



Department of Health

Request for Proposals

RFP# 20337

**Surveillance and Investigation Activities For:
Adult Care Facilities, Licensed Home Care Services Agencies, Nursing Homes, and
Intermediate Care Facilities for Individuals with Intellectual Disabilities**

Issued: January 18, 2024

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contact to whom all communications attempting to influence the Department of Health's conduct or decision regarding this procurement must be made.

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1.0 CALENDAR OF EVENTS

RFP (20337) Surveillance and Investigation Activities For: Adult Care Facilities, Hospice and Home Care Services Agencies, Nursing Homes and Intermediate Care Facilities	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	1/18/2024
Deadline for Submission of Written Questions	2/01/2024 4:00 p.m. ET
Responses to Written Questions Posted by the Department	On or About 2/14/2024
Deadline for Submission of Proposals	3/13/2024 4:00 p.m. ET
<u>Anticipated</u> Contract Start Date	10/01/2024

2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State (“State”) Department of Health (“Department”) is seeking competitive proposals from qualified bidders to assist the Department with surveillance and investigation activities related to Adult Care Facilities, Licensed Home Care Services Agencies, Nursing Homes, and Intermediate Care Facilities for Individuals with Intellectual Disabilities. It is the Department’s intent to award three (3) contracts from this procurement, one each for Components A and B, and one for Components C and D.

The facility/provider types included in this RFP for which contractors will be responsible for surveillance and monitoring activities are divided into four (4) components as follows:

- Component A: Adult Care Facilities (“ACFs”), including:
 - Adult Homes, Enriched Housing Programs, and Residences for Adults;
 - Assisted Living Programs; and
 - Assisted Living Residences;
- Component B: Licensed Home Care Services Agencies (“LHCSAs”);
- Component C: Nursing Homes (“NHs”);
- Component D: Intermediate Care Facilities for Individuals with Intellectual Disabilities (“ICF/IIDs”).

2.1 Introductory Background

The Department, under contract with the Centers for Medicare and Medicaid Services (“CMS”), is responsible for the oversight of compliance with State and Federal Medicare and Medicaid health and safety standards for long-term care providers. State and Federal law and State regulations impose a variety of standards on how, and the frequency in which, the State assures quality care and outcomes for long-term care residents and patients.

Each survey, mandated by the federal Centers for Medicare and Medicaid Services (“CMS”) or by State statute and/or regulation, involves one (1) or more of the following duties:

- **Identifying Potential Surveys:** Identifying those facilities that require a Federal or State survey and the required schedule for each.
- **Certification/Recertification and Licensure/Re-licensure:** Determining if entities, new or continuing, meet Federal and/or State standards for participation in the program and certifying and recertifying such programs to the appropriate Federal or State agencies.
- **Conducting Onsite and/or Desk Investigations, Focused Surveys, Fact-Finding Surveys:** Verifying to what degree the health care entities and residential facilities comply with the Federal and/or State requirements. Associated tasks include onsite and off-site surveys/investigations, generation of Statements of Deficiencies (“SOD”), assistance with review and approval of Plans of Corrections (“POC”), and completion of post survey reviews. This function includes report writing and data entry of survey and investigative information into federal and/or Department data systems.
- **Explaining Requirements:** Advising existing and potential providers and suppliers about applicable Federal and State requirements to enable them to qualify for participation in the programs and to maintain standards of health care and residential services consistent with State and Federal regulations and other requirements.

Provider Type Descriptions:

Component A: Adult Care Facilities

Adult Care Facilities (“ACFs”) provide long-term residential care and services to adults who are unable to live independently. Three (3) types of ACFs, operated for the purpose of providing long-term residential care to five (5) or more adults including room, board, housekeeping and personal care, are regulated by the Department:

- Adult Homes (“AH”): Provide three (3) congregate meals per day, case management, and supervision.
- Enriched Housing Programs (“EHP”): Resemble independent housing units.
- Residences for Adults (“RA”): Generally, facilities serving a population of primarily younger adults in need of an array of services including mental health services.

The following additional programs may operate in adult homes or enriched housing programs:

- Assisted Living Program

The Assisted Living Program (“ALPs”) was established to serve Medicaid-eligible individuals who are medically eligible for nursing home placement but not in need of the highly structured medical environment of a nursing facility, and whose needs can be met in a less restrictive and lower cost residential setting. ALPs are responsible for providing residents with long-term residential care, room, board, housekeeping, personal care, supervision, and providing/arranging for home health services. ALPs are required to hold dual licenses/certification as: 1) an Adult Home or Enriched Housing Program, and 2) as a Licensed Home Care Services Agency (“LHCSA”), Long Term Home Health Care Program (“LTHHCP”), or Certified Home Health Care Agency (“CHHA”). If the

ALP is licensed as a LHCSA, it must contract with a CHHA for the provision of skilled services (nursing, therapies) to ALP residents.

- Assisted Living Residences

Assisted Living Residences (“ALRs”) provide or arrange for housing, twenty-four hour on-site monitoring and personal care services, and/or home care services (either directly or indirectly) in a home-like setting to five (5) or more adult residents. ALRs must also provide daily food service, case management services, and an individualized service plan. To operate as an ALR, an operator must also be licensed as an Adult Home or Enriched Housing Program. Additional certifications are available to ALRs:

- Enhanced Assisted Living Residence (“EALR”): Authorized to provide for “aging in place”; and
- Special Needs Assisted Living Residence (“SNALR”): Allows an operator to advertise/market as serving individuals with special needs (e.g., dementia, cognitive impairments).
- Respite: Respite is the provision of temporary residential care for adults in an adult care facility on behalf of or in the absence of the caregiver for up to 120 days in any 12-month period.

Component B: Licensed Home Care Services Agencies

A Licensed Home Care Services Agency (“LHCSA”) provides home care services, including nursing, home health aide and/or personal care services, and may provide other home care services such as physical therapy, occupational therapy, speech/language pathology, nutrition, social work, respiratory therapy, medical supplies, equipment, and appliances. LHCSAs offer home care services to clients who pay privately or have private insurance coverage. These agencies may also contract to provide services to Medicare/Medicaid beneficiaries whose cases are managed by another provider or entity, including managed care plans, managed long-term care plans, hospices, and certified home health agencies. LHCSAs may also be approved to operate Home Health Aide or Personal Care Aide Training Programs, providing instruction to and certification of these titles.

Component C: Nursing Homes

Nursing homes provide twenty-four-hour nursing care and supervision outside of an inpatient hospital setting. All nursing homes must provide certain basic services, and some nursing homes provide special care for certain types of patients.

Although most nursing home residents are age 65 and over, these facilities are increasingly being used to care for younger individuals who require a nursing home level of care that may not be available elsewhere. Nursing homes now care for individuals with aggressive or threatening behaviors, HIV/AIDS, substance abuse problems, conditions that require the use of a ventilator, traumatic brain injuries (“TBI”), neuro degenerative disorders and other conditions.

In addition, most nursing homes provide some level of short-term rehabilitation services for individuals who have recently had surgery in a hospital or have experienced a health episode that requires rehabilitation within a 21-day timeframe. Some facilities have implemented specialized programs and units to address specific populations; and currently seven (7) facilities in New York State provide services to pediatric individuals aged 21 and under.

Component D: Intermediate Care Facilities for Individuals with Intellectual Disabilities

An Intermediate Care Facility for Individuals with Intellectual Disabilities (“ICF/IID”) is a facility (or distinct part thereof) serving a minimum of four (4) persons diagnosed with Intellectual Disabilities. The primary function of an ICF/IID is to provide health, habilitative, and rehabilitative services to the residents. These services are provided using a developmental model of service provisions. An ICF/IID provides a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health habilitative, and rehabilitative services to help each individual function at their greatest ability.

2.2 Important Information

The Bidder is required to review, and is requested to have legal counsel review, [Attachment 8](#), the Department Agreement as the Bidder must be willing to enter into an Agreement substantially in accordance with the terms of [Attachment 8](#) should the bidder be selected for contract award. Please note that this RFP and the awarded bidder’s proposal will become part of the contract as Appendix B and C, respectively.

It should be noted that Appendix A of [Attachment 8](#), “Standard Clauses for New York State Contracts”, contains important information related to the contract to be entered into as a result of this RFP and will be incorporated, without change or amendment, into the contract entered into between Department and the successful Bidder. By submitting a response to the RFP, the Bidder agrees to comply with all the provisions of Appendix A.

Note, [Attachment 7](#), the Bidder’s Certifications/Acknowledgements, must be submitted and includes a statement that the bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments. It also includes a statement that the bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the Department.

Any qualifications or exceptions proposed by a bidder to this RFP should be submitted in writing using the process set forth in [Section 5.2](#) (Questions) prior to the deadline for submission of written questions indicated in [Section 1.0](#) (Calendar of Events). Any amendments the Department makes to the RFP as a result of questions and answers will be publicized on the Department website.

2.3 Term of the Agreement

This contract term is expected to be for a period of five (5) years commencing on the date shown on the Calendar of Events in [Section 1.0](#), subject to the availability of sufficient funding, successful contractor performance, and approvals from the New York State Attorney General (“AG”) and the Office of the State Comptroller (“OSC”).

3.0 BIDDERS QUALIFICATIONS TO PROPOSE

3.1 Minimum Qualifications

A bidder may not be a health care facility provider or entity, an association of health care or otherwise Department-licensed facilities, or a health care facility affiliate in New York State. The

bidder must provide assurance that it has no conflict of interest with respect to conducting the duties and responsibilities of the Component(s) included in the proposal.

A bidder may not be an organization whose previous New York State contracting experience has been subject to corrective action plans.

The Department will accept proposals from organizations with the following types and levels of experience as a prime contractor.

- The bidder must have a minimum of two (2) years' experience providing professional level staffing for contractual engagements that are nine (9) months or more in duration.

For the purposes of this RFP, a prime contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime contractor undertakes to perform a complete contract and may employ (and manage) one or more subcontractors to carry out specific parts of the contract.

Failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and eliminated from consideration.

4.0 SCOPE OF WORK

This Section describes the surveillance and investigation activities that are required to be provided by the selected Bidder. The selected Bidder must be able to provide all these services throughout the contract term.

