archived for a least six (6) months
- Application logging must be activated where ever possible and reviewed at least every business day
- Confidential or sensitive information stored on devices in this network must be secured independently from network access security control (for example, separate password files) where ever possible
- System and application standards designed to protect the systems, applications and network must be established by the system administrators
- Access to systems must be limited to needed parties and must be approved, where applicable, by data owners
- Inbound and outbound connectivity should be limited to needed services**
- No inbound connectivity from or through untrusted networks is permitted
- Authentication systems must be centrally managed

2.2.3.7 Recommended Best Practices

- Network Intrusion Detection Systems be deployed at strategic locations
- Network Mapping/Scanning be done at regular intervals to detect vulnerabilities

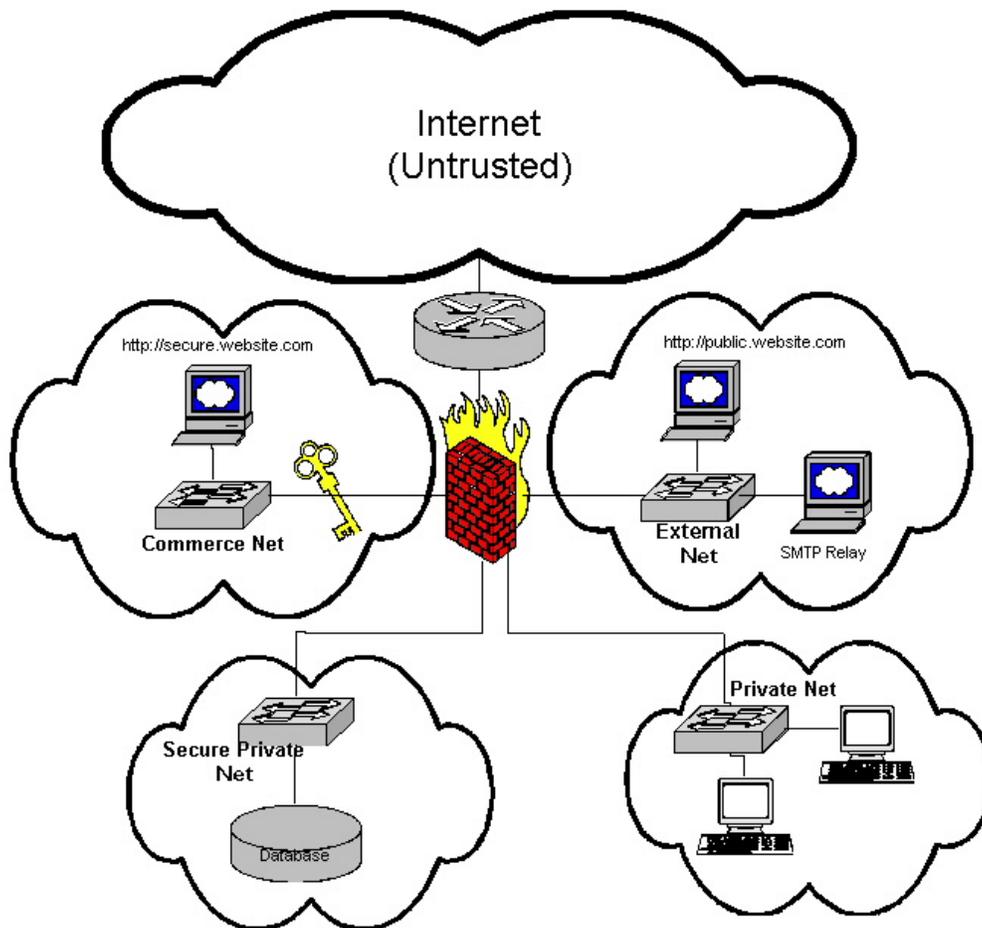
NYSDOH Auditing

- Network administrators must provide written confirmation of policy compliance prior to full production implementation and quarterly thereafter. This attestation must be supported by detailed network descriptions, which address the related policy aspects
- NYSDOH Security Office will be provided secure shell (SSH) access to at least one device in each network. The account must have privilege to create network sockets

- NYSDOH Security Office reserves the right to conduct on-site inspection of network infrastructure for the purpose of policy compliance verification
- Modifications to these auditing requirements may be negotiated but should not be assumed

**** DOH Security Unit will perform the risk benefit analysis prior to approval and deployment of services**

NYSDOH Network Configuration Policy Diagram



2.3 APPLICATION SECURITY REQUIREMENTS

Systems and application development must comply with NYSDOH security policies outlined in this document. When new application code is developed, the security within the Software Development Life Cycle (SDLC) methodology must be documented. The NYSDOH CISO reserves the right to review the development plan and may apply additional requirements for promotion of applications.

NYSDOH CISO review and approval do not apply to emergency code fixes that need to be done during production emergencies, however NYSDOH program area staff is required to notify the NYSDOH CISO immediately when emergency fixes are applied and must work to correct any vulnerability discovered in these updates in a timely manner. Any new or updated application code is still expected to go through NYSDOH CISO periodic application security scanning and vulnerabilities must be corrected as specified by NYSDOH CISO in consultation with NYSDOH management.

Applications will be scanned for security vulnerabilities by NYSDOH CISO. Periodically, the NYSDOH CISO may request a copy of the current software source code for its own internal security testing, archiving or other purposes. The contractor/NYSDOH program area is expected to work with the NYSDOH CISO to manage security assessment and fix critical vulnerabilities that may jeopardize the security of the system.

2.3.1. Testing

Application security tests, reviews and audits must be conducted regularly to evaluate the security of systems and applications. Applications must be tested for vulnerabilities prior to promotion to production. Issues must be identified and rectified as found. When changes are made to related software or applications, testing will be performed again to ensure NYSDOH compliance.

2.3.1.1. The Security Plan must describe the proposed security testing procedures and include responsibilities for security testing. Contractors and NYSDOH staff working with systems on NYSDOH-managed networks are encouraged to use the source code analysis and application security scanning tools managed by the NYSDOH CISO, but may specify alternatives. Alternatives must be approved by NYSDOH CISO.

2.3.1.2. The Security Plan must include the external application testing platforms, if currently in use, as well as software source code testing platforms that are used.,

2.3.1.3. Use of live data for testing purposes: At no time should any application testing be performed on live data. Where ever possible, testing should be created to mimic live data but not contain any live information. Simulation of live data is suggested.

2.3.2. Application vulnerability areas include the following and must be addressed in the Security Plan as applicable.

2.3.2.1. Input Validation: ensure that all input validation be achieved in a manner to prevent any malicious requests or code from being processed.

2.3.2.2 Output Validation: ensure that all data retrieved from inter process operations has been appropriately validated.

2.3.2.3. Type Checking: Ensure that all data retrieved from inter process operations, including screen input, has been validated for the expected data type.

2.3.2.4. Bounds Checking: ensure that all variables be bounded by the length they are designed to be. This is a critical and integral part of Input Validation.

2.3.2.5. Writing Directly to a File: ensure that at no time any sensitive information be written to any external files (text or otherwise) except to log files, unless approved by the NYSDOH CISO. This includes sensitive information and includes any external files used within the application on a temporary basis.

2.3.2.6. URL Passed Variables: ensure that variables will not be passed via a URL or are subjected to a high standard for Input Validation. Wherever possible, internal session variables should be used and only session reference given.

2.3.2.7. Caching SSL Pages: ensure all feasible precautions are taken to ensure that any cached SSL pages be removed upon exiting of the browser and/or the website.

2.3.2.8. Hidden Form Variables: ensure use of hidden form fields is limited; treat these fields with the same limited trust as other form fields and validate data provided in these fields as such.

2.3.2.9. Cookies: ensure that any cookies required for any and all web based applications will expire upon completion of the application. No cookies should be allowed to remain for an indefinite period of time. A Maximum Auth Cookie timeout will be required. Cookie values received from the client should be validated as with all other input. Authorization cookies must have an expiration time and comply with NYS Cyber Security Policy P03-002.

2.3.2.10. Tool Sets and External Code: Use of third-party modules and/or programs should be limited to items that are known to have undergone thorough security testing. Where possible, source code for any third-party solutions should undergo secure code reviews, including application scanning. No applications or modules should call or access external links or resources, unless this is part of the system's core functions. (For example, if the system is designed to call an external web service and process the result, external reference would be expected. Modules should not reference to external libraries for internal execution, however.) Likewise, no applications or modules should display external links unless this is part of the system's core functions. Use of code, modules and/or programs obtained from external sources must be in compliance with licenses agreements.

2.3.2.11. Configuration Files: ensure that no external configuration files will contain sensitive information including but not limited to clear-text user names and/or passwords. Encrypted configuration files and/or use of encrypted values within clear-text files are permitted.

2.3.3. Application Logging: Logs should be reviewed for application security at least each business day and critical issues should be escalated as required by NYSDOH policy and procedures and/or other applicable legal requirements.

2.3.4. Databases: ensure that all connections to any and all databases be secure, including but not limited to restricting connections to said databases from authorized applications, hosts, networks and users.

2.3.5. Database Queries: ensure that all database queries are secure, run by authorized users and application(s). Queries should be stored procedures wherever possible. At no time should input data be passed to the database without appropriate validation.

2.3.6. Writing to Screen including error messages: ensure all feasible precautions are taken to ensure that all error messages are benign and reveal no extra systems information. This includes abend or stack trace errors or any other information displayed that could be used in a malicious way against an application or system. A generic error message should be used at all times.

2.3.7. NYSDOH encourages scanning application source code for security vulnerabilities on a regular basis and addressing vulnerabilities as discovered. Critical findings are expected to be addressed on a regular/ongoing basis.

2.3.8. NYSDOH CISO will conduct periodic reviews of adherence to application security policies, test procedures, guidelines and standards. The NYSDOH CISO and the contractor/NYSDOH program area will work together towards achieving as vulnerability free an outcome of the scan as possible.

2.3.9. All applications must be tested for vulnerabilities prior to promotion into production. Results must be cleared with NYSDOH CISO. NYSDOH CISO approval is required prior to promotion into production.

2.4. Data Integrity

Data integrity is an integral part of any application or system. The Security Plan must include specific details related to preserving the integrity of data maintained in the system.