PLEASE NOTE: Bidders will be requested to provide responses that address all of the requirements of this RFP as part of its Technical Proposal.

The terms "bidders", "vendors" and "proposers" are also used interchangeably. For purposes of this RFP, the use of the terms "shall", "must" and "will" are used interchangeably when describing the Contractor's/Bidder's duties.

Program Specifications/Deliverables

Contractors will be responsible for surveillance and monitoring activities for the following Facility/provider types:

- Component A: Adult Care Facilities ("ACFs"), including:
 - Adult Homes, Enriched Housing Programs, and Residences for Adults;
 - Assisted Living Programs; and
 - Assisted Living Residences;
- Component B: Licensed Home Care Services Agencies ("LHCSAs");
- Component C: Nursing Homes ("NHs"); and
- Component D: Intermediate Care Facilities for Individuals with Intellectual Disabilities ("ICF/IIDs").

Eligible bidders may bid on one (1) or more Components included in the RFP and their bid MUST reflect all of the units and services described within each Component. Proposals that do not include a narrative and bid prices for all units within a Component may be deemed non-responsive for that Component. More than one (1) contract may be awarded as a result of this RFP, but only one (1) each for Components A and B, and one for Components C and D.

- Components C and D are inextricably linked. Accordingly, if a bid is submitted for Component C the bidder must bid on Component D; and if a bid is submitted for Component D, then the bidder must bid on Component C.

Contracts awarded under this RFP will be for a five-year term, with an anticipated start date of October 1, 2024. The majority of work will be performed in the field or remotely when programmatically approved, with a base office in the Department's Central Office and/or in one or more of the following New York State Department of Health Regional Offices:

- Central Office in Albany;
- Capital District Regional Office in Albany;
- Central New York Regional Office in Syracuse;
- Metropolitan Area Regional Offices in:
 - New Rochelle;
 - New York City; and/or
 - Long Island; and
- Western New York Regional Office in:
 - Buffalo; and/or
 - Rochester.

Contractors awarded under this RFP will be responsible to provide at least the minimum number of staff with expertise to fulfill the duties for surveillance and quality assurance as outlined in the Components and Units included in this Section.

In addition to the responsibilities defined below, the contractor will be responsible for ensuring all contractor staff performing surveillance activities undergo all training as outlined in Section 4.0 required by the Department and/or the Centers for Medicare and Medicaid Services.

Each unit description provides an estimate of the number of surveys and/or complaint investigations that the Department is seeking contractor assistance in conducting annually, and the estimated number of hours to complete a survey/investigation. These workload projections are based upon information available at the time of the RFP issuance and are in no way a guarantee of work to be performed under the contract. Annually, approximately 45 days in advance, the Department will determine, based on the availability of funding and state staff, the deliverables to be completed by the contractor.

4.1 Administrative Specifications

In addition to providing the specific staff resources to conduct surveys and investigations in the components/units as outlined below, contractors will be required, for each component, to perform overall administrative functions for the contract. NOTE: All administrative activities listed below, including all travel arrangements and reimbursement for surveillance activities, are to be included in the per-unit pricing. ONLY travel related to required off-site training will be reimbursed directly to the contractor for actual expenses and cannot exceed the amount allowed for New York State employee travel as outlined by the New York State Office for the State Comptroller. Additional information is available at: <http://www.osc.state.ny.us/agencies/travel/travel.htm>. Failure to adequately perform these functions (listed below) may result in liquidated damages as outlined in [Section 4.1.2](#) (Liquidated Damages) of this RFP.

Contractor staff will be centrally located in the Department's Metropolitan Area Regional Office ("MARO"), which contains field offices in New York County, Suffolk County, and Westchester County; Central and/or Capital District Regional Office in Albany; Central New York Regional Office in Syracuse; or the Western Regional Office's Buffalo and/or Rochester field offices. Contractor staff may be assigned to any of these offices. At the discretion of the applicable program leadership and with the agreement of the contractor and appropriate supervisory staff, contractor staff may work remotely at a frequency determined reasonable (e.g., 50% of the time) and programmatically feasible, and, accordingly, such contracted staff must have access to secure and reliable internet services that meet the speed required to perform all work duties and a work space that affords privacy and the ability to preserve confidentiality of all work equipment and products at all times.

The Department will provide, at no cost to the contractor and as needed to facilitate compliance with the contractual obligations and when specific work duties require, with at least thirty (30) days' notice, office space, furniture, and supplies; communications equipment including desk telephones and iPhones, laptops, and desktop scanners as needed to support fieldwork associated with contractual obligations; and computer technical support. Surveys conducted under this contract may occur anywhere throughout New York State unless otherwise specified within the unit overview. Travel includes areas underserved by public transit, as such active possession by survey staff of a valid Driver's License and a viable means of transportation are expected.

Contractor staff who are or were previously, or whose family member/s is/are actively or were previously employed by a licensed entity covered by this contract must recuse themselves from surveillance of the entity for a minimum period of three (3) years and will be required to submit such recusal in writing to the Department at the time of hire and as needed during the duration of employment.

Staff oversight: Although contractor staff will be located in the Department's Central and/or Regional Offices, contractors are responsible for the oversight of staff including payment of salary and fringe benefits (if applicable), coordination of time off, disciplinary action, performance monitoring, and other overhead functions at no cost to the Department. The contractor's project manager will coordinate with Department staff on all staffing logistical issues (e.g., time off, disciplinary issues and training travel). Specific work assignments will be assigned by Department staff. The contractor will provide supervisory staff who will be responsible for quantity and quality of contractor staff work output, with acceptable outcomes coordinated and determined by Department unit management staff.

Staff replacement: If the contractor is required to replace staff due to attrition or dismissal, the contractor will be required to advertise job openings, conduct interviews, and submit selected candidates to the Department not less than 30 days from current staff person leaving the position. Extenuating circumstances, such as the sudden death of a current staff person, several current staff members leaving at the same time, or selected candidates' declination of the job offer, may be considered by the Department for an ad hoc extension of the timeframe, which must be requested and issued in writing by the applicable unit manager. Failure to adhere to the timeframe to replace staff may result in liquidated damages as outlined in [Section 4.1.2](#) (Liquidated Damages) of this RFP.

Training: The contractor will be required to ensure that all staff hired for the contract are trained and/or receive the required training specific to the awarded component(s). Required training (listed in each Component), which will be provided by the Department, is either web-based, self-

paced training that individuals complete on their own time at their workstation and available upon contract start, or on-the-job training by Department staff. However, additional training, which may require travel, may be required. Training requirements are detailed within each component.

Staff may have completed required training, or the equivalent, prior to the commencement of the contract between the contractor and staff member. It is the contractor's responsibility to ensure this information is presented to the Department prior to the start of work.

Travel: The contractor is required to coordinate and pay for all contractor staff travel arrangements, including transportation, hotels, and meals. This pertains to day-to-day survey functions as well as any required training. The contractor must have staff available to coordinate travel arrangements in the event of emergency or urgent situations as they arise. Failure to coordinate appropriate travel accommodations for contractor staff, resulting in unmet assignments, will be met with liquidated damages as outlined in [Section 4.1.2](#) (Liquidated Damages) of this RFP.

The Department will reimburse only travel required for off-site training and cannot exceed the amount allowed for state employee travel as outlined by the New York State Office for the State Comptroller. Additional information is available at: <http://www.osc.state.ny.us/agencies/travel/travel.htm>.

Monitoring and Reporting: At day thirty (30) following contract execution and every 30 days thereafter, the contractor is required to prepare and submit monthly reports on contract deliverables, in a format to be determined by the program executive team, and to be made available to the contractor(s) during contract development. The reports will outline any units started, in progress, and/or completed during the prior 30-day period. For any completed units within the component(s), a standard voucher will be submitted for payment of the units. The contractor may be required to collect and conduct an analysis of data related to the component deliverables and reporting. The contractor is responsible to monitor staff performance based on timeline for units started through completion, as well as quality of work.

The contractor is required to develop and maintain linkage and communication with the Department including a method (e.g., email) for transmitting ongoing review activity and required periodic reports, feedback to changes in policy and procedures, and the ability of key management staff to attend required meetings at Department offices and be available for conference calls.

The contractor is required to maintain data confidentiality plans and procedures as well as a plan for meeting HIPAA requirements as they relate to the units within each component, including all plans as they relate to subcontractor work where applicable.

The contractor is required to have and implement an internal control process for oversight and monitoring of subcontractors if applicable.

4.1.1 Unit Descriptions/Specifications

COMPONENT A: ADULT CARE FACILITIES

The Office of Aging and Long-Term Care, Division of Adult Care Facility and Assisted Living Surveillance is responsible for regulatory oversight of adult care facilities in New York State through onsite surveys and complaint investigations. The numbers of facilities are as follows:

Type	Number Operating	Applicable Regulation	Applicable Statute
Adult Homes Enriched Housing Programs Residences for Adults	553	18 NYCRR Parts 485-490	Social Services Law (“SSL”) Article 7, Section 2
Assisted Living Programs (“ALP”)	164	18 NYCRR Part 494	SSL Section 461-l Public Health Law (“PHL”) Article 36
Assisted Living Residences	240	10 NYCRR Part 1001	Article 46-B of the PHL

Component A consists of four (4) units in which the contractor will be responsible for providing staffing assistance and administration. The survey responsibilities for all units are governed by the following statutes and/or regulations:

- [Social Services Law](#) Article 7 at Title 2;
- [Title 18 of New York Codes, Rules and Regulations](#), Parts 485-494;
- Article 46-B of [Public Health Law](#); and
- [Title 10 of New York Codes, Rules and Regulations](#), Part 1001.

For each unit in Component A, the contractor will be required to provide the following type(s) and number of staff with the minimum qualifications listed as listed below:

- Registered Professional Nurse (“RN”) currently licensed and registered in New York State with one (1) year survey or investigation experience; and/or
- Registered Professional Nurse (“RN”) currently licensed and registered in New York State with (3) years of professional nursing experience in a post-licensure professional nursing experience, at least two (2) of which must have been professional clinical nursing experience in a licensed health care facility. A bachelor’s or master’s degree in nursing can be substituted for one year of the required general nursing experience; and/or
- Licensed Practicing Nurse (“LPN”), currently licensed and registered in New York State with two (2) year’s survey or investigation experience; and/or
- Pharmacist, currently licensed and registered in New York State to practice pharmacy, with one year (1) survey or investigation experience; and/or
- Dietitian-Nutritionist currently registered in New York State with one (1) year survey or investigation experience; and/or
- An individual with a bachelor’s degree in dietetics with satisfactory completion of the requisite dietetic internship having taken place in a healthcare facility; and/or
- New York State licensed private investigator, currently licensed and registered; and/or
- New York State police officer with two (2) years’ investigation experience; and/or

- Social Worker with a master’s degree in social work or master’s degree in a related field with one (1) year social work experience or a Bachelor’s Degree in social work plus thirty (30) graduate credits; or a Bachelor’s degree in a field related to social work with two (2) years’ survey or investigation experience.

In addition, the contractor will provide one (1) administrative supervisor responsible for day-to-day oversight of all contractor activities pursuant to this Component, participate in survey scheduling and quality assurance activities, communicate with field survey staff, and monitor personnel transitions to ensure full staffing to ensure deliverables are met.

Component A
Adult Care Facilities

UNIT NUMBER	UNIT NAME	APPROX. UNITS TO BE CONDUCTED ANNUALLY	AVERAGE HOURS PER SURVEYOR/UNIT*
A1	Complaint/Incident/Death Investigation	550	20
A2	Recertification Survey	500	38
A3	Questionable Operations Investigation	5	23
A4	Closures and Emergency Events	6	120

Note: Workload projections are based on information available at the time of issuance and are in no way indicative or a guarantee of work to be performed under contract.

*Includes all survey preparation, onsite and travel time, and development of the Statement of Deficiencies and other required reporting.

Surveillance activities under this unit for this Component are expected in any of the following counties:

- **Capital District**
Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties.
- **Central New York**
Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, and Tompkins Counties.
- **Western NY – Buffalo**
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming Counties.
- **Western NY – Rochester**
Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates Counties.

- **MARO – NYC**
Kings (Brooklyn), Queens, Bronx, New York (Manhattan), and Richmond (Staten Island) Counties.
- **MARO – Long Island**
Nassau and Suffolk Counties.
- **MARO – New Rochelle**
Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties.

Emergency/Urgent Situations: Situations may arise which necessitate contractor staff to provide immediate assistance, as determined by program management. Assistance may include but is not limited to:

- Calling facility operators, administrators, and key staff as needed to assess a situation;
- Interacting with various emergency services providers to monitor/report emergency response activities;
- Temporary reassignment to perform emergency assistance outside the primary service area; and
- Onsite monitoring and assistance as needed with emergency response activities.

Payment may be made to the contractor when:

1. The program management staff have determined that the event which precipitated the emergency situation has been remediated or otherwise no longer exists; AND
2. Contract staff participated in assistance with the emergency/urgent situation at program management direction; AND
3. Contract staff have tabulated and submitted to supervisory staff the time (in quarter hour increments) they spent addressing the situation.

Training

Training for contractor staff is conducted onsite at the Regional Office by the Department and remotely via WebEx and through recorded and interactive web-based trainings. The required training takes approximately eight (8) weeks to complete (including computer training and onsite supervised surveys) but may take more or less time depending on the experience of the contractor staff. Contractor staff will not begin surveillance activities until training is complete.

General surveillance training for contractor staff will include, but not be limited to:

- Principles of Documentation – Web-based training to be completed at the workstation;
- New York State Codes, Rules and Regulations as they relate to Adult Homes, Enriched Housing, Assisted Living Programs (“ALPs”), Assisted Living Residences (“ALRs”), Enhanced ALRs (“EALRs”) and Special Needs ALRs (“SNALRs”);
- General programmatic orientation – Web-based training to be completed at the workstation;
- Legally Defensible Statements of Deficiency – Web-based training to be completed at the workstation;
- Investigation Basics Training – Web-based training to be completed at the workstation;
- Inspection process – onsite at the discretion of the Regional Office program lead;
- Federal Surveyor Minimum Qualifications Test (“SMQT”); and
- Other training components determined appropriate and necessary by the Regional Office.

Within one year of employment under the contract, contractor staff must obtain the online Surveyor Minimum Qualifications Test (“SMQT”) certification, which is a national certification required to conduct any federal long-term care surveillance.

In addition, contractor staff will be responsible for entering data into the then-current federal database (i.e., ASPEN or iQIES) and other data recording systems specified by the Department. ASPEN (Automated Survey Process Environment) is a suite of software applications that the Centers for Medicare and Medicaid Systems (“CMS”) requires all states, including New York, to use to record and manage surveillance information collected during complaint investigations and periodic surveys of health care providers certified to receive Medicare and Medicaid reimbursement. All data entry will be performed in accordance with the instructions and within the timeframes contained in the then-current manuals. Contractor staff are required to learn and use these procedures for all surveillance activities under the contract. As of the date of the release of this RFP, the following procedures are in effect:

- ASPEN Central Office (“ACO”) Procedures Guide;
- ASPEN Survey Explorer – Quality (“ASE-Q”);
- Justice Center Vulnerable Persons Registry System training at workstation;
- SMQT certification at the workstation;
- On-the-job training; and
- All mandated annual trainings.

Contractor staff may be required to attend meetings chaired by the Division’s Central Office and are expected to participate in quarterly program meetings in the Regional Office. These meetings may include, but are not limited to, review of quality indicators, performance metrics, and staffing levels; focus reviews; emerging issues; revisions to policies and procedures; and guideline development and/or revision.

Contractors will utilize the Adult Care Facility Quality and Surveillance Operations Manual when conducting assigned surveys and have remote access to the program-maintained SharePoint-based retention portal for information related to survey operations, data, policies, and other program-specific guidance.

Unit A1: Complaint/Incident/Death Investigation

Written or verbal complaints made, and facility-reported incidents submitted to the Department initiate an investigation of the facility to determine the validity of the complaint or scope of the incident. When an independent complaint or incident investigation occurs, depending on the nature of the complaint or incident and based on team composition as determined by the regional program manager, contractor staff may be required to attend. Whenever possible, such investigations are integrated into normal inspection schedules unless the nature of the complaint or incident warrants a more prompt or standalone investigation.

Additionally, the Department investigates all successful adult care facility resident suicides, suspected suicides, and attempted suicides as well as any unusual circumstances prior to death, or based on information received, whenever the Regional Office determines further investigation of any of the circumstances surrounding a resident death or attempted suicide is warranted. Investigation may occur onsite or offsite at the discretion of the Regional Office.

At minimum, two (2) contractors are required for this unit, at least one of which must be a clinician (i.e., Registered Professional Nurse or Licensed Practical Nurse) and will be considered “designated complaint investigators.”

Payment on unit A1 will be made as follows:

- 75% of the unit will be paid when contract staff member completes all reports and inspections required by the Department for a complaint/incident/death investigation.
- The remaining 25% of the payment will be paid when:
 - a. The complaint is closed on the then-current database (e.g., ASPEN Complaint Tracking System or iQIES); and all required data entry is completed.

Unit A2: Recertification Survey

Annual recertification surveys are performed on an unannounced basis to assess a facility’s overall regulatory compliance. All areas of operation are inspected by an interdisciplinary team over several days. Surveys include interviews, observations, and record reviews to assure that personnel, equipment, rules, standards of care, patient rights and grievance procedures, quality improvement processes, and regulatorily required services meet statutory and regulatory standards.

Two (2) contractor staff will be required to participate in each re-licensure survey, at least one of which must be a Registered Professional Nurse, Licensed Practical Nurse, or Pharmacist. Contractor staff will be part of a larger interdisciplinary team including Department staff.

Payment on unit A2 will be made as follows:

- 75% of the unit will be paid when the survey is completed, and a Statement of Deficiencies (“SOD”) is prepared for issue within ten (10) business days of the survey exit date.
- The remaining 25% of the payment will be paid when:
 - a. A plan of correction (“POC”), if applicable, is either:
 - i. Received and reviewed by contractor staff and approved by the Department; and
 - ii. All data entry is completed.

Unit A3: Questionable Operations Investigation

When the Department receives complaints or referrals alleging that an entity is operating as an adult care facility (“ACF”) without being licensed by the Department, an investigation determines whether the entity is providing services consistent with an ACF that requires licensure and what, if any, other action is required. Contractor staff may be required to assist in performing the investigation to determine necessary action, depending on the services being provided by the entity.

In addition to conducting investigations, contractor staff may be required to maintain, update and/or review the log of facilities determined to be operating without a license on a quarterly basis, as assigned by the Regional Office.

At least one (1) of the contract surveyors must be a clinician, i.e., a Registered Professional Nurse or Licensed Practical Nurse.

The unit is considered complete, and the contractor may receive payment when:

1. All investigations and reports required by the Department related to a Questionable Operations investigation are completed to the satisfaction of the regional program management.

Unit A4: Closures and Emergency Events

Monitoring is required when the Department:

1. Receives a plan of voluntary closure from a facility; or
2. Learns that a facility is going to voluntarily close or is in the processing of closing without an approved plan; or
3. Instructs a facility under Questionable Operations (see unit A3) to close; or
4. Is alerted that residents in a facility must be evacuated and repatriated in an emergency; AND
5. Involves monitoring the closure and/or placement of residents to assure resident safety and continuity of care.

Situations may arise which necessitate staff to provide immediate assistance, as determined by program management. Assistance may include but are not limited to:

- Calling operators/administrators as needed to assess a situation;
- Interacting with various emergency service providers to monitor/report emergency activities;
- Temporary reassignment to assist with emergency activities outside the primary service area; and
- Onsite monitoring and assistance as needed with emergency activities.

Closures require that at least one contractor staff member be a clinician (i.e., Registered Professional Nurse or Licensed Practical Nurse).

The unit is complete, and payment may be made to the contractor when:

1. All reports and inspections required by the Department for a monitoring instance are completed; AND
2. The program management staff have determined that the event which precipitated the emergency situation has been remediated or otherwise no longer exists; AND
3. Contract staff participated at program management direction; AND
4. Contract staff have tabulated and submitted to supervisory staff the time they spent addressing the situation.