No unauthorized person or process shall be allowed to update data or in any way impact data integrity. Account management requirements should be satisfied completely. Account management is detailed in Section 2.6.

The following should be explained in the Security Plan:

2.4.1. Explain how the integrity of all information sources within the scope of this system is maintained.

2.4.2. Explain how authorization required for all production system input is accomplished and tracked as appropriate.

2.4.3. Explain how the system is free from risks of undetected changes.

2.4.4 Explain how integrity of data is maintained on network systems. For internally hosted (NYSDOH) systems, NYSDOH runs periodic network scans and tests to help ensure the integrity of data and network systems.

2.4.5 Explain how a secure environment for the Source Code of any software will be maintained.

2.4.6. Explain how the risks that data input could contain malicious exploits, such as file uploads, will be detected, mitigated and handled.

2.5. Data Availability

Data must be available to the degree specified in the project requirements. The Security Plan must clearly describe the plan for ensuring Business Continuity, Disaster Recovery and Data Availability and the requirements/needs around each.

Data should be recoverable from backups when required. Measures must be in place to mitigate data loss. The Security Plan must specify the backup requirements; who is responsible for each component, how this will be achieved and how it will be verified, including the transfer of recent copies of backups to a physically and environmentally secure off-site storage location, if applicable.

Backup procedures and practices should be monitored regularly and any back up failures should be corrected immediately. Testing the backups should be done regularly to determine if data files and programs can be recovered. All recovery of information from back up and restoration procedures should be documented and appropriate staff well trained for executing successful recoveries during disasters and during situations of data loss.

Backup procedures and practices must comply with all security requirements included in this document, including data integrity and security of data transmission and access controls.

2.6. Account Management

Account management must be described in the Security Plan. This must address the requirements listed below which are found in NYS Cyber Security Policy P03-002 Part 10, Access Control Policy. This can be found at:

<http://www.dhSES.ny.gov/ocs/resources/documents/Cyber-Security-Policy-P03-002-V3.4.pdf>.

NYSDOH CISO reserves the right to review and approve the account management process.

Data systems hosted within NYSDOH's networks and made available to external entities must utilize the NYSDOH's existing account systems for at least primary authentication unless explicitly approved by NYSDOH CISO. Data systems to be hosted outside the NYSDOH's

networks are encouraged to use these systems as well, however details must be included in the Security Plan to secure the inter-network communications and ensure security of this configuration. Contractors and/or NYSDOH program area are welcome to use additional authentication and/or authorization controls but must document the need for such and provide details related to account management as described in this section. Access management systems different from standard approved NYSDOH systems, such as Healthcom Commerce System (HCS), must be reviewed and approved by the NYSDOH CISO.

2.6.1. Access to NYSDOH information systems residing within NYSDOH networks (internal) and networks outside NYSDOH networks (external) must be managed to preserve the properties of integrity, confidentiality and availability. NYSDOH's information assets will be protected by appropriate logical and physical access control mechanisms commensurate with the value, sensitivity, consequences of loss or compromise, legal requirements and ease of recovery of these assets.

2.6.2. Information owners are responsible for determining who should have access to protected resources within their jurisdiction, and what those access privileges will be (read, update, delete, etc.). These access privileges will be granted in accordance with the user's job responsibilities. Workforce members must not be allowed access to NYSDOH information systems until properly authorized.

2.6.3. Only appropriate information owners or their delegates will make authorized requests for the registration and granting of access rights for personnel onto NYSDOH systems. As such, information owners and delegates must be formally designated, approved by management and documented. NYSDOH CISO reserves the right to review the authorization process implemented.

2.6.4. A user management and access tracking process shall be established and documented to outline and identify all functions of user management Standards and procedures must exist for account management in accordance with NYS Cyber Security Policy P03-002 which include:

- a. Account provisioning, updating, de-provisioning and distribution (including, user identity verification, enrolling new users, deleting users and reviewing users)
- b. Authorization assignment and revocation
- c. Privileged account management (including granting, removing and periodic review)
- d. Authentication token (such as password) management (including reset) and distribution, including user identification procedures
- e. Access by third parties, such as sub-contractors, and vendors

2.6.5. Privileged user-ids must not give any indication of the user's privilege level, e.g., supervisor, manager, administrator. These individuals should also have a second user-id when performing normal non-privileged business activities, such as, accessing the email system. Where technically feasible, default administrator accounts must be renamed, removed or disabled. The default passwords for these accounts must be changed if the account is retained, even if the account is renamed or disabled.

2.6.6. For applications that interact with individuals that are not employed by NYSDOH, the

information owner is responsible for ensuring an appropriate user management process is implemented. Standards for the registration of such external users must be defined and include the credentials that must be provided to prove the identity of the user requesting registration, validation of the request and the scope of access that may be provided. These standards will be reviewed and approved by Office of Information Technology Services. Guidelines given in “New York State Identity Trust Model” (found at <http://www.its.ny.gov/policy/NYS-P10-006.pdf>) should be followed.

2.6.7. Logon banners are implemented where that feature exists to inform all users that the system is for NYSDOH business or other approved use consistent with NYSDOH policy, and that user activities may be monitored and the user should have no expectation of privacy. Logon banners are usually presented during the authentication process.

The standard approved NYSDOH banner is “Use of NYS Department of Health computers and related resources is restricted solely to the conduct of NYSDOH business. User IDs and passwords assigned to an individual are the responsibility of that individual and may not be shared with others. Compromise of user IDs and passwords to department computers must be immediately reported to NYSDOH CISO. Personal and unauthorized usage is prohibited unless stated otherwise by NYSDOH policy.” Where not technically feasible due to length, the following legal notice may be used: “NYSDOH use only and subject to monitoring”.

If possible, the notice should appear prior to authentication. If this is not possible, the notice should appear immediately after authentication.

2.6.8. Password Management

2.6.8.1. Passwords are a common means of authenticating a user’s identity to access an information system or service. Password standards must be implemented to ensure all authorized individuals accessing NYSDOH resources follow proven password management practices. These password rules must be mandated by automated system controls whenever possible unless explicitly approved otherwise by NYSDOH CISO. These password best practices include but are not limited to:

- A. passwords must not be stored in clear text;
- B. use passwords that are not easily guessed or subject to disclosure through a dictionary attack;
- C. passwords must be kept confidential and not shared;
- D. passwords must be changed at regular intervals with a maximum expiration of 90 days;
- E. change temporary passwords at the first logon;
- f. when technology permits, passwords must contain a mix of alphabetic, numeric, special, and upper/lower case characters and be a minimum of 8 characters;
- G. does not include passwords in any automated logon process (e.g., stored in a macro or function key, web browser or in application code)

2.6.8.2. To ensure good password management, password standards must be implemented on all platforms when technically feasible. Contractor and/or Program Area’s adherence to password management practices will be reviewed by NYSDOH CISO.

2.7 Security Incident Management and Audit Requirements

NYSDOH CISO reserves the right to review, evaluate and audit for security compliance any component of the system to assess if security requirements are being followed. NYSDOH CISO reserves the right to coordinate and/or conduct security assessments and will discuss outcomes of security scanning with the contractor and/or program area to work towards fixing critical security vulnerabilities.

The Security Plan will include specifics on the approach of how these audit requirements will be accomplished taking into account items listed below:

2.7.1. System Logs must be available for the NYSDOH CISO to review and/or document how these will be reviewed on a periodic, ongoing basis.

2.7.2. Logs must be reviewed and documented every business day at least once every 24 hours. Assurance must be provided to certify the system is in conformance to Section 2.2.3 NYSDOH Network Configuration Policy of this document.

2.7.3. Systems must be monitored and when thresholds of specific security related events are reached NYSDOH must be notified. All suspicious or unusual events will be reported to the NYSDOH program area who will in turn notify the NYSDOH CISO of possible security incidents within 24 hours of discovery. The approach towards meeting the addressing of the requirement to monitor and detect security events and to execute proper responses to those events should be included in the Security Plan for review and approval.

2.7.4. Security Systems must be in place to record all security related events in an audit log. Where applications maintain their own authentication and/or authorization controls, the application must also maintain its own logs of authorized access privileges and unauthorized attempts at access. Account management requirements, outlined in Section 2.6, need to be followed. Typically these events include:

- a) Valid and invalid user authentication attempts
- b) Log on and activity of privileged users
- c) Successful access to security system details
- d) Access to resources outside normal hours
- e) Changes to user security profiles
- f) Changes to access rights of resources
- g) Changes to system security configuration

2.7.5. Audit logs including logging analysis tools, systems and outputs, must be managed and stored in a secure manner to ensure their integrity. No unauthorized access should be permitted. At no time should anyone have access to change a log file. No logs may be altered in anyway.

2.7.6. All Security Logs should be archived for at least six (6) months, unless directed by other laws and/or regulations.

2.7.7. All users and administrators who are in relation to the scope of work for this project/system must receive periodic security awareness training and be qualified to work in a secure environment. Any updates to NYSDOH security policies should be communicated to these users and administrators.

2.7.8. All logs are to be made available to NYDOH CISO on an as needed or predetermined schedule for review.

2.7.9. A list of what software used in components of the system needs to be maintained and provided as required by NYSDOH CISO. NYSDOH CISO reserves the right to audit and review lists of software added and inspect code and assess compliance of security requirements. NYSDOH CISO may require code found to cause significant risk to NYSDOH be removed.

2.8 Proprietary Information, Copyright and Software Licensing

2.8.1. Software licenses must be reviewed on a periodic basis and the results must be reported to NYSDOH CISO to ensure that the terms of software licenses are being complied with.

2.8.2. Any unauthorized software is to be isolated and access disabled.

2.8.3. Appropriate licenses for any products provided as part of this project/system must exist. Licenses purchased under a contract are owned by NYSDOH.

2.8.4 Copying licensed or NYSDOH proprietary software must be limited to legitimate backup processes. NYSDOH will hold individual program areas and/or contractors liable for any inappropriate software use, distribution or license violations.

2.8.5. Any software including software developed, maintained, acquired or in any other way created during the length of this project is the expressed property of the NYSDOH and cannot be used for any other reason than its intended use without prior approval of NYSDOH.

2.8.6. Contractors and/or external parties will return to NYSDOH any all material developed as part of this and any related projects/contracts at the conclusion of work on NYSDOH funded solutions. This would include removing any copies of NYSDOH-funded solutions or NYSDOH-proprietary data and/or information. NYSDOH Secure Disposal policies must be followed to ensure secure removal of said information.

2.8.7. Especially in the case of sensitive or confidential information, Contractor will ensure that all information at the expiration of this contract will be destroyed and documented as such. Documentation is to be supplied after all information is handed back to the NYSDOH and or subsequent contractor(s). NYSDOH APPM 430.0 Secure Disposal or Reuse of Media Policy must be followed.

2.8.8. All media, not owned and maintained by NYSDOH, must be securely erased or rendered unreadable before disposal as approved by NYSDOH CISO. Storage media must be

sanitized at or above US Department of Defense standards at the end of contract after information is migrated to the NYSDOH and or the successor of the contract.

2.9 Data Confidentiality

The Security Plan must provide data confidentiality and integrity assurances through technologies including but not limited to field-level encryption, file level encryption and/or strong ACL controls. Information stored is to be encrypted using above average encryption strength (with 1024-bit or above) except where the information is required for basic system operation and encryption beyond industry-standard levels is not available.

3. Updates to Policies

The standards, guidelines and policies described in this document will be revised periodically. Changes to policies will be included in change management or during re-bid. NYSDOH will make notification of updates and changes to security policies.

References:

1. NYS Cyber Security Policy P03-002 at <http://www.dhSES.ny.gov/ocs/resources/documents/Cyber-Security-Policy-P03-002-V3.4.pdf>
2. Health Insurance Portability Accountability Act (HIPAA)
3. National Institute of Standards and Technology Computer Security Resource Center at <http://csrc.nist.gov/>

**NYS DEPARTMENT OF HEALTH
Security Requirements
Bid Deliverable**

Describe how you typically address the following key security areas as they pertain to the NYSDOH Security Requirements.

<p>1. Confidentiality, Integrity and Availability of data at rest and in motion.</p>
<p>2. Network Security including server management, network configuration, network security vulnerabilities and their prevention, secure transmission of data, account management, incident handling and auditing/log management.</p>
<p>3. Application security; application security audit, review and remediation; and secure coding practices as they pertain to an overall secure software development life cycle (SSDLC), including any tools used in this process.</p>

PART 2: Key MIHI DMIS Services Staff Form

Individual and Title	Role / Responsibilities	Dedicated During Implementation (% FTE)	Dedicated During Ongoing Operations (% FTE)

PART 2—Development, Implementation, and Maintenance of the MIHI Data Management Information System

BIDDER:

Deliverables	Unit	Enter Price per Unit Below	Five Year Total (Calculates Automatically)
Development, Implementation, and Maintenance of Web-based MIHI DMIS			
(A) Phase I: Within 6 calendar months, develop a transition plan for assuming the CHW DMIS support activities, including a plan for full system support, and a project schedule reflecting all tasks, start and finish dates for next 12 month period. Phase I ends upon approval of the Full System Support Plan by NYSDOH.	(A x 1)		
	Completion (A):	\$ -	\$ -
(B) Phase II: Beginning after the completion of Phase I, and completed by the end of 6 months, design, develop, and test a MIHI Web-based data system as specified in the narrative, including revisions to the current CHW data indicators and addition of performance measure data components for both the MICHC and MIECHV initiatives, development of data collection forms and guidelines for use by MICHC and MIECHV grantees, and development of training documentation to guide users in navigating the Web-based data entry and reporting system. Data specifications and training documentation are subject to NYSDOH approval.	(B x 1)		
	Completion (B):	\$ -	\$ -
(C) Phase III: Beginning after completion of Phase II and continuing throughout Years 2 to 5, implement and maintain the Web-based data system as specified in the narrative, including complete operation of the system, electronically capturing and processing data from MICHC and MIECHV grantees, dissemination of information through the design, preparation and posting of data and reports, and access to MIHI grantees to their data and reports as well as to the COE and NYSDOH. Perform systems releases including changes necessary for continued operations, upgrades to hardware and software platforms, and update User Manual to reflect upgrades. If Phase II (Deliverable B) is completed before the end of Year 1, the contractor will provide the services in Deliverable C at no additional cost through the end of Year 1.	(C x 18)		
	Quarter (C):	\$ -	\$ -

BIDDER:

Deliverables	Unit	Enter Price per Unit Below	Five Year Total (Calculates Automatically)
(D) In Year 1, conduct in-person demonstrations and trainings on use of data system with test data in each of four regions.	(D x 4)		
	In-Person Training (D):	\$ -	\$ -
(E) In Years 2 to 5, process data quarterly and generate and distribute quarterly performance management reports to MICHC and MIECHV grantees and NYSDOH. Alert grantees when client follow-up services and data reporting are due, and when data quality issues have arisen.	(E x 16)		
	Quarter (E):	\$ -	\$ -
(F) In Years 2 to 5, provide web-based training and technical assistance to all MICHC and MIECHV grantees in completion of forms, submission of data use of the Web-based system, and interpretation of prepared reports. Provide help desk services to support MICHC, MIECHV and NYSDOH MIHI data system users via phone and email. Log all inquiries to help desk, and create and maintain a Frequently Asked Questions document to inform future trainings and technical assistance.	(F x 16)		
	Quarter (F):	\$ -	\$ -
(G) Meet with NYSDOH in Albany up to 4 times annually.	(G x 20)		
	Meeting (G):	\$ -	\$ -

Development, Implementation, and Maintenance of Longitudinal Data File			
(H) In Year 2, develop and implement a deduplicated data file using client-level data from the MIHI, NFP, and HFNY DMISs.	(H x 1)		
	Completion (H):	\$ -	\$ -
(I) In Years 3 to 5, update and maintain longitudinal data file. If Deliverable H is completed before the end of Year 2, the contractor will provide the services in Deliverable I at no additional cost through the end of Year 2.	(I x 12)		
	Quarter (I):	\$ -	\$ -

PART 2 TOTAL: \$ -

Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section VI.10 Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's Web site: <https://portal.osc.state.ny.us> within the last six months.

- A hard copy Vendor Responsibility Questionnaire is included with this proposal/bid and is dated within the last six months.

- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

BIDDER’S CONFERENCE REGISTRATION FORM

New York State Department of Health
Bureau of Maternal and Child Health
Request for Proposals for Maternal and Infant Health Center of Excellence

I/we intend to participate in the bidder’s conference for the Request for Proposals (RFP) for the Maternal and Infant Health Center of Excellence on the date listed in the Schedule of Key Events on the RFP cover page:

Organization Name: _____

Contact Name: _____

Address: _____

Title(s): _____

Telephone Number: _____

Fax Number _____

E-mail address: _____

This registration form must be received via E-mail* or mail the due date listed in the Schedule of Key Events:

Erica Stupp
Bureau of Maternal and Child Health
NYS Department of Health
ESP Corning Tower Room 831
Albany, NY 12237-0621
bmchph@health.state.ny.us

***Note: E-mail responses
must contain all of the
above information.**

Those applicants submitting a “Bidder’s Conference Registration Form” will be provided the call-in telephone number and participant code number to enable the applicant to participate in the Bidder’s Conference.

LETTER OF INTENT TO BID

This non-mandatory letter of Intent to Bid should be mailed or e-mailed to the address below and received by the date listed in the Schedule of Key Events.

Erica Stupp
 Bureau of Maternal and Child Health
 NYS Department of Health
 ESP Corning Tower, Room 831
 Albany, NY 12237
 bmchph@health.state.ny.us

Dear Ms. Stupp:

_____ has received the Request for Proposals, “Maternal and Infant Health Center of Excellence.”

We intend to submit a proposal to the New York State Department of Health Bureau of Maternal and Child Health not later than 5:00 p.m. on the date listed in the Schedule of Key Events.

Sincerely,

<i>Signature</i>	<i>Date</i>
<i>Print Name of Office Representative</i>	
<i>Title</i>	
<i>Address</i>	
<i>Telephone No.</i>	<i>Fax No.</i>
<i>E-mail Address</i>	

Maternal and Infant Health Center of Excellence

Checklist for Proposal Submission

(For bidder's use only; should not be included in the proposal.)

Submission Package:

- The Technical Proposal Section and the Cost Proposal Section of the proposal(s) are packaged separately in sealed envelopes marked with "NYSDOH Maternal and Infant Health Center of Excellence RFP #15318 – Part [...], the name of the bidder and which proposal section it contains. No financial bid or pricing information is included in the Technical Proposal.
- The signed original plus ten (10) additional copies and an electronic copy on a closed session CD-R disk for each of the Technical and Cost Proposal Sections and for each Part being bid upon are included.

Technical Proposal(s):

- A Technical Proposal Cover Sheet is completed, signed, dated and included with the Technical Proposal(s), indicating which Part the proposal(s) addresses.
- The appropriate Key Staff Forms are included with the relevant Part's Technical Proposal.
- A Draft Project Schedule is included with the Part 2 Technical Proposal.
- A Transmittal Letter indicating which Parts of the RFP are included in the package is completed, signed, dated and included with the Technical Proposal.
- Completed Vendor Responsibly Attestation included, or if required, Vendor Responsibility Questionnaire is completed, signed, dated, notarized, and included with the Technical Proposal.

Cost Proposal(s):

- A Cost Proposal Cover Sheet is completed, signed, dated and included with the Cost Proposal(s), indicating which Part(s) the proposal(s) addresses.
- A Lobbying Form is completed, signed, dated and included with the Cost Proposal(s), indicating which Part(s) the Lobbying Form addresses.
- Part 1 and/or Part 2 Bid Detail Sheets are completed and included with the associated Cost Proposal(s).
- Completed M/WBE forms included with the package.