COMPONENT B: LICENSED HOME CARE SERVICES AGENCIES

The Office of Aging and Long-Term Care's Division of Home and Community Based Services is responsible for the quality monitoring of Licensed Home Care Services Agencies ("LHCSAs").

Licensed Home Care Services Agencies

Licensed Home Care Services Agencies ("LHCSAs") provide home care services to patients who pay privately or have private insurance coverage. These agencies may also contract to provide services to Medicare/Medicaid beneficiaries whose cases are managed by another provider or entity, such as providing home health aide services to a Certified Home Health Aide patient or providing a licensed practical nurse for a Medicaid prior-approved private duty nursing shift.

There are approximately 1,427 LHCSAs licensed in New York State, governed by Public Health Law Article 36 § 3605 and 10 NYCRR Parts 402, 403, 700, 765 (specifically Subpart 765-2) and 766 as well as NYCRR Title 18 § 505.14 and 42 CFR § 484.36.

The Department oversees the initial licensure of LHCSAs, including a review of the agency's policies and procedures and conducting a pre-opening survey, as well as surveillance activities related to re-licensure, evaluation of the agency's compliance with State regulations and complaint investigation.

Component B Overview

Component B consists of two (2) units in which the contractor will be responsible for providing staffing assistance, training, and administration. The survey responsibilities for all units are governed by 10 NYCRR Parts 402, 403, 430, 700, 717, 765, 766, and 794 (http://www.health.ny.gov/regulations/nycrr/title_10/).

For each unit in Component B, the contractor will be required to provide the following type(s) of staff with the minimum qualifications as listed below.

- Registered Professional Nurse ("RN"): Currently licensed and registered in New York State with an associate or bachelor's Degree in nursing and two (2) years of clinical or administrative experience with preference for those whose qualifying work experience is in the field of home health and/or hospice care; and
- Social Worker with a Master's Degree in Social Work ("MSW") or Master's Degree in a related field with one (1) year social work experience or a Bachelor's degree in social work plus thirty (30) graduate credits; or a Bachelor's degree in a field related to social work with two (2) years' survey or investigation experience; with preference for those whose qualifying work experience is in the field of home health and/or hospice care.
- Unless otherwise stated, when two (2) contractor surveyors are required, the contractor may use an MSW as one of the surveyors. When only one (1) contractor surveyor is needed, it must be an RN.

In addition, the contractor will provide one (1) administrative supervisor responsible for day-to-day oversight of all contractor activities pursuant to this Component, participate in survey scheduling and quality assurance activities, communicate with field survey staff, and monitor personnel transitions to ensure full staffing to ensure deliverables are met.

Component B
Licensed Home Care Services Agencies

UNIT NUMBER	UNIT NAME	APPROX. UNITS TO BE CONDUCTED ANNUALLY	AVE HOURS PER SURVEYOR*
B1	LHCSA Re-licensure/Recertification Survey	260	75
B2	LHCSA Complaint Investigation/Focused Survey	60	25

Note: Workload projections are based on information available at the time of issuance and are in no way indicative or a guarantee of work to be performed under contract.

*Includes all survey preparation, onsite and travel time, and development of the Statement of Deficiencies and other required reporting.

Surveillance activities under this unit for this Component are expected in any of the following counties:

- **Capital District**
Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties.
- **Central New York**
Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, and Tompkins Counties.
- **Western NY – Buffalo**
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming Counties.
- **Western NY – Rochester**
Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates Counties.
- **MARO – NYC**
Kings (Brooklyn), Queens, Bronx, New York (Manhattan), and Richmond (Staten Island) Counties.
- **MARO – Long Island**
Nassau and Suffolk Counties.
- **MARO – New Rochelle**
Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties.

Training

For Component B the required training includes, at a minimum:

- LHCSA Surveillance Process;
- Home Health Aide and Personal Care Aide Training Program (“HHATP”) Surveillance Processes;
- Complaint Investigation Process; and
- Principles of Documentation – independent web-based training to be completed at workstation.

Contractor staff will be responsible for entering data into the then-current database (e.g., ASPEN or iQIES) and other data recording systems specified by the Department. All data entry will be performed in accordance with the instructions and within the timeframes contained in the most current manuals (current as of the time of data entry). Contractor staff are required to learn and use these procedures for all LHCSA surveillance activities under the contract. As of the date of the release of this RFP, the following procedures are in effect (current as of the time of data entry).

Training will be onsite or online as follows:

- ASPEN Central Office (“ACO”) Procedures Guide;
- ASPEN Survey Explorer – Quality (“ASE-Q”);
- ASPEN and/or iQIES Survey and Certification User Manuals;
- Department program-specific procedures; and
- On-the-job training.
- Successful completion of the appropriate Surveyor Minimum Qualifications Test certification trainings (i.e., home health aide);
- LHCSA Surveillance Process;
- Home Health Aide and Personal Care Aide Training Program (“HHATP”) Surveillance Processes;
- Complaint Investigation Process; and
- Principles of Documentation – independent web-based training to be completed at workstation.

UNIT B1: LHCSA Re-licensure/Recertification Survey

Re-licensure or “Recertification” surveys are triennial site visits that include interviews; observations of home visits; and record reviews to assure that personnel, equipment, rules, standards of care, patient rights and grievance procedures, quality improvement processes and home care services meet statutory and regulatory standards. If the agency is also an operator of training program(s), the survey will include a review of the training program, including observation of the training space, and observation of a training if there is an active training at the time of the survey.

Two (2) contractor staff will be required to participate in each re-licensure survey, either two (2) RNs or one (1) RN and one (1) MSW. Contractor staff may be part of a larger team including Department staff.

Re-licensure surveys may take place statewide in patients’ community-based homes or other locations as dictated by the circumstance.

Payment on unit B1 will be made as follows:

- 75% of the unit will be paid when the survey is completed, and a Statement of Deficiencies (“SOD”) is prepared for issue within ten (10) business days of the survey exit date.
- The remaining 25% of the payment will be paid when:
 - a. A plan of correction (“POC”), if applicable, is either:
 - i. Received and reviewed by contractor staff and approved by the Department; and
 - ii. All data entry is completed.

NOTE: If a revisit survey is required, as determined by the Department, it is conducted by Department staff and the unit is complete when the revisit survey is scheduled as documented by the Department. If a POC is not received by the Department for review in a timely manner, Department staff will conduct further follow up.

UNIT B2: LHCSA Complaint Investigation/Focused Survey

Complaint investigations are site visits that include:

- interviews;
- observations of home visits; and
- record reviews to assure that personnel, equipment, rules, standards of care, patient rights and grievance procedures, quality improvement processes and home care services meet statutory and regulatory standards.

Two (2) contractor staff will be required to participate in the complaint investigation, either two (2) RNs or one (1) RN and one (1) MSW. Contractor staff may be part of a larger team including Department staff.

Complaint investigations/focus surveys may take place statewide in patients’ community-based homes or other locations as dictated by the circumstance. For purposes of proposal development, bidders should use the median number of hours for the unit.

Payment on unit B2 will be made as follows:

- 75% of the unit will be paid when the survey is completed, and a Statement of Deficiencies (“SOD”) is prepared for issue within ten (10) business days of the survey exit date.
- The remaining 25% of the payment will be paid when:
 - a. A plan of correction (“POC”), if applicable, is either:
 - i. Received and reviewed by contractor staff and approved by the Department; and
 - ii. All data entry is completed.

COMPONENT C: NURSING HOMES

Pursuant to Title XVIII and Title XIX of the Federal Social Security Act and Article 28 of the New York State Public Health Law, the Department’s Division of Nursing Home and ICF/IID Surveillance is responsible for administering and managing the nursing home surveillance and certification program, which includes nursing home complaint investigations. These activities are

mandated to evaluate facility performance and monitor the quality of care and services and provided to the approximately 111,000 residents living in the 603 nursing homes, seven (7) Transitional Care Units (“TCUs”), and 115 Adult Day Health Care Programs (“ADHCPs”) statewide.

Component C consists of six (6) units for which the contractor will be responsible for providing staffing assistance, training and administration. The survey responsibilities for all units are governed by:

- [Public Health Law Article 28](#)
- [10 NYCRR Part 415](#)
- [42 CFR 483](#)

Due to the clinical nature of the surveillance activities in this Component, experienced health care professionals are required. Healthcare professionals are defined as:

- Registered Nurse (“RN”);
- Licensed Practical Nurse (“LPN”);
- Licensed Master Social Worker or Licensed Clinical Social Worker;
- Public Health Sanitarian;
- Rehabilitation Specialist;
- Licensed Nursing Home Administrators (“LNHA”);
- Pharmacists;
- Nutritionist and Dieticians; or
- a candidate with a SMQT certification; or
- a candidate with 30 credit hours toward a degree in health care and experience working in a hospital, nursing home, adult home, assisted living facility, ambulatory care facility, managed care organization, psychiatric center, diagnostic and treatment center, home health agency, hospice provider, renal dialysis unit, alcoholism and substance use disorder facility, developmental center, and/or community-based program for the mentally ill and developmentally disabled. Experience working in a private doctor’s offices or group practice does not qualify.

One Contractor Supervisor who possesses the Surveyor Minimum Qualifications Test (“SMQT”) certification is required and responsible for the following:

- Ensuring correct invoicing is submitted for contract surveyors.
- Ensuring Contract staff complete the required trainings for surveillance activities.
- Coordinating and assisting in providing preceptor surveillance training to contract surveyors.
- Overseeing office and surveillance operations at the direction of the Department including enforcement actions and remedies for facilities struggling to maintain compliance.

In addition, contractor staff must currently possess Surveyor Minimum Qualifications Test (“SMQT”) certification, which is a nationwide certification required to conduct any federal nursing home survey or obtain such certification within 12 months of employment by the contractor. Twenty five percent (25%) or more of a bidder’s staff for this component must have SMQT certification at the start of the contract.