Vendor Responsibility Questionnaire

Information: http://www.osc.state.ny.us/vendrep/info_vresp_vrquestionnaires.htm

Instructions:

http://www.osc.state.ny.us/vendrep/documents/questionnaire_instructions.pdf

Forms: http://www.osc.state.ny.us/vendrep/forms_vendor.htm

Secure online submission (Optional):

The VendRep System allows business entities (vendors) to enter and maintain their Vendor Responsibility Questionnaire information in a secure, centralized database. This information will be available to New York State agencies that opt to use the System. An agency's decision to use the VendRep System will be announced in solicitation documents issued directly by the contracting agency.

http://www.osc.state.ny.us/vendrep/info_vrsystem.htm

Establish a new account:

<http://www.osc.state.ny.us/portal/forms/aaform.pdf>

VendRep System Checklist:

http://www.osc.state.ny.us/vendrep/vrsystem_vendor_checklist.htm

COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

DEFINITIONS

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at <http://www.osc.state.ny.us/vendrep/documents/definitions.pdf>. These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

RESPONSES

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

REPORTING ENTITY

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

ASSOCIATED ENTITY

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

STRUCTURE OF THE QUESTIONNAIRE

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII requires information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

I. LEGAL BUSINESS ENTITY INFORMATION			
Legal Business Entity Name ¹		EIN	
Address of the <u>Principal Place of Business</u> (street, city,		Telephone ext.	Fax
E-mail		Website	
Additional <u>Legal Business Entity</u> Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , Other Identity, or <u>EIN</u> used in the last five (5) years and the status (active or inactive)			
Type	Name	EIN	Status
1.0 <u>Legal Business Entity</u> Type – Check appropriate box and provide additional information:			
<input type="checkbox"/> <u>Corporation</u> (including <u>PC</u>)	Date of Incorporation		
<input type="checkbox"/> <u>Limited Liability Company (LLC or PLLC)</u>	Date of Organization		
<input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u>)	Date of Registration or Establishment		
<input type="checkbox"/> <u>Sole Proprietor</u>	How many years in business?		
<input type="checkbox"/> Other	Date Established		
If Other, explain:			
1.1 Was the <u>Legal Business Entity</u> formed or incorporated in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No,' indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is			
<input type="checkbox"/> United States	State _____		
<input type="checkbox"/> Other	Country _____		
Explain, if not available:			
1.2 Is the <u>Legal Business Entity</u> publicly traded?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide <u>CIK Code</u> or Ticker Symbol			
1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," Enter <u>DUNS</u> Number			

¹All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," which can be found at <http://www.osc.state.ny.us/vendrep/documents/definitions.pdf>.

I. LEGAL BUSINESS ENTITY INFORMATION		
1.4 If the <u>Legal Business Entity</u> 's <u>Principal Place of Business</u> is not in New York State, does the <u>Legal Business Entity</u> maintain an office in New York State? (Select "N/A," if <u>Principal Place of Business</u> is in New York State.)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes," provide the address and telephone number for one office located in New York State.		
1.5 Is the <u>Legal Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise</u> (MBE), <u>Women-Owned Business Enterprise</u> (WBE), <u>New York State Small Business</u> (SB) or a federally certified <u>Disadvantaged Business Enterprise</u> (DBE)? If "Yes," check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise</u> (MBE) <input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise</u> (WBE) <input type="checkbox"/> <u>New York State Small Business</u> (SB) <input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise</u> (DBE) 		<input type="checkbox"/> Yes <input type="checkbox"/> No
1.6 Identify <u>Officials</u> and <u>Principal Owners</u> , if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.		
Name	Title	Percentage Ownership <i>(Enter 0% if not applicable)</i>

II. REPORTING ENTITY INFORMATION

The Reporting Entity for this questionnaire is:

Note: Select only one.

Legal Business Entity

Note: If selecting this option, "Reporting Entity" refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)

Organizational Unit within and operating under the authority of the Legal Business Entity

SEE DEFINITIONS OF "REPORTING ENTITY" AND "ORGANIZATIONAL UNIT" FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.

Note: If selecting this option, "Reporting Entity" refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)

IDENTIFYING INFORMATION

a) Reporting Entity Name

Address of the Primary Place of Business (street, city, state, zip code)

Telephone

ext .

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number?

Yes No

If "Yes," enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity. *For each person, include name and title. Attach additional pages if necessary.*

Name

Title

INSTRUCTIONS FOR SECTIONS III THROUGH VII

For each “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each “Other,” provide an explanation which provides the basis for not definitively responding “Yes” or “No.” Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

III. LEADERSHIP INTEGRITY Within the past five (5) years, has any current or former Reporting Entity Official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of	
3.0 Sanctioned relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.1 Suspended, <u>debarred</u> , or <u>disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.2 The subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
For each “Yes” or “Other” explain:	

IV. INTEGRITY – CONTRACT BIDDING Within the past five (5) years, has the Reporting Entity:	
4.0 Been <u>suspended</u> or <u>debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, <u>debarment</u> for a violation of New York State Workers’ Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a low bid rejected on a <u>government contract</u> for failure to <u>make good faith efforts</u> on any <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or <u>Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each “Yes,” explain:	

V. INTEGRITY - CONTRACT AWARD	
Within the past five (5) years, has the Reporting Entity:	
5.0 Been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any <u>government contract</u> including, but not limited to, a <u>non-responsibility finding</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 Been subject to an <u>administrative proceeding</u> or civil action seeking specific performance or restitution in connection with any <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

VI. CERTIFICATIONS/LICENSES	
Within the past five (5) years, has the Reporting Entity:	
6.0 Had a revocation, <u>suspension</u> or <u>disbarment</u> of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or federal certification of <u>Disadvantaged Business Enterprise</u> status for other than a change of ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

VII. LEGAL PROCEEDINGS	
Within the past five (5) years, has the Reporting Entity:	
7.0 Been the subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, <u>judgment</u> or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as <u>serious or willful</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any <u>government entity</u> involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Other than previously disclosed: a) Been subject to fines or penalties imposed by <u>government entities</u> which in the aggregate total \$25,000 or more; or b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY	
8.0 Within the past five (5) years, has the <u>Reporting Entity</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.1 Within the past five (5) years, has the <u>Reporting Entity</u> had any <u>liquidated damages</u> assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.2 Within the past five (5) years, have any <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the <u>Reporting Entity</u> which remains undischarged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.3 In the last seven (7) years, has the <u>Reporting Entity</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
8.4 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any tax returns required by <u>federal</u> , state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), and the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
8.5 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the years the <u>Reporting Entity</u> failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.6 During the past three (3) years, has the <u>Reporting Entity</u> had any <u>government audit(s) completed</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If "Yes," did any audit of the <u>Reporting Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, and significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY	
<p>If “Yes” to 8.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</p>	
IX. ASSOCIATED ENTITIES	
<p>This section pertains to any entity(ies) that either controls or is controlled by the <u>Reporting Entity</u>.</p>	
<p>9.0 Does the <u>Reporting Entity</u> have any <u>Associated Entities</u>?</p> <p>Note: All questions in this section must be answered if the <u>Reporting Entity</u> is either:</p> <ul style="list-style-type: none"> – An <u>Organizational Unit</u>; or – The entire <u>Legal Business Entity</u> which controls, or is controlled by, any other entity(ies). <p>If “No,” SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9.1 Within the past five (5) years, has any <u>Associated Entity Official</u> or <u>Principal Owner</u> been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for:</p> <ul style="list-style-type: none"> a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If “Yes,” provide an explanation of the issue(s), the individual involved, his/her title and role in the <u>Associated Entity</u>, his/her relationship to the <u>Reporting Entity</u>, relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s).</p>	
<p>9.2 Does any <u>Associated Entity</u> have any currently undischarged <u>federal</u>, New York State, New York City or New York local government <u>liens</u> or <u>judgments</u> (not including UCC filings)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If “Yes,” provide an explanation of the issue(s), identify the <u>Associated Entity</u>’s name(s), <u>EIN</u>(s), primary business activity, relationship to the <u>Reporting Entity</u>, relevant dates, the Lien holder or Claimant’s name(s), the amount of the <u>lien</u>(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</p>	
<p>9.3 Within the past five (5) years, has any <u>Associated Entity</u>:</p>	
<p>a) Been <u>disqualified</u>, <u>suspended</u> or <u>debarred</u> from any <u>federal</u>, New York State, New York City or other New York local <u>government contracting process</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b) Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c) Been <u>suspended</u>, <u>cancelled</u> or <u>terminated for cause</u> (including for <u>non-responsibility</u>) on any <u>federal</u>, New York State, New York City or New York local <u>government contract</u>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d) Been the subject of an <u>investigation</u>, whether open or closed, by any <u>federal</u>, New York State, New York City, or New York local <u>government entity</u> for a civil or criminal violation with a penalty in excess of \$500,000?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY	
e) Been the subject of an indictment, grant of immunity, <u>judgment</u> , or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>federal</u> , New York State, New York City, or New York local <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," provide an explanation of the issue(s), identify the <u>Associated Entity</u> 's name(s), <u>EIN</u> (s), primary business activity, relationship to the <u>Reporting Entity</u> , relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
X. FREEDOM OF INFORMATION LAW (FOIL)	
10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the question number(s) and explain the basis for the claim.	

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE		
Name	Telephone ext.	Fax
Title	Email	

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State contracting entities in making responsibility determinations regarding an award of a contract or approval of a subcontract; (2) recognizes that the Office of the State Comptroller (OSC) will rely on information disclosed in the questionnaire in making responsibility determinations and in approving a contract or subcontract; (3) acknowledges that the New York State contracting entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (4) acknowledges that intentional submission of false or misleading information may constitute a misdemeanor or felony under New York State Penal Law, may be punishable by a fine and/or imprisonment under Federal Law, and may result in a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the Reporting Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Reporting Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State will rely on the information disclosed in the questionnaire when entering into a contract with the Reporting Entity; and
- is under obligation to update the information provided herein to include any material changes to the Reporting Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State contracting entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of
Owner/Officer

Printed Name of
Signatory

Title

Reporting Entity
Name

Address

City, State, Zip

Sworn to before _____ day
me this _____ of _____ 20 _____ ;

_____ Notary Public

**Instructions
State Consultant Services**

**Attachment 21—Form A: Contractor’s Planned Employment
And
Attachment 22—Form B: Contractor’s Annual Employment Report**

Form A: This report must be completed before work begins on a contract. Typically it is completed as a part of the original bid proposal. The report is submitted only to the soliciting agency who will in turn submit the report to the NYS Office of the State Comptroller.

Form B: This report must be completed annually for the period April 1 through March 31. The report must be submitted by May 15th of each year to the following three addresses:

1. The designated payment office (DPO) outlined in the consulting contract.
2. NYS Office of the State Comptroller
Bureau of Contracts
110 State Street, 11th Floor
Albany, NY 12236
Attn: Consultant Reporting
or via fax to –
(518) 474-8030 or (518) 473-8808
3. NYS Department of Civil Service
Alfred E. Smith Office Building
Albany, NY 12239
Attn: Consultant Reporting

Completing the Reports:

FORM A:

Upon notification of contract award, use Form A, State Consultant Services Contractor’s Planned Employment From Contract Start Date Through the End of the Contract Term, attached to these instructions, to report the necessary planned employment information prospectively from the start date through the end of the contract term. This is a one-time reporting requirement.

Complete **Form A** for contracts for consulting services in accordance with the following:

- **Employment category:** the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees anticipated to be providing services under the contract.
(Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at www.online.onetcenter.org to find a list of occupations.)
- **Number of employees:** the total number of employees in the employment category anticipated to be employed to provide services under the contract, including part time employees and employees of subcontractors.
- **Number of hours to be worked:** the total number of hours anticipated be worked by the employees in the employment category.
- **Amount payable under the contract:** the total amount payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

Submit completed **Form A** within 48 hours of notification of selection for award to OSC (as the contracting agency) at the address listed below.

FORM B:

Scope of Contract (Form B only): a general classification of the single category that best fits the predominate nature of the services provided under the contract.

- **Employment Category:** the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees providing services under the contract. Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)
- **Number of Employees:** the total number of employees in the employment category employed to provide services under the contract during the Report Period, including part time employees and employees of subcontractors.
- **Number of hours (to be) worked:** for Form A, the total number of hours to be worked, and for Form B, the total number of hours worked during the Report Period by the employees in the employment category.
- **Amount Payable under the Contract:** the total amount paid or payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

**State Consultant Services
FORM A**

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:

State Consultant Services - Contractor's Planned Employment
 From Contract Start Date Through The End Of The Contract Term

New York State Department of Health Agency Code 12000

Contractor Name: _____ Contract Number: _____

Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Total this page	0	0	\$ 0.00
Grand Total			

Name of person who prepared this report: _____
 Title: _____ Phone #: _____

Preparer's signature: _____
 Date Prepared: / / Page of
 (Use additional pages if necessary)

**State Consultant Services
FORM B**

OSC Use Only
Reporting Code:
Category Code:

Contractor's Annual Employment Report
Report Period: April 1, _____ to March 31, _____

New York State Department of Health	Agency Code 12000
Contract Number:	
Contract Start Date: / /	Contract End Date: / /
Contractor Name:	
Contractor Address:	
Description of Services Being Provided:	

Scope of Contract (Chose one that best fits):

Analysis	Evaluation	Research
Training	Data Processing	Computer Programming
Other IT Consulting	Engineering	Architect Services
Surveying	Environmental Services	Health Services
Mental Health Services	Accounting	Auditing
Paralegal	Legal	Other Consulting

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Totals this page:	0	0	\$ 0.00
Grand Total:	0	0	\$ 0.00

Name of person who prepared this report: _____	
Title: _____	Phone #: _____
Preparer's signature: _____	
Date Prepared: / /	Page of
(Use additional pages if necessary)	

New York State Tax Law Section 5-a

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain Contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such Contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain Contractors the obligation to certify whether or not the Contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and Contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

Contractor must complete and submit directly to DTF, Contractor Certification Form ST-220-TD. Unless there are changes in information upon which the ST-220-TD is based, this form only needs to be filed once with DTF. If the information changes for the Contractor, its affiliate(s), or its subcontractor(s), a new form ST-220-TD must be filed with DTF.

Contractor must complete and submit to the Department the form ST-220-CA, certifying that the Contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render a Bidder nonresponsive and non-responsible in the financial responsibility review. Bidders shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

Contractor Certification to Covered Agency

ST-220-CA: http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf

ST-220-TD: http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf

**New York State Department of Health
M/WBE Procurement Forms**

The following forms are required to maintain maximum participation in M/WBE procurement and contracting:

M/WBE Form#1: Bidder's M/WBE Utilization Plan

M/WBE Form#2: M/WBE Waiver Request

M/WBE Form#3: QUARTERLY UPDATE - M/WBE CONTRACTOR COMPLIANCE &
PAYMENT Report

M/WBE Form#4: M/WBE Staffing Plan

M/WBE Form#5: Equal Employment Policy Statement - Sample

M/WBE Form#6: M/WBE Workforce Employment Utilization Report

- M/WBE Form #1 -

New York State Department of Health

BIDDER/CONTRACTOR M/WBE UTILIZATION PLAN

Bidder/Contractor Name:	
Vendor ID:	Telephone No.
RFP/Contract Title:	RFP/Contract No.

Description of Plan to Meet M/WBE Goals

--

PROJECTED M/WBE USAGE

	%	Amount
1. Total Dollar Value of Proposal Bid	100	\$
2. MBE Goal Applied to the Contract		\$
3. WBE Goal Applied to the Contract		\$
4. M/WBE Combined Totals		\$

New York State Department of Health
BIDDER/CONTRACTOR PROPOSED M/WBE UTILIZATION PLAN
MINORITY OWNED BUSINESS ENTERPRISE (MBE) INFORMATION

In order to achieve the MBE Goals, bidder expects to subcontract with New York State certified MINORITY-OWNED entities as follows:

MBE Firm (Exactly as Registered)	Description of Work (Products/Services) [MBE]	Projected MBE Dollar Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

**New York State Department of Health
 BIDDER/CONTRACTOR PROPOSED M/WBE UTILIZATION PLAN
 WOMEN OWNED BUSINESS ENTERPRISE (WBE) INFORMATION**

In order to achieve the WBE Goals, bidder expects to subcontract with New York State certified WOMEN-OWNED entities as follows:

WBE Firm (Exactly as Registered)	Description of Work (Products/Services) [WBE]	Projected WBE Dollar Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

- M/WBE Form #2 -

New York State Department of Health

M/WBE UTILIZATION WAIVER REQUEST

Bidder/Contractor Name:	
Vendor ID:	Telephone No.
RFP/Contract Title:	RFP/Contract No.

Explanation why Bidder/Contractor is unable to meet M/WBE goals for this project.:

Include attachments below to evidence good faith efforts:

- Attachment A. List of the general circulation, trade and MWBE-oriented publications and dates of publications soliciting for certified MWBE participation as a subcontractor/supplier and copies of such solicitation.
- Attachment B. List of the certified MWBEs appearing in the Empire State Development MWBE directory that were solicited for this contract. Provide proof of dates or copies of the solicitations and copies of the responses made by the certified MWBEs. Describe specific reasons that responding certified MWBEs were not selected.
- Attachment C. Descriptions of the contract documents/plans/specifications made available to certified MWBEs by the contractor when soliciting their participation and steps taken to structure the scope of work for the purpose of subcontracting with or obtaining supplies from certified MWBEs.
- Attachment D. Description of the negotiations between the contractor and certified MWBEs for the purposes of complying with the MWBE goals of this contract.
- Attachment E. Identify dates of any pre-bid, pre-award or other meetings attended by contractor, if any, scheduled by OGS with certified MWBEs whom OGS determined were capable of fulfilling the MWBE goals set in the contract.
- Attachment F. Other information deemed relevant to the request.

Section 4: Signature and Contact Information

By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote MWBE participation pursuant to the MWBE requirements set forth under the contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.

Submitted by : _____ Title: _____

Signature

- M/WBE Form #3 -

**New York State Department of Health
 QUARTERLY UPDATE
 M/WBE CONTRACTOR COMPLIANCE & PAYMENT REPORT**

Contractor Name:	
Contract Title:	Contract No.

TOTAL PROJECTED M/WBE USAGE (from original M/WBE Utilization Plan)

	%	Amount
1. Total Dollar Value Contract	100	\$
2. Planned MBE Goal Applied to the Contract		\$
3. Planned WBE Goal Applied to the Contract		\$
4. M/WBE Combined Totals		\$

ACTUAL M/WBE USAGE* AS OF _____ (insert date)

	%	Amount
1. Total Dollar Value Completed to date	100	\$
2. MBE Utilization to date		\$
3. WBE Utilization to date		\$
4. M/WBE Combined Utilization to date		\$

* Report usage from contract start date to quarterly end-date inserted above.

Explain any deficiencies in attaining M/WBE goals in the space below:

Submitted by : _____ Title: _____

 Signature

- M/WBE Form #4 -

New York State Department of Health
M/WBE STAFFING PLAN

Check applicable categories: Project Staff Consultants
 Subcontractors

Contractor Name _____

Address _____

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Administrators							
Managers/Supervisors							
Professionals							
Technicians							
Clerical							
Craft/Maintenance							
Operatives							
Laborers							
Public Assistance Recipients							
TOTAL							

(Name and Title)

(Signature)

Date

MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

M/WBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor) _____ agree to adopt the following policies with respect to the project being developed or services rendered at _____

M/WBE

This organization will and will cause its contractors and subcontractors to take good

faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

opportunities without discrimination, and shall make and document its conscientious and

active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Name & Title

Signature & Date

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment

- M/WBE Form #6 -

New York State Department of Health
WORKFORCE EMPLOYMENT UTILIZATION REPORT

Check applicable categories: Project Staff Consultants
 Subcontractors

Contractor Name _____ Contract # _____

Staff Used on Contract for the quarter ___ / ___ / ___ to ___ / ___ / ___

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Administrators							
Managers/Supervisors							
Professionals							
Technicians							
Clerical							
Craft/Maintenance							
Operatives							
Laborers							
Public Assistance Recipients							
TOTAL							

Explain variances from original staffing plan submitted in the space below:

 (Name and Title)

 (Signature)

 Date

Maternal and Infant Health Center of Excellence

Sample Contract

APPENDIX A - Standard Clauses for All New York State Contracts

APPENDIX D - General Specifications

APPENDIX G – Notices

APPENDIX H - Health Insurance Portability and Accountability Act (HIPAA)

APPENDIX M – Participation by Minority Group Members and Women with Respect to State
Contracts: Requirements and Procedures

APPENDIX X – Modification Agreement Form (to accompany modified appendices for changes in
term or consideration on an existing period or for renewal periods)

APPENDIX A

STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS

PLEASE RETAIN THIS DOCUMENT
FOR FUTURE REFERENCE.