Component C
Nursing Homes

UNIT NUMBER	UNIT NAME	APPROX. UNITS TO BE CONDUCTED ANNUALLY	AVE HOURS PER SURVEYOR/UNIT*
C1	Federal Standard Survey	175	65
C2	Onsite Investigation of a Complaint or Facility-submitted Incident Report	150	17
C2A	Emergency Events	5	15
C3	Offsite Investigation of a Complaint or Facility-submitted Incident Report	1,000	2
C4	Complaint Intake and Triage	12,300	1
C5	Adult Day Health Care Program Survey	5	14

Note: Workload projections are based on information available at the time of issuance and are in no way indicative or a guarantee of work to be performed under contract.

*Includes all survey preparation, onsite and travel time, and development of the Statement of Deficiencies and other required reporting.

Surveillance activities under unit C1, C2, C2A, and C5 for this Component are expected in any of the following counties:

- **Capital District**
Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties.
- **Central New York**
Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, and Tompkins Counties.
- **Western NY – Buffalo**
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming Counties.
- **Western NY – Rochester**
Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates Counties.
- **MARO – NYC**
Kings (Brooklyn), Queens, Bronx, New York (Manhattan), and Richmond (Staten Island) Counties.
- **MARO – Long Island**
Nassau and Suffolk Counties.
- **MARO – New Rochelle**
Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties.

Offsite investigations to be conducted under units C3 and C4 will utilize contractor staff located in:

- Central Office in Albany.

Emergency/Urgent Situations: Situations may arise which necessitate contractor staff to provide immediate assistance, as determined by program management. Assistance may include but is not limited to:

- Calling facility operators, administrators, and key staff as needed to assess a situation;
- Interacting with various emergency service providers to monitor/report emergency activities;
- Temporary reassignment to perform emergency assistance outside the primary service area; and
- Onsite monitoring and assistance as needed with emergency activities.

Payment may be made to the contractor when:

1. The program management staff have determined that the event which precipitated the emergency situation has been remediated or otherwise no longer exists; AND
2. Contract staff have tabulated and submitted to supervisory staff the time they spent addressing the situation.

Surveyor positions in regional offices are considered field positions that require the surveyor to travel to nursing homes to perform surveillance activities and work remotely when completing paperwork and all other surveillance activities. During initial training contract staff may be required to work in the regional office. Desk space will be assigned. When contract staff work remotely, they must have secure internet that meets the speed required to perform all work duties and workspace that provides privacy when on calls and the ability to secure all work items when not in use.

For Component C, the required training includes, at a minimum:

- Web-based and in-person Basic Long-Term Care Surveyor Training;
- Web-based CMS-sponsored Surveyor Minimum Qualifications Training and Test (“SMQT”);
- Web-based and in-person state ad hoc training in an assigned regional office, central office or another regional office as appropriate; and
- On-the-job training.

Contractor staff will be responsible for entering data into the federal and state databases and other data recording systems specified by the Department in accordance with the instructions and within the timeframes contained in the most current manuals (current as of the time of data entry). As of the date of the release of this RFP, the following procedures are in effect [ASPEN - Manuals and Guides | QIES Technical Support Office](#).

In addition, there are Department program-specific policies and procedures that are in effect.

For information on survey procedures, bidders should review the following:

- [State Operations Manual – Appendix PP – Guidance to Surveyors for Long Term Care Facilities](#)
- [State Operations Manual – Chapter 5 – Complaints Procedure](#)

- [State Operations Manual – Chapter 7 – Survey Enforcement Process for Skilled Nursing Facilities and Nursing Facilities](#)
- [CMS Revisions to Appendix Q, Guidance on Immediate Jeopardy](#)

UNIT C1: Federal Standard Survey

A federal standard survey is a periodic, resident-centered inspection that gathers information about the quality of services furnished in a facility to determine compliance with the requirements of participation (see State Operations Manual Section 7001). The surveys described in this unit all begin as a standard survey, and may evolve into an expanded, extended or health revisit survey. The contractor staff will be responsible for conducting survey tasks, producing written documentation, drafting Statements of Deficiency (“SODs”), assessing compliance with Plans of Correction (“POCs”), and completing data entry in federal and State databases as required.

The number of standard surveys to be conducted annually to meet federal requirements is estimated at one (1) per facility, unless otherwise identified by the Centers for Medicare and Medicaid Services as a Special Focus Facility (“SFF”). The nursing homes to be surveyed with contractor assistance all hold an active Medicare/Medicaid number and are licensed and operating in New York State.

Investigation of complaints and Facility Reported Incidents (“FRIs”) are part of the federal standard survey process.

At least ten percent (10%) of the Federal Standard Surveys above must be “Off Hours Surveys”, which start either on weekends/holidays or evening/early morning hours (before 8:00am or after 6:00pm) and are conducted daily until complete.

- Off-hours Surveys must be completed on consecutive calendar days. Additionally, 50% of these surveys (or 5% of all surveys) must be conducted on weekends in facilities with potential staffing issues; and two percent (2%) of federal surveys are extended and include monitoring visits (refer to State Operations Manual [SOM] Chapter 7, § 7203.7 for a definition and expectations for a State Monitoring Visit).

When deficiencies are cited during the course of a standard survey, the Department may, as necessary, conduct a post survey revisit (“PSR”) to determine if the facility now meets the requirements for participation (SOM Section 7203). This required PSR work may be completed either onsite or offsite depending upon the Scope and Severity of the deficiency(ies) and at the discretion of the Regional Office.

The average onsite time for recertification survey is expected to take approximately 36 hours per surveyor. Two (2) contractor staff will be required to participate in each survey along with Department staff for facilities with less than 300 beds. Facilities with 300 or more beds require four (4) contractor staff to participate in each survey along with State staff. A federal standard survey may require revisits, state monitoring visits, and/or expanded/extended survey, which is included and reflected in the average hours of this unit.

Please refer to the chart Component C Nursing Homes C1 through C5 for estimated hours and surveys annually.

Payment on unit C1 will be made as follows:

- 75% of the Unit will be paid when contract staff member completes the survey and submits an approvable Statement of Deficiencies to the survey supervisor.
- The remaining 25% of the payment will be paid when:
 - a. All data including letters that state the nursing home is back in compliance are entered into and the survey is uploaded and accepted in the applicable federal platform (currently ASPEN).

UNIT C2: Onsite Investigation of a Complaint or Facility-submitted Incident Report

This unit includes the onsite investigation of a case as recorded in ACTS. A case may be reported either as a third party reported complaint or a facility reported incident. Cases are reviewed and triaged, and then determined whether an onsite or offsite investigation is required. Multiple cases for a given nursing home can be bundled on an abbreviated complaint survey. An individual case as recorded in ACTS, must include an investigation summary, details of whether the allegations were substantiated or unsubstantiated, and written notification must be provided to the complainant and/or nursing home. An abbreviated survey may require revisits, state monitoring visits, and/or expanded/partial extended survey, which is included and reflected in the average hours of this unit.

In addition, this unit includes stand-alone Focused Infection Control Surveys ("FICS") which are required to be conducted for 20 percent of nursing homes based on State discretion or additional data that identifies facility and community infection control and prevention risks.

Lastly, the unit may include work due to a response to a Public Health Emergency or any federal or state mandated survey. These surveys for the purposes of this RFP will be considered a complaint survey.

The contractor will be required to provide one (1) or two (2) contractor staff for this unit.

Payment on unit C2 will be made as follows:

- 75% of the Unit will be paid when a contract staff member completes the survey and submits an approvable Investigation Summary and an approvable Statement of Deficiencies if non-compliance is identified.
- The remaining 25% of the payment will be paid when all data including letters that state the nursing home is back in compliance are entered into and the survey is uploaded and accepted in the applicable federal platform (currently ASPEN).

UNIT C2A: Emergency Events

Situations may arise which necessitate staff to provide immediate assistance, as determined by program management. Assistance may include but not limited to:

- Calling operators/administrators as needed to assess situation.
- Interacting with various emergency service providers to monitor/report all emergency activities.
- Onsite monitoring and assisting as needed with emergency activities.

The unit is complete, and payment may be made to the contractor when:

- The program management staff have determined that the event which precipitated the emergency situation has been remediated or otherwise no longer exists; AND
- Contract staff have tabulated and submitted to supervisory staff the time they spent addressing the situation.

UNIT C3: Offsite Investigation of a Complaint or Facility-submitted Incident Report

An offsite investigation of a case is conducted when it is determined by the Department that a third party reported complaint or a facility reported incident is of a less serious nature (e.g., not widespread, a single occurrence) and a paper review can determine facility compliance without an on-site visit.

Information (written/verbal communication or documentation) may be obtained from the facility, complainant, Department, CMS Regional Office or other sources as applicable, for review to determine if the complaint or incident is appropriate for an off-site investigation. If the information obtained determines the seriousness of the complaint requires an on-site investigation, it is then referred to the Department's Unit Supervisor and referred to the appropriate regional office.

The contractor will be required to provide one (1) contractor per investigation in the Department's Central Office in Albany.

A unit is considered complete, and payment will be made to the contractor when:

- The case is closed in the then-current federal database (i.e., ASPEN or iQIES) with a "Closed Date", and Investigation Summary is complete and uploaded into the then-current federal database (i.e., ASPEN or iQIES), and
- The case is reviewed and approved by the supervisor, and
- The Closure Letter in the then-current federal database (e.g., ACTS) is completed and sent to the complainant and nursing home.

NOTE: Offsite complaints that are converted to onsite complaints (historically estimated at 2%) may not be billed as a unit under unit C3. The price of completed off-site complaint units should take into account that a portion of work started as offsite complaints will not be completed as such and may not be billed. However, if the contractor staff is then assigned to the converted on site investigation, the contractor may then bill for an onsite complaint under unit C2.

Unit C4: Complaint Intake and Triage

Nursing Home complaints are received via telephone, electronic or postal mail, or via other forums. The contractor will provide two (2) Nurse Reviewers for the Nursing Home Centralized Complaint Intake Unit (NH CCIU) based in Albany, New York. The NH CCIU receives approximately 12,300 complaints and incident reports requiring review for possible regulatory noncompliance annually. Staff are expected to work 7.5 hours a day from 8:30AM – 4:45PM. Monday through Friday. In addition, staff are required to be on a rotational team providing weekend and holiday on-call coverage. Rotational schedule is determined by a team of four (4) total CCIP staff.

Contractor staff are required to perform a clinical review of complaints received irrespective of submission method, triage complaints by severity consistent with federal triage guidelines,

perform data entry, and identify the appropriate actions consistent with federal triage protocols. Duties include:

- Provide a clinical complaint intake interview, for complaints made by telephone;
- Review complaints submitted by email or in writing;
- Contact complainants if additional information is needed;
- Write a concise and accurate summary of the complaint, including all pertinent clinical details, for entry into the then-current federal database;
- Access the applicable federal and state statutes and regulations for the nursing home program to determine if the complaint is within the Department's jurisdiction;
- Determine if complaints are possible regulatory non-compliance issues;
- Make referrals to other agencies/bureaus as appropriate;
- Identify those complaints that may represent immediate jeopardy or immediate threat to health and safety, or are otherwise urgent and bring these to the attention of the supervisor/designee or other staff as appropriate and consistent with NH CCIP policies and procedures;
- Identify those complaints that can be resolved by contacting the facility or complainant directly and make the required contacts by telephone and/or email as necessary and close the complaint if indicated;
- Participate in clinical case review meetings to triage and assess the priority and disposition of each complaint and update the applicable federal database and other required databases as needed;
- Maintain log of all non-regulatory contacts with complainants and the disposition of each in the applicable Department database;
- Prepare individual written correspondence to complainants regarding the disposition of their complaints;
- Respond to general inquiries regarding the complaint process from Department staff and the public; and
- Participate in training and process improvement activities.

Due to the need to assess clinical information, qualifications include:

- Registered Professional Nurse currently licensed in New York;
- Two (2) years' experience performing utilization review, medical review, fraud investigations, surveillance or monitoring activities at the facility level;
- Three (3) years of clinical experience in a medical facility, preferably a nursing home;
- Excellent telephone and written communication skills;
- Basic computer skills, including working knowledge of all Microsoft Office products;

Unit C5: Adult Day Health Care Program Survey

In 1969, New York State enacted legislation governing the operation of Adult Day Health Care Programs, which incorporated the delivery of medical services. The legislation was intended to develop an alternative or deterrent to institutional care. By utilizing a facility's excess resource capacity, Adult Day Health Care Programs were expected to provide a cost-effective model of care which would be as effective as institutional care.

Adult day health care programs are governed by regulations at 10 NYCRR Parts 425, and the relevant portions of regulations in 10 NYCRR Part 415.

Adult day health care programs are operated by a nursing home and located either onsite at the nursing home or at an approved extension site located outside of the nursing home. A Day Health Care Program provides person-centered health care services and activities to individuals who are not residents of a residential health care facility, but are functionally impaired and not homebound, require supervision, monitoring, preventive, diagnostic, therapeutic, and rehabilitative or palliative care services, but do not require continuous 24-hour-a-day inpatient care. Services maintain the adult day health care program participants' health status and enable them to remain in the community.

Required health care services include:

- nutrition,
- ongoing resident health assessment,
- coordinated care planning,
- case management, and
- other health care services.

The Department is responsible for ensuring compliance through completion of an annual desk audit by utilizing the Program Survey Report, reviewing and tracking progress toward full compliance with all State and Federal requirements and completing onsite surveys once every three (3) years.

The contractor would be expected to provide one (1) contractor per survey. Please refer to the chart Component C Nursing Homes C1 through C5 for estimated hours and surveys annually.

A unit is considered complete, and payment will be made to the contractor when:

- All data including letters that state the nursing home is back in compliance are entered into and accepted in the then-current federal Database.

COMPONENT D: INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

The Department is directly responsible for the surveillance and certification of the fourteen (14) Title XIX Provider Agreements for the developmental centers, which provide programs and services to approximately 1,400 individuals diagnosed with intellectual disabilities.

The New York State Office for People with Developmental Disabilities ("OPWDD") operates these facilities and participates in the Medicaid (Title XIX) program. The fourteen (14) Developmental Centers differ from the almost 300 intermediate care facilities that OPWDD surveys directly. OPWDD is responsible for the survey of community-based facilities with four (4) to fifty (50) residents. OPWDD provides the Department with its recommendations; the Department makes the decision to allow the provider to continue to participate in the Medicaid program.

In addition to the direct survey of the fourteen (14) developmental centers, the Department is responsible for attending four percent (4%), or approximately twenty-four (24), OPWDD surveys per year to ensure that all federally prescribed protocols are followed.

Component D consists of five (5) units for which the contractor will provide staff to perform surveillance activities, complete written reports including Statements of Deficiency, and perform administrative functions in federal and State databases. The survey responsibilities for all units are governed by the Social Security Act Section 1864 agreement between New York State and

the Centers for Medicare and Medicaid Services, i.e., the New York State Plan for Title XIX of the Social Security Act (Medicaid Agreement) at [42 CFR Part 483: Requirements for States and Long Term Care Facilities](#).

For each unit in Component D, contractors will be required to provide professional staff including but not limited to Registered Professional Nurses, Social Workers, and other clinical titles experienced with individuals with intellectual disabilities or in developmental disability facilities. Staff must meet the education and experience requirements outlined in the Code of Federal Regulations § 483.430 for attaining Qualified Individuals with Disabilities Professional (“QIDP”) Certification within six (6) months of hire. Minimum qualifications are as follows:

- Registered Professional Nurse (“RN”): Currently licensed and registered in New York State, clinical experience with individuals with intellectual disabilities or in developmental disability facilities and meets the federal requirements for attaining QIDP Certification within six (6) months of hire date.
- Social Workers/other qualified staff: Recent clinical experience with individuals with intellectual disabilities or in developmental disability facilities and meets the federal requirements for attaining QIDP Certification within six (6) months of hire date.

Component D
INTERMEDIATE CARE FACILITIES FOR PEOPLE WITH INTELLECTUAL DISABILITIES

UNIT NUMBER	UNIT NAME	APPROX. UNITS TO BE CONDUCTED ANNUALLY	AVE HOURS PER SURVEYOR/UNIT*
D1	Full/Fundamental Survey	28	54
D2	Revisit-Health	22	38
D3	Onsite Complaint Investigation	100	19
D4	Certification Review	324	1
D5	State Oversight and Supervision Survey	26	20

Note: Workload projections are based on information available at the time of issuance and are in no way indicative or a guarantee of work to be performed under contract.

*Includes all survey preparation, onsite and travel time, and development of the Statement of Deficiencies and other required reporting.

Surveys under this component will be conducted throughout New York State at the twelve (12) Developmental Centers as follows:

- Two (2) in Brooklyn;
- One (1) in Binghamton;
- One (1) in Queens Village;
- One (1) in Staten Island;
- Two (2) on Long Island;
- Three (3) in Tupper Lake;
- One (1) in Yonkers; and
- One (1) in Norwich.

Emergency/Urgent Situations: Situations may arise which necessitate contractor staff to provide immediate assistance, as determined by program management. Assistance may include but is not limited to:

- Calling facility operators, administrators, and key staff as needed to assess a situation;
- Interacting with various emergency service providers to monitor/report emergency activities;
- Temporary reassignment to perform emergency assistance outside the primary service area; and
- Onsite monitoring and assistance as needed with emergency activities.

Payment may be made to the contractor when:

1. The program management staff have determined that the event which precipitated the emergency situation has been remediated or otherwise no longer exists; AND
2. Contract staff participated in assistance with the emergency/urgent situation at program management direction; AND
3. Contract staff have tabulated and submitted to supervisory staff the time they spent addressing the situation.

Surveyor positions in Regional Offices are considered field positions that require the surveyor to travel to ICF/IID facilities to perform surveillance activities and work remotely when completing paperwork and between surveillance activities. During initial training contract staff may be required to work in the Regional Office.

Training

For Component D, the required training includes, at a minimum:

- Introduction to Surveying for Continuing and Acute Care Providers;
- Principles of Documentation for Non-Long-Term Care;
- Foundational Investigative Skills;
- Emergency Preparedness Basic Training;
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (“ICF/IID”) Basic Training;
- Web-based and in person state ad hoc training in an assigned regional office or central office or other regional offices as appropriate;
- ASPEN and/or iQIES Survey and Certification User Manuals; and
- On-the-job training

Contractor Supervisor will be responsible for the following:

- Ensuring correct invoicing is submitted for contract surveyors,
- Ensuring Contract staff complete all the necessary trainings for surveillance activities,
- Facilitate oversight surveys and provide feedback and guidance to OPWDD staff,
- Coordinating and assisting in providing preceptor surveillance training to Department surveyors, contract surveyors and staff from OPWDD,
- Developing and providing formal training to OPWDD’s Division of Quality Improvement (“DQI”) surveillance staff, and;
- Overseeing surveillance operations at the direction of the Department including enforcement actions and remedies for facilities struggling to maintain compliance.

Contractor staff will be responsible for entering data into ASPEN and other data recording systems specified by the Department in accordance with the instructions and within the timeframes contained in the most current manuals (current as of the time of data entry). As of the date of the release of this RFP, the following procedures are in effect [ASPEN - Manuals and Guides | QIES Technical Support Office](#).

For information on survey procedures, bidders should review: [CMS State Operations Manual Appendix J](#)

Unit D1: Full/Fundamental Survey

A full survey is conducted at an initial survey and at the discretion of the Department, based on the Department's identification of concerns related to the provider's capacity to furnish adequate services.

The survey team, which may include Department and Contractor staff, reviews all the requirements in all Conditions of Participation to determine if the facility maintains the process and structure necessary to achieve the required outcomes. Based on the information collected, the team determines whether facility practice is in compliance with the Conditions of Participation.

A fundamental survey is conducted at least annually to determine the quality of services and support received by individuals, as measured by outcomes for individuals and essential components of a system which must be present for the outcomes of active treatment to occur.

All fundamental requirements must be reviewed in every annual recertification survey. When observations and interviews are complete, the team reviews the individuals' records, as needed, to verify observation and interview findings. If indicated, the team will verify that individual health needs are met, and protections are in place. If all requirements are met, the facility meets the Conditions of Participation.

If standard level deficiencies are found during a full/fundamental survey, the survey is extended, and the extension occurs contiguous to the full/fundamental survey.

When condition level citations are issued during the full/fundamental surveys and the team has determined or suspects that one or more Conditions of Participation examined during the survey are not met, the full/fundamental survey is considered "failed" and becomes an adverse action survey, which requires that a revisit be conducted within 60 days (a 60-day revisit is an expedited version of the Unit D-A.2. Revisit).

The survey team gathers additional information to identify the structural and process requirements that are not met and to support its condition-level compliance determination. The team reviews all requirements within the Condition(s) for which compliance is in doubt and using the condition-level compliance principles in the interpretive guidelines, determines if the facility complies with the relevant Condition(s) of Participation.

There are approximately 16 full/fundamental surveys conducted annually. Of these, two (2) are small residential units, requiring less time on survey. In addition, approximately three (3) of the 16 surveys per year become adverse action surveys, adding time to the survey. For the average time per survey and number of surveyors per survey, please refer to the chart [COMPONENT D INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES](#) units D1 through D5.

Payment on unit D1 will be made as follows:

- 75% of the unit will be paid when the survey is completed, and a Statement of Deficiencies (“SOD”) is prepared for issue within ten (10) business days of the survey exit date.
- The remaining 25% of the payment will be paid when:
 - a. A plan of correction (“POC”), if applicable, is either:
 - i. Received and reviewed by contractor staff and approved by the Department; and
 - ii. All data entry is completed.

Unit D2: Revisit – Health

When deficiencies are cited during the course of the survey, the Department will, as necessary, conduct a post-survey revisit to determine if the facility is now in compliance and meeting the requirements for participation (see [State Operations Manual Section 7203.4](#)). The nature of the non-compliance dictates the scope of the revisit and composition of the revisit survey team (e.g., a revisit for Life Safety Code issues may only require a department-employed sanitarian, not contractor staff).

In accordance with [State Operations Manual Section 7317](#), the Department conducts a revisit, as applicable, to confirm that the facility is in compliance and has the ability to remain in compliance. Onsite revisits are generally necessary to ascertain whether deficient practices have been corrected. There are approximately 16 revisits annually, occurring approximately six (6) months after the fundamental survey for which the contractor will provide up to three (3) staff per survey for an average of 37.5 hours each.

Payment on unit D2 will be made as follows:

- 75% of the unit will be paid when the survey is completed, and a Statement of Deficiencies (“SOD”) is prepared for issue within ten (10) business days of the survey exit date.
- The remaining 25% of the payment will be paid when:
 - a. A plan of correction (“POC”), if applicable, is either:
 - i. Received and reviewed by contractor staff and approved by the Department; and
 - ii. All data entry is completed.

Unit D3: Onsite Complaint Investigation

When a complaint is received, either as a third party reported complaint or a facility reported incident, it is entered in the federal Complaint Tracking System (currently, the Aspen Complaint Tracking System or “ACTS”) and reviewed and triaged by the Department. If it is determined that an onsite investigation is required, contractor staff may be required to complete the investigation (NOTE: multiple complaints for one ICF/IID may be bundled in one investigation).

The contractor staff is required, for each individual complaint (whether or not bundled into one onsite investigation), to record an investigation summary, details of whether the allegations were substantiated, and written notification must be provided to the complainant and ICF/IID. The investigation may require a partial extended survey which is included in the average unit hours.

It is estimated that one contractor staff will attend 100 onsite complaint investigations annually, averaging 19.00 hours each.

Payment on unit D3 will be made as follows:

- 75% of the unit will be paid when the survey is completed, and a Statement of Deficiencies (“SOD”) is prepared for issue within ten (10) business days of the survey exit date.
- The remaining 25% of the payment will be paid when:
 - a. A plan of correction (“POC”), if applicable, is either:
 - i. Received and reviewed by contractor staff and approved by the Department; and
 - ii. All data entry is completed.

Unit D4: Certification Review

The Department is responsible for certifying provider agreements for community based ICF/IID facilities licensed by OPWDD. These facilities are surveyed by OPWDD and certified for Title XIX participation by the Department. As the State Medicaid Agency, the Department must review each OPWDD recommendation and certify that the provider is in compliance with Federal and State requirements.

One contractor staff will be responsible for the review of approximately 324 OPWDD recommendations annually and certifying the provider is in compliance. Each review takes approximately one (1) hour to complete.

Payment on unit D4 will be made as follows:

- 75% of the unit will be paid when the survey is completed, and a Statement of Deficiencies (“SOD”) is prepared for issue within ten (10) business days of the survey exit date.
- The remaining 25% of the payment will be paid when:
 - a. A plan of correction (“POC”), if applicable, is either:
 - i. Received and reviewed by contractor staff and approved by the Department; and
 - ii. All data entry is completed.

Unit D5: State Oversight and Supervision Survey

The Department is responsible for supervising OPWDD survey activity to ensure that all CMS prescribed protocols and processes are followed. Of all OPWDD ICF/IID surveys conducted annually, one (1) contractor surveyor will attend four percent (4%), or twenty-four (24), averaging twenty (20) hours per survey. Contractor staff will be required to provide onsite supervision and analysis of OPWDD ICF/IID recertification surveys to ensure OPWDD compliance with Federal survey protocols.

The unit is complete, and the contractor may receive payment when the first of the following occurs:

- A report of compliance with CMS protocols is issued to OPWDD; OR
- A report of noncompliance is issued to OPWDD, and an acceptable Plan of Correction

("POC") is received from OPWDD by the Department .

NOTE: If an acceptable POC is not received by the Department within 30 days, the Department manager will follow up and the contractor may submit a claim.

4.1.2 Liquidated Damages

Damages for failure to comply with the contract terms identified in [Section 4.2](#) (Staffing) will be assessed as follows:

- Up to \$100 for each instance of Department staff is required to proof, correct, reformat, reorganize, rewrite, etc., any materials submitted by the contractor to the Department for approval that do not contain all required material and/or are not professionally written, organized, and displayed.
- Up to \$500 for each instance that a contractor is unable to coordinate travel arrangements, including transportation, hotels, and meals. This pertains to day-to-day survey functions as well as any training required. The contractor must have staff available to coordinate travel arrangements in the event of an emergency.
- Up to \$100 per day for each day beyond the specified 30-day timeframe that a contractor fails to replace staff lost due to attrition or dismissal. Situational extensions to the specified timeframe must be requested in advance by the contractor and approved by the Department in writing.

4.2 Staffing

For each unit in Component A, the contractor will be required to provide the following type(s) of staff with the minimum qualifications listed:

- Registered Professional Nurse ("RN") currently licensed and registered in New York State with one (1) year survey or investigation experience; and/or
- Registered Professional Nurse ("RN") currently licensed and registered in New York State with (3) years of professional nursing experience in a post-licensure professional nursing experience, at least two (2) of which must have been professional clinical nursing experience in a licensed health care facility. A bachelor's or master's degree in nursing can be substituted for one year of the required general nursing experience; and/or
- Licensed Practicing Nurse ("LPN"), currently licensed and registered in New York State with two (2) year's survey or investigation experience; and/or
- Pharmacist, currently licensed and registered in New York State to practice pharmacy, with one year (1) survey or investigation experience; and/or
- Dietitian-Nutritionist currently registered in New York State with one (1) year survey or investigation experience; and/or
- An individual with a bachelor's degree in dietetics with satisfactory completion of the requisite dietetic internship having taken place in a healthcare facility; and/or
- New York State licensed private investigator, currently licensed and registered; and/or
- New York State police officer with two (2) years' investigation experience; and/or
- Social Worker with a master's degree in social work ("MSW") or Master's Degree in a related field with one (1) year social work experience or a Bachelor's degree in social work plus thirty (30) graduate credits; or a Bachelor's degree in a field related to social work with two (2) years' survey or investigation experience.

For each unit in Component B, the contractor will be required to provide the following type of staff with the minimum qualifications listed below.

- Registered Professional Nurse (“RN”): Currently licensed and registered in New York State with an Associate’s or Bachelor’s degree in nursing and two (2) years of clinical or administrative experience with preference for those whose qualifying work experience is in the field of home health and/or hospice care; and
- Social Worker with a Master’s Degree in Social Work (“MSW”) or Master’s Degree in a related field with one (1) year social work experience or a Bachelor’s degree in social work plus thirty (30) graduate credits; or a Bachelor’s degree in a field related to social work with two (2) years’ survey or investigation experience; with preference for those whose qualifying work experience is in the field of home health and/or hospice care.
- Unless otherwise stated, when two (2) contractor surveyors are required, the contractor may use an MSW as one of the surveyors. When only one (1) contractor surveyor is needed, it must be an RN.

For each unit in Component C, contractors will be required to provide experienced health care professionals are required. Healthcare professionals are defined as:

- Registered Nurse (“RN”);
- Licensed Practical Nurse (“LPN”);
- Licensed Master Social Worker or Licensed Clinical Social Worker;
- Public Health Sanitarian;
- Rehabilitation Specialist;
- Licensed Nursing Home Administrators (“LNHA”);
- Pharmacists;
- Nutritionist and Dieticians; or
- a candidate with a SMQT certification; or
- a candidate with 30 credit hours toward a degree in health care and experience working in a hospital, nursing home, adult home, assisted living facility, ambulatory care facility, managed care organization, psychiatric center, diagnostic and treatment center, home health agency, hospice provider, renal dialysis unit, alcoholism and substance use disorder facility, developmental center, and/or community-based program for the mentally ill and developmentally disabled. Experience working in a private doctor’s offices or group practice does not qualify.

For each unit in Component D, contractors will be required to provide qualified professional staff including but not limited to Registered Professional Nurses, Social Workers, and other clinical titles experienced with individuals with intellectual disabilities or in developmental disability facilities. Staff must meet the education and experience requirements outlined in the Code of Federal Regulations § 483.430 for attaining Qualified Individuals with Disabilities Professional (QIDP) Certification within six (6) months of hire. Minimum qualifications are as follows:

- Registered Professional Nurse (“RN”): Currently licensed and registered in New York State, clinical experience with individuals with intellectual disabilities or in developmental disability facilities and meets the federal requirements for attaining QIDP Certification within six (6) months of hire date.
- Social Workers/other qualified staff: Recent clinical experience with individuals with intellectual disabilities or in developmental disability facilities and meets the federal requirements for attaining QIDP Certification within six (6) months of hire date.