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STANDARD CLAUSES FOR NYS CONTRACTS

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licenser, licensee, lessor, lessee or any other party):

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State's previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller's approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor's business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

3. COMPTROLLER'S APPROVAL. In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$85,000 (State Finance Law Section 163.6-a). However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this

contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of

any State approved sums due and owing for work done upon the project.

7. NON-COLLUSIVE BIDDING CERTIFICATION. In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

8. INTERNATIONAL BOYCOTT PROHIBITION. In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

9. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this

contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.

(a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00,

whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment

opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

13. CONFLICTING TERMS. In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

14. GOVERNING LAW. This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. LATE PAYMENT. Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. NO ARBITRATION. Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. SERVICE OF PROCESS. In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS. The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of Section 165 of the State Finance Law, (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES.

In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992. It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
Albany, New York 12245
Telephone: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business Development
633 Third Avenue
New York, NY 10017
212-803-2414
email: mwbecertification@esd.ny.gov
<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

21. RECIPROCITY AND SANCTIONS PROVISIONS.

Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW. If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4-g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded

the contract, the Department of Civil Service and the State Comptroller.

24. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.

To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

26. IRAN DIVESTMENT ACT. By entering into this Agreement, Contractor certifies in accordance with State Finance Law §165-a that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012" ("Prohibited Entities List") posted at:
<http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not

limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

**APPENDIX D
GENERAL SPECIFICATIONS**

- A. By signing the "Bid Form" each bidder attests to its express authority to sign on behalf of this company or other entity and acknowledges and accepts that all specifications, general and specific appendices, including Appendix-A, the Standard Clauses for all New York State contracts, and all schedules and forms contained herein will become part of any contract entered, resulting from the Request for Proposal. Anything which is not expressly set forth in the specifications, appendices and forms and resultant contract, but which is reasonable to be implied, shall be furnished and provided in the same manner as if specifically expressed.
- B. The work shall be commenced and shall be actually undertaken within such time as the Department of Health may direct by notice, whether by mail, e-mail, or other writing, whereupon the undersigned will give continuous attention to the work as directed, to the end and with the intent that the work shall be completed within such reasonable time or times, as the case may be, as the Department may prescribe.
- C. The Department reserves the right to stop the work covered by this proposal and the contract at any time that the Department deems the successful bidder to be unable or incapable of performing the work to the satisfaction of the Department, and in the event of such cessation of work, the Department shall have the right to arrange for the completion of the work in such manner as the Department may deem advisable, and if the cost thereof exceeds the amount of the bid, the successful bidder and its surety shall be liable to the State of New York for any excess cost on account thereof.
- D. Each bidder is under an affirmative duty to be informed by personal examination of the specifications and location of the proposed work and by such other means as it may select, of character, quality, and extent of work to be performed and the conditions under which the contract is to be executed.
- E. The Department of Health will make no allowance or concession to a bidder for any alleged misunderstanding or deception because of quantity, quality, character, location or other conditions.
- F. The bid price is to cover the cost of furnishing all of the said services, materials, equipment, and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.
- G. The successful bidder will be required to complete the entire work or any part thereof as the case may be, to the satisfaction of the Department of Health in strict accordance with the specifications and pursuant to a contract therefore.
- H. CONTRACTOR will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
- I. Non-Collusive Bidding By submission of this proposal, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
- a The prices of this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
 - b Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly to any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition;
 - c No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

NOTE: Chapter 675 of the Laws of New York for 1966 provides that every bid made to the state or any public department, agency or official thereof, where competitive bidding is required by statute, rule or regulation, for work or services performed or to be performed or goods sold or to be sold, shall contain the foregoing statement subscribed by the bidder and affirmed by such bidder as true under penalties of perjury.

A bid shall not be considered for award nor shall any award be made where (a), (b) and (c) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where (a), (b) and (c) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the state, public department or agency to which the bid is made or its designee, determines that such disclosure was not made for the purpose of restricting competition. The fact that a bidder has published price lists, rates, or tariffs covering items being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same price being bid, does not constitute, without more, a disclosure within the meaning of the above quoted certification.

Any bid made to the State or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods, sold or to be sold, where competitive bidding is required by statute, rule or regulation and where such bid contains the certification set forth above shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation.

- J. A bidder may be disqualified from receiving awards if such bidder or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
- K. The Department reserves the right to make awards within ninety (90) days after the date of the bid opening, during which period bids shall not be withdrawn unless the bidder distinctly states in the bid that acceptance thereof must be made within a shorter specified time.
- L. Any contract entered into resultant from this request for proposal will be considered a "Work for Hire Contract." The Department will be the sole owner of all source code and any software which is developed for use in the application software provided to the Department as a part of this contract.
- M. Technology Purchases Notification --The following provisions apply if this Request for Proposal (RFP) seeks proposals for "Technology"
 - 1. For the purposes of this policy, "technology" applies to all services and commodities, voice/data/video and/or any related requirement, major software acquisitions, systems modifications or upgrades, etc., that result in a technical method of achieving a practical purpose or in improvements of productivity. The purchase can be as simple as an order for new or replacement personal computers, or for a consultant to design a new system, or as complex as a major systems improvement or innovation that changes how an agency conducts its business practices.
 - 2. If this RFP results in procurement of software over \$20,000, or of other technology over \$50,000, or where the department determines that the potential exists for coordinating purchases among State agencies and/or the purchase may be of interest to one or more other State agencies, PRIOR TO AWARD SELECTION, this RFP and all responses thereto are subject to review by the New York State Office for Technology.
 - 3. Any contract entered into pursuant to an award of this RFP shall contain a provision which extends the terms and conditions of such contract to any other State agency in New York. Incorporation of this RFP into the resulting contract also incorporates this provision in the contract.
- N. Date/Time Warranty
 - 1. Definitions: For the purposes of this warranty, the following definitions apply:

a. "Product" shall include, without limitation: when solicited from a vendor in a State government entity's contracts, RFPs, IFBs, or mini-bids, any piece or component of equipment, hardware, firmware, middleware, custom or commercial software, or internal components or subroutines therein which perform any date/time data recognition function, calculation, comparing or sequencing. Where services are being furnished, e.g., consulting, systems integration, code or data conversion or data entry, the term "Product" shall include resulting deliverables.

b. "Third Party Product" shall include product manufactured or developed by a corporate entity independent from the vendor and provided by the vendor on a non-exclusive licensing or other distribution Agreement with the third party manufacturer. "Third Party Product" does not include product where vendor is : (a) a corporate subsidiary or affiliate of the third party manufacturer/developer; and/or (b) the exclusive re-seller or distributor of product manufactured or developed by said corporate entity.

2. Date/Time Warranty Statement

CONTRACTOR warrants that Product(s) furnished pursuant to this Contract shall, when used in accordance with the Product documentation, be able to accurately process date/time data (including, but not limited to, calculating, comparing, and sequencing) transitions, including leap year calculations. Where a CONTRACTOR proposes or an acquisition requires that specific Products must perform as a package or system, this warranty shall apply to the Products as a system.

Where CONTRACTOR is providing ongoing services, including but not limited to: i) consulting, integration, code or data conversion, ii) maintenance or support services, iii) data entry or processing, or iv) contract administration services (e.g., billing, invoicing, claim processing), CONTRACTOR warrants that services shall be provided in an accurate and timely manner without interruption, failure or error due to the inaccuracy of CONTRACTOR's business operations in processing date/time data (including, but not limited to, calculating, comparing, and sequencing) various date/time transitions, including leap year calculations. CONTRACTOR shall be responsible for damages resulting from any delays, errors or untimely performance resulting therefrom, including but not limited to the failure or untimely performance of such services.

This Date/Time Warranty shall survive beyond termination or expiration of this contract through: a) ninety (90) days or b) the CONTRACTOR's or Product manufacturer/developer's stated date/time warranty term, whichever is longer. Nothing in this warranty statement shall be construed to limit any rights or remedies otherwise available under this Contract for breach of warranty.

- O. No Subcontracting Subcontracting by the CONTRACTOR shall not be permitted except by prior written approval of the Department of Health. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of this AGREEMENT, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the AGREEMENT between the STATE and the CONTRACTOR.
- P. Superintendence by Contractor The CONTRACTOR shall have a representative to provide supervision of the work which CONTRACTOR employees are performing to ensure complete and satisfactory performance with the terms of the Contract. This representative shall also be authorized to receive and put into effect promptly all orders, directions and instructions from the Department of Health. A confirmation in writing of such orders or directions will be given by the Department when so requested from the CONTRACTOR.
- Q. Sufficiency of Personnel and Equipment If the Department of Health is of the opinion that the services required by the specifications cannot satisfactorily be performed because of insufficiency of personnel, the Department

shall have the authority to require the CONTRACTOR to use such additional personnel, to take such steps necessary to perform the services satisfactorily at no additional cost to the State.

- R. Experience Requirements The CONTRACTOR shall submit evidence to the satisfaction of the Department that it possesses the necessary experience and qualifications to perform the type of services required under this contract and must show that it is currently performing similar services. The CONTRACTOR shall submit at least two references to substantiate these qualifications.
- S. Contract Amendments This agreement may be amended by written agreement signed by the parties and subject to the laws and regulations of the State pertaining to contract amendments. This agreement may not be amended orally.

The CONTRACTOR shall not make any changes in the scope of work as outlined herein at any time without prior authorization in writing from the Department of Health and without prior approval in writing of the amount of compensation for such changes.

T. Provisions Upon Default

1. In the event that the CONTRACTOR, through any cause, fails to perform any of the terms, covenants or promises of this agreement, the Department acting for and on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the CONTRACTOR.
2. If, in the judgment of the Department of Health, the CONTRACTOR acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the CONTRACTOR. In such case the CONTRACTOR shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the CONTRACTOR up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the CONTRACTOR was engaged in at the time of such termination, subject to audit by the State Comptroller.

U. Upon termination of this agreement, the following shall occur:

1. CONTRACTOR shall make available to the State for examination all data, records and reports relating to this Contract; and
2. Except as otherwise provided in the Contract, the liability of the State for payments to the CONTRACTOR and the liability of the CONTRACTOR for services hereunder shall cease.

- V. Conflicts If, in the opinion of the Department of Health, (1) the specifications conflict, or (2) if the specifications are not clear as to (a) the method of performing any part of the work, or as to (b) the types of materials or equipment necessary, or as to (c) the work required to be done in every such situation, the CONTRACTOR shall be deemed to have based his bid upon performing the work and furnishing materials or equipment in the most inexpensive and efficient manner. If such conflicts and/or ambiguities arise, the Department of Health will furnish the CONTRACTOR supplementary information showing the manner in which the work is to be performed and the type or types of material or equipment that shall be used.

W. Contract Insurance Requirements

1. The successful bidder must without expense to the State procure and maintain, until final acceptance by the Department of Health of the work covered by this proposal and the contract, insurance of the kinds and in the amounts hereinafter provided, in insurance companies authorized to do such business in the State of New York covering all operations under this proposal and the contract, whether performed by it or by subcontractors. Before commencing the work, the successful bidder shall furnish

to the Department of Health a certificate or certificates, in a form satisfactory to the Department, showing that it has complied with the requirements of this section, which certificate or certificates shall state that the policies shall not be changed or canceled until thirty days written notice has been given to the Department. The kinds and amounts of required insurance are:

- a. A policy covering the obligations of the successful bidder in accordance with the provisions of Chapter 41, Laws of 1914, as amended, known as the Workers' Compensation Law, and the contract shall be void and of no effect unless the successful bidder procures such policy and maintains it until acceptance of the work (reference Appendix E).
- b. Policies of Bodily Injury Liability and Property Damage Liability Insurance of the types hereinafter specified, each within limits of not less than \$500,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by one person in any one occurrence, and subject to that limit for that person, not less than \$1,000,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by two or more persons in any one occurrence, and not less than \$500,000 for damages arising out of damage to or destruction of property during any single occurrence and not less than \$1,000,000 aggregate for damages arising out of damage to or destruction of property during the policy period.
 - i. CONTRACTOR's Liability Insurance issued to and covering the liability of the successful bidder with respect to all work performed by it under this proposal and the contract.
 - ii. Protective Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.
 - iii. Automobile Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.

- X. Certification Regarding Debarment and Suspension Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1. APPENDIX B TO PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

- a. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
 - b. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
 - c. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
 - d. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered Transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
 - e. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
 - f. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
 - g. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of parties Excluded from Federal Procurement and Non-procurement Programs.
 - h. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
 - i. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
- a. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily exclude from participation in this transaction by any Federal department agency.
 - b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Y. Confidentiality Clauses

1. Any materials, articles, papers, etc., developed by the CONTRACTOR under or in the course of performing this AGREEMENT shall contain the following, or similar acknowledgment: "Funded by the New York State Department of Health". Any such materials must be reviewed and approved by the STATE for conformity with the policies and guidelines for the New York State Department of Health prior to dissemination and/or publication. It is agreed that such review will be conducted in an expeditious manner. Should the review result in any unresolved disagreements regarding content, the CONTRACTOR shall be free to publish in scholarly journals along with a disclaimer that the views within the Article or the policies reflected are not necessarily those of the New York State Department of Health. The Department reserves the right to disallow funding for any educational materials not approved through its review process.
2. Any publishable or otherwise reproducible material developed under or in the course of performing this AGREEMENT, dealing with any aspect of performance under this AGREEMENT, or of the results and accomplishments attained in such performance, shall be the sole and exclusive property of the STATE, and shall not be published or otherwise disseminated by the CONTRACTOR to any other party unless prior written approval is secured from the STATE or under circumstances as indicated in paragraph 1 above. Any and all net proceeds obtained by the CONTRACTOR resulting from any such publication shall belong to and be paid over to the STATE. The STATE shall have a perpetual royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, any such material for governmental purposes.
3. No report, document or other data produced in whole or in part with the funds provided under this AGREEMENT may be copyrighted by the CONTRACTOR or any of its employees, nor shall any notice of copyright be registered by the CONTRACTOR or any of its employees in connection with any report, document or other data developed pursuant to this AGREEMENT.
4. All reports, data sheets, documents, etc. generated under this contract shall be the sole and exclusive property of the Department of Health. Upon completion or termination of this AGREEMENT the CONTRACTOR shall deliver to the Department of Health upon its demand all copies of materials relating to or pertaining to this AGREEMENT. The CONTRACTOR shall have no right to disclose or use any of such material and documentation for any purpose whatsoever, without the prior written approval of the Department of Health or its authorized agents.
5. The CONTRACTOR, its officers, agents and employees and subcontractors shall treat all information, which is obtained by it through its performance under this AGREEMENT, as confidential information to the extent required by the laws and regulations of the United States and laws and regulations of the State of New York.

Z. Provision Related to Consultant Disclosure Legislation

1. If this contract is for the provision of consulting services as defined in Subdivision 17 of Section 8 of the State Finance Law, the CONTRACTOR shall submit a "State Consultant Services Form B, Contractor's Annual Employment Report" no later than May 15th following the end of each state fiscal year included in this contract term. This report must be submitted to:
 - a. The NYS Department of Health, at the following address New York State Department of Health, Bureau of Contracts Room -2756, Corning Tower, Albany, NY 12237 ; and
 - b. The NYS Office of the State Comptroller, Bureau of Contracts, 110 State Street, 11th Floor, Albany NY 12236 ATTN: Consultant Reporting -or via fax at (518) 474-8030 or (518) 473-8808; and
 - c. The NYS Department of Civil Service, Albany NY 12239, ATTN: Consultant Reporting.

AA. Provisions Related to New York State Procurement Lobbying Law The STATE reserves the right to terminate this AGREEMENT in the event it is found that the certification filed by the CONTRACTOR in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such

finding, the STATE may exercise its termination right by providing written notification to the CONTRACTOR in accordance with the written notification terms of this AGREEMENT.

BB. Provisions Related to New York State Information Security Breach and Notification Act CONTRACTOR shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). CONTRACTOR shall be liable for the costs associated with such breach if caused by CONTRACTOR'S negligent or willful acts or omissions, or the negligent or willful acts or omissions of CONTRACTOR'S agents, officers, employees or subcontractors.

CC. Lead Guidelines All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.

DD. On-Going Responsibility

1. General Responsibility Language: The CONTRACTOR shall at all times during the Contract term remain responsible. The CONTRACTOR agrees, if requested by the Commissioner of Health or his or her designee, to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.
2. Suspension of Work (for Non-Responsibility) :The Commissioner of Health or his or her designee, in his or her sole discretion, reserves the right to suspend any or all activities under this Contract, at any time, when he or she discovers information that calls into question the responsibility of the CONTRACTOR. In the event of such suspension, the CONTRACTOR will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the CONTRACTOR must comply with the terms of the suspension order. Contract activity may resume at such time as the Commissioner of Health or his or her designee issues a written notice authorizing a resumption of performance under the Contract.
3. Termination (for Non-Responsibility) : Upon written notice to the CONTRACTOR, and a reasonable opportunity to be heard with appropriate Department of Health officials or staff, the Contract may be terminated by Commissioner of Health or his or her designee at the CONTRACTOR's expense where the CONTRACTOR is determined by the Commissioner of Health or his or her designee to be non-responsible. In such event, the Commissioner of Health or his or her designee may complete the contractual requirements in any manner he or she may deem advisable and pursue available legal or equitable remedies for breach.

EE. Provisions Related to Iran Divestment Act As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a provision has been added to the State Finance Law (SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law). Pursuant to SFL § 165-a(3)(b), the initial list has been posted on the OGS website at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>.

By entering into this Contract, CONTRACTOR (or any assignee) certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list. Additionally, CONTRACTOR agrees that should it seek to renew or extend the Contract, it will be required to certify at the time the Contract is renewed or extended that it is not included on the prohibited entities list. CONTRACTOR also agrees that any proposed Assignee of the Contract will be required to certify that it is not on the prohibited entities list before the New York State Department of Health may approve a request for Assignment of Contract. During the term of the Contract, should New York State Department of Health receive information that a person is in violation of the above referenced certification, New York State Department of Health will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then New

York State Department of Health shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the CONTRACTOR in default.

New York State Department of Health reserves the right to reject any request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

Appendix G

Notices

All notices permitted or required hereunder shall be in writing and shall be transmitted either:

- (a) via certified or registered United States mail, return receipt requested;
- (b) by facsimile transmission;
- (c) by personal delivery;
- (d) by expedited delivery service; or
- (e) by e-mail.

Such notices shall be addressed as follows or to such different addresses as the parties may from time to time designate:

State of New York Department of Health

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

[Insert Contractor Name]

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

Any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or email, upon receipt.

The parties may, from time to time, specify any new or different address in the United States as their address for purpose of receiving notice under this AGREEMENT by giving fifteen (15) days written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representative for the purposes of receiving notices under this AGREEMENT. Additional individuals may be designated in writing by the parties for purposes of implementation and administration/billing, resolving issues and problems, and/or for dispute resolution.

Appendix H

for CONTRACTOR that creates, receives, maintains or transmits individually identifiable health information on behalf of a New York State Department of Health HIPAA-Covered Program

- I. Definitions. For purposes of this Appendix H of this AGREEMENT:
 - A. “Business Associate” shall mean CONTRACTOR.
 - B. “Covered Program” shall mean the STATE.
 - C. Other terms used, but not otherwise defined, in this AGREEMENT shall have the same meaning as those terms in the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and implementing regulations, including those at 45 CFR Parts 160 and 164.
- II. Obligations and Activities of Business Associate:
 - A. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this AGREEMENT or as Required By Law.
 - B. Business Associate agrees to use the appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this AGREEMENT and to comply with the security standards for the protection of electronic protected health information in 45 CFR Part 164, Subpart C. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this AGREEMENT.
 - C. Business Associate agrees to report to Covered Program as soon as reasonably practicable any use or disclosure of the Protected Health Information not provided for by this AGREEMENT of which it becomes aware. Business Associate also agrees to report to Covered Program any Breach of Unsecured Protected Health Information of which it becomes aware. Such report shall include, to the extent possible:
 1. A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
 2. A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
 3. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
 4. A description of what Business Associate is doing to investigate the Breach, to mitigate harm to individuals, and to protect against any further Breaches; and
 5. Contact procedures for Covered Program to ask questions or learn additional information.
 - D. Business Associate agrees, in accordance with 45 CFR § 164.502(e)(1)(ii), to ensure that any Subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the Business Associate agree to the same

restrictions and conditions that apply to Business Associate with respect to such information.