4.3 Reporting and Vouchering

For each unit of Components A-D, the contractor shall submit to the Department a cover letter and a voucher detailing the following information in Microsoft Excel format:

- Unit;
- Event ID as applicable;
- Facility/Provider Name;
- Survey Exit Date;
- Contractor Staff by Name;
- Contractor Staff hours per Event ID in quarter-hour increments;
- Contracted Per Unit Dollar Amount; and
- Any comments or special considerations that the contractor wishes the Department to consider.

The Department will analyze the submission against the applicable subsystem to confirm that necessary metrics are met and confirm that the voucher may be submitted for payment or that the submission must be amended and how to amend for compliance.

4.4 Information Technology

The application and all systems and components supporting it, including but not limited to any forms and databases that include Personal Health, Personal Identification or other New York State information, must comply with all New York State security policies and standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>.

4.5 Security

The selected Contractor shall comply with all privacy and security policies and procedures of the Department (https://its.ny.gov/system/files/documents/2022/10/nys-p03-002_information_security_policy.pdf) and applicable State and Federal law and administrative guidance with respect to the performance of the Contract. The Contractor is required, if applicable, to execute a number of security and privacy agreements with the Department including a Business Associate Agreement (Appendix H) and a Data Use Agreement (DUA) at contract signing.

The Contractor is expected to provide secure and confidential backup, storage and transmission for hard copy and electronically stored information. Under no circumstances will any records be released to any person, agency, or organization without specific written permission of the Department. The Contractor is obligated to ensure any Subcontractor hired by Contractor who stores, processes, analyzes or transmits MCD on behalf of Contractor has the appropriate security requirements in place. Contractor is required to include in all subcontracts and Business Associate Agreements with their Subcontractors language surrounding the security and privacy requirements as well as the language contained in the Confidentiality Language for Third Parties section of the DUA. If any breach or suspected breach of the data or confidentiality occurs, whether the breach occurred with the Contractor or Subcontractor, the Department must be notified immediately.

The Contractor is required to maintain and provide to the Department upon request their data confidentiality plans and procedures for meeting security requirements as they relate to the

deliverables and services within this RFP, including all plans as they relate to subcontractor work where applicable.

Contractor will develop and maintain adequate fully trained staff to respond to all stakeholder inquiries while protecting confidentiality and maintaining the security and integrity of all systems. Staff must be trained to understand and observe requirements related to confidentiality and operating guidelines for functions included in this RFP.

The Contractor will comply fully with all current and future updates of the security procedures of the Department as well as with all applicable State and Federal requirements, in performance of the Contract.

4.6 Transition

The transition represents a period when the current contract activities performed by the Contractor must be turned over to the Department, another Department agent or successor Contractor during or at the end of the contract.

The Contractor shall ensure that any transition to the Department, Departmental agency or successor Contractor be done in a way that provides the Department with uninterrupted surveillance services. This includes a complete and total transfer of all data, files, reports, and records generated from the inception of the contract through the end of the contract to the Department or another Department agent should that be required during or upon expiration of its contract.

The contractor shall provide technical and business process support as necessary and required by the Department to transition and assume contract requirements to the Department or another Department agent should that be required during or at the end of the contract.

The contractor shall manage and maintain the appropriate number of staff to meet all requirements listed in the RFP during the transition. All reporting and record requirements, security standards, and performance standards are still in effect during the transition period.

The contractor is required to develop a work plan and timeline to securely and smoothly transfer any data and records generated from the inception of the Contract through the end of the contract to the Department or another Department agent should that be required during or upon expiration of its contract. The plan and documentation must be submitted to the Department no later than four (4) months before the last day of its contract with the Department of Health or upon request of the Department.

5.0 ADMINISTRATIVE INFORMATION

The following administrative information will apply to this RFP. Failure to comply fully with this information may result in disqualification of your proposal.

5.1 Restricted Period

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“IFB”), or solicitation of proposals, or any other method for soliciting a response from Bidders intending to result in a procurement contract with the Department and ending with the final contract award and

approval by the Department and, where applicable, final contract approval by the Office of the State Comptroller.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the bidder is non-responsible and therefore ineligible for this contract award. Two (2) violations within four (4) years of the rules against impermissible contacts during the “restricted period” may result in the violator being debarred from participating in Department procurements for a period of four (4) years.

Pursuant to State Finance Law §§ 139-j and 139-k, the Department identifies a designated contact on face page of this RFP to whom all communications attempting to influence this procurement must be directed.

5.2 Questions

There will be an opportunity available for submission of written questions and requests for clarification with regard to this RFP. All questions and requests for clarification of this RFP should cite the particular RFP Section and paragraph number where applicable and must be submitted via email to surveyrfp@health.ny.gov. It is the bidder’s responsibility to ensure that email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in [Section 1.0](#) (Calendar of Events). Questions received after the deadline may **not** be answered.

5.3 Right to Modify RFP

The Department reserves the right to modify any part of this RFP, including but not limited to, the date and time by which proposals must be submitted and received by the Department, at any time prior to the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events). Modifications to this RFP shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed necessary by the Department will be posted to the Department website.

If the bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the Bidder shall immediately notify the Department of such error in writing at surveyrfp@health.ny.gov and request clarification or modification of the document.

If, prior to the Deadline for Submission of Proposals, a bidder fails to notify the Department of a known error or an error that reasonably should have been known, the bidder shall assume the risk of proposing. If awarded the contract, the bidder shall not be entitled to additional compensation by reason of the error or its correction.

5.4 Payment

The contractor shall submit invoices and/or vouchers to the State's designated payment office:

Preferred Method: Email a .pdf copy of your signed voucher to the BSC at:

AccountsPayable@ogs.ny.gov with a subject field as follows:

Subject: <<Unit ID: 3450467>> <<20337>>

Alternate Method: Mail vouchers to BSC at the following U.S. postal address:
NYS Department of Health
Unit ID 3450467
c/o NYS OGS BSC Accounts Payable
Building 5, 5th Floor
1220 Washington Ave.
Albany, NY 12226-1900

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 <https://www.osc.ny.gov/state-vendors> by email at epayments@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 <https://www.osc.ny.gov/state-vendors>.

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, New York 12236

Payment of such invoices and/or vouchers by the New York State Department of Health shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

Based on a deliverable/Unit fee schedule.

5.5 Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("Department") 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 Department 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 the Department 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, the Department hereby establishes an overall goal of **30%** for MWBE participation, **15%** for Minority-Owned Business Enterprises (“MBE”) participation and **15%** for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). 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 the Department may withhold payment pending receipt of the required MWBE documentation. For guidance on how the Department will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right-hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged, and all communication efforts and responses should be well documented.

By submitting a bid, a bidder agrees to complete an MWBE Utilization Plan ([Attachment 5](#), Form #1) of this RFP. The Department will review the submitted MWBE Utilization Plan. If the plan is not accepted, the Department may issue a notice of deficiency. 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. The Department may disqualify a Bidder as being non-responsive under the following circumstances:

- a) If a Bidder fails to submit a MWBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver (if applicable); or
- d) If the Department determines that the Bidder has failed to document good-faith efforts.

The Contractor will be required to 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 the Department but must be made no later than prior to the submission of a request for final payment on the Contract.

The Contractor will be required to submit a Contractor’s Quarterly M/WBE Contractor Compliance & Payment Report to the Department, 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.

If the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding will constitute a breach of Contract and the Department 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.

New York State certified Minority and Women-Owned Businesses (M/WBE) may request that their firm's contact information be included on a list of M/WBE firms interested in serving as a subcontractor for this procurement. The listing will be publicly posted on the Department's website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its New York State M/WBE certification to surveyrfp@health.ny.gov before the Deadline for Questions as specified in [Section 1.0](#) (Calendar of Events). Nothing prohibits an M/WBE Vendor from proposing as a prime contractor.

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.

5.6 Equal Employment Opportunity ("EEO") Reporting

By submission of a bid in response to this solicitation, the Bidder agrees with all of the terms and conditions of [Attachment 8](#) Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. Additionally, the successful bidder will be required to certify they have an acceptable EEO (Equal Employment Opportunity) policy statement in accordance with Section III of Appendix M in [Attachment 8](#).

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 sub-contractors 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.

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, 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.

To ensure compliance with this Section, the Bidder should submit with the bid or proposal an Equal Employment Opportunity Staffing Plan ([Attachment 5](#), Form #4) identifying the anticipated work force to be utilized on the Contract. Additionally, the Bidder should submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement ([Attachment 5](#), Form # 5), to the Department with their bid or proposal.

5.7 Sales and Compensating Use Tax Certification (Tax Law, § 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.

The successful Bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance’s website, available through this link: <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Forms are available through these links:

- 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

5.8 Contract Insurance Requirements

Prior to the start of work under this Contract, the CONTRACTOR shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of this Contract, insurance of the types and in the amounts set forth in [Attachment 8](#), the New York State Department of Health Contract, Section IV.

5.9 Subcontracting

Bidder’s may propose the use of a subcontractor. The Contractor shall obtain prior written approval from the Department before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that the requirements of the RFP are met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the

agreement between the Department and the Contractor. The Department reserves the right to request removal of any bidder's staff or subcontractor's staff if, in the Department's discretion, such staff is not performing in accordance with the Agreement. Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime contractor.

5.10 The Department's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. 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;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible bidder, should the Department be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five (65) days, any offer is subject to withdrawal communicated in a writing signed by the offerer; and,
16. 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.

5.11 Freedom of Information Law ("FOIL")

All proposals may be disclosed or used by the Department to the extent permitted by law. The Department may disclose a proposal to any person for the purpose of assisting in evaluating the proposal or for any other lawful purpose. All proposals will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the proposal as directed in [Section 6.1 \(B\)](#) of the RFP.** If the

Department agrees with the proprietary claim, the designated portion of the proposal will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

5.12 Lobbying

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, made significant changes as it pertains to development of procurement contracts with governmental entities. The changes included:

- a) made 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) required 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) required 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) authorized the New York State Commission on Public Integrity, (now New York State Joint Commission on Public Ethics), 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) directed 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 website;
- f) required the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment; (Bidders responding to this RFP