- E. Business Associate agrees to provide access, at the request of Covered Program, and in the time and manner designated by Covered Program, to Protected Health Information in a Designated Record Set, to Covered Program in order for Covered Program to comply with 45 CFR § 164.524.
 - F. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Covered Program directs in order for Covered Program to comply with 45 CFR § 164.526.
 - G. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528; and Business Associate agrees to provide to Covered Program, in time and manner designated by Covered Program, information collected in accordance with this AGREEMENT, to permit Covered Program to comply with 45 CFR § 164.528.
 - H. Business Associate agrees, to the extent the Business Associate is to carry out Covered Program's obligation under 45 CFR Part 164, Subpart E, to comply with the requirements of 45 CFR Part 164, Subpart E that apply to Covered Program in the performance of such obligation.
 - I. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Program available to Covered Program, or to the Secretary of the federal Department of Health and Human Services, in a time and manner designated by Covered Program or the Secretary, for purposes of the Secretary determining Covered Program's compliance with HIPAA, HITECH and 45 CFR Parts 160 and 164.
- III. Permitted Uses and Disclosures by Business Associate
- A. Except as otherwise limited in this AGREEMENT, Business Associate may only use or disclose Protected Health Information as necessary to perform functions, activities, or services for, or on behalf of, Covered Program as specified in this AGREEMENT.
 - B. Business Associate may use Protected Health Information for the proper management and administration of Business Associate.
 - C. Business Associate may disclose Protected Health Information as Required By Law.
- IV. Term and Termination
- A. This AGREEMENT shall be effective for the term as specified on the cover page of this AGREEMENT, after which time all of the Protected Health Information provided by Covered Program to Business Associate, or created or received by Business Associate on behalf of Covered Program, shall be destroyed or returned to Covered Program; provided that, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Appendix H of this AGREEMENT.

- B. Termination for Cause. Upon Covered Program's knowledge of a material breach by Business Associate, Covered Program may provide an opportunity for Business Associate to cure the breach and end the violation or may terminate this AGREEMENT if Business Associate does not cure the breach and end the violation within the time specified by Covered Program, or Covered Program may immediately terminate this AGREEMENT if Business Associate has breached a material term of this AGREEMENT and cure is not possible.
- C. Effect of Termination.
 - 1. Except as provided in paragraph (c)(2) below, upon termination of this AGREEMENT, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Program, or created or received by Business Associate on behalf of Covered Program. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
 - 2. In the event that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Program notification of the conditions that make return or destruction infeasible. Upon mutual agreement of Business Associate and Covered Program that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this AGREEMENT to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.
- V. Violations
 - A. Any violation of this AGREEMENT may cause irreparable harm to the STATE. Therefore, the STATE may seek any legal remedy, including an injunction or specific performance for such harm, without bond, security or necessity of demonstrating actual damages.
 - B. Business Associate shall indemnify and hold the STATE harmless against all claims and costs resulting from acts/omissions of Business Associate in connection with Business Associate's obligations under this AGREEMENT. Business Associate shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and save harmless the STATE from suits, actions, damages and costs, of every name and description relating to breach notification required by 45 CFR Part 164 Subpart D, or State Technology Law § 208, caused by any intentional act or negligence of Business Associate, its agents, employees, partners or subcontractors, without limitation; provided, however, that Business Associate shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the STATE.
- VI. Miscellaneous
 - A. Regulatory References. A reference in this AGREEMENT to a section in the Code of Federal Regulations means the section as in effect or as amended, and for which compliance is required.

- B. Amendment. Business Associate and Covered Program agree to take such action as is necessary to amend this AGREEMENT from time to time as is necessary for Covered Program to comply with the requirements of HIPAA, HITECH and 45 CFR Parts 160 and 164.
- C. Survival. The respective rights and obligations of Business Associate under (IV)(C) of this Appendix H of this AGREEMENT shall survive the termination of this AGREEMENT.
- D. Interpretation. Any ambiguity in this AGREEMENT shall be resolved in favor of a meaning that permits Covered Program to comply with HIPAA, HITECH and 45 CFR Parts 160 and 164.
- E. HIV/AIDS. If HIV/AIDS information is to be disclosed under this AGREEMENT, Business Associate acknowledges that it has been informed of the confidentiality requirements of Public Health Law Article 27-F.

Appendix M**PARTICIPATION BY MINORITY GROUP MEMBERS AND WOMEN WITH RESPECT TO STATE CONTRACTS: REQUIREMENTS AND PROCEDURES****I. General Provisions**

- A. The New York State Department of Health is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 (“MWBE Regulations”) for all State contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.
- B. The Contractor to the subject contract (the “Contractor” and the “Contract,” respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to the New York State New York State Department of Health (the “New York State Department of Health”), to fully comply and cooperate with the New York State Department of Health in the implementation of New York State Executive Law Article 15-A. These requirements include equal employment opportunities for minority group members and women (“EEO”) and contracting opportunities for certified minority and women-owned business enterprises (“MWBEs”). Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR §142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) or other applicable federal, state or local laws.
- C. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings as allowed by the Contract.

II. Contract Goals

- A. For purposes of this procurement, the New York State Department of Health hereby establishes an overall goal of 20% for Minority and Women-Owned Business Enterprises (“MWBE”) participation, 10% for Minority-Owned Business Enterprises (“MBE”) participation and 10% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs).
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof, Contractor should reference the directory of New York State Certified MBWEs found at the following internet address:
<http://www.esd.ny.gov/mwbe.html>

Additionally, Contractor is encouraged to contact the Division of Minority and Woman Business Development ((518) 292-5250; (212) 803-2414; or (716) 846-8200) to discuss additional methods of maximizing participation by MWBEs on the Contract.

- C. Where MWBE goals have been established herein, pursuant to 5 NYCRR §142.8, Contractor must document “good faith efforts” to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR §142.13, the Contractor acknowledges that if Contractor is found to have willfully and

intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the New York State Department of Health for liquidated or other appropriate damages, as set forth herein.

III. Equal Employment Opportunity (EEO)

- A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the Division of Minority and Women's Business Development of the Department of Economic Development (the "Division"). If any of these terms or provisions conflict with applicable law or regulations, such laws and regulations shall supersede these requirements.
- B. Contractor shall comply with the following provisions of Article 15-A:
 1. Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
 2. The Contractor shall submit an EEO policy statement to the New York State Department of Health within seventy two (72) hours after the date of the notice by New York State Department of Health to award the Contract to the Contractor.
 3. If Contractor or Subcontractor does not have an existing EEO policy statement, the New York State Department of Health may provide the Contractor or Subcontractor a model statement (see Form #5 - Minority and Women-Owned Business Enterprises Equal Employment Opportunity Policy Statement).
 4. The Contractor's EEO policy statement shall include the following language:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.
 - b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
 - c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
 - d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph "E" of this Section III, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.
- C. Form #4 - Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors shall complete the Staffing plan form and submit it as part of their bid or proposal or within a reasonable time, but no later than the time of award of the contract.

- D. Form #6 - Workforce Employment Utilization Report (“Workforce Report”)
 - 1. Once a contract has been awarded and during the term of Contract, Contractor is responsible for updating and providing notice to the New York State Department of Health of any changes to the previously submitted Staffing Plan. This information is to be submitted on a quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender, and Federal occupational categories. The Workforce Report must be submitted to report this information.
 - 2. Separate forms shall be completed by Contractor and any subcontractor performing work on the Contract.
 - 3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from Contractor's and/or subcontractor's total workforce, Contractor shall submit the Workforce Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the contract.
- E. Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

IV. MWBE Utilization Plan

- A. The Contractor represents and warrants that Contractor has submitted an MWBE Utilization Plan (Form #1) either prior to, or at the time of, the execution of the contract.
- B. Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section III-A of this Appendix.
- C. Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, New York State Department of Health shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.

V. Waivers

- A. For Waiver Requests Contractor should use Form #2 – Waiver Request.

- B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a Request for Waiver form documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the New York State Department of Health shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.
- C. If the New York State Department of Health, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports determines that Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the New York State Department of Health may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Report

Contractor is required to submit a Quarterly MWBE Contractor Compliance Report (Form #3) to the New York State Department of Health by the 10th day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract.

VII. Liquidated Damages - MWBE Participation

- A. Where New York State Department of Health determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, Contractor shall be obligated to pay to the New York State Department of Health liquidated damages.
- B. Such liquidated damages shall be calculated as an amount equaling the difference between:
 - 1. All sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and
 - 2. All sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- C. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the New York State Department of Health, Contractor shall pay such liquidated damages to the New York State Department of Health within sixty (60) days after they are assessed by the New York State Department of Health unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the New York State Department of Health.

**GLBU: DOH01
APPENDIX X**

Contract Number: _____ Contractor: _____

Amendment Number X-_____ BSC Unit ID: 345<XXXX>_____

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- _____ Modifies the contract period at no additional cost
- _____ Modifies the contract period at additional cost
- _____ Modifies the budget or payment terms
- _____ Modifies the work plan or deliverables
- _____ Replaces appendix(es) _____ with the attached appendix(es) _____
- _____ Adds the attached appendix(es) _____
- _____ Other: (describe) _____

This amendment *is* ___ *is not* ___ a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Additionally, Contractor certifies that it is not included on the prohibited entities list published at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> as a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law). Contractor (or any assignee) also certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list.

Prior to this amendment, the contract value and period were:

\$ _____ From ____/____/____ to ____/____/____.
(Value before amendment) (Initial start date)

This amendment provides the following modification (complete only items being modified):

\$ _____ From ____/____/____ to ____/____/____.

This will result in new contract terms of:

\$ _____ From ____/____/____ to ____/____/____.
(All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number: _____

Contractor: _____

Amendment Number: X-_____

BSC Unit ID: 345<XXXX>_____

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE:

By: _____ Date: _____

(signature)

Printed Name: _____

Title: _____

STATE OF NEW YORK)

) SS:

County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

STATE AGENCY SIGNATURE

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: _____ Date: _____

(signature)

Printed Name: _____

Title: _____

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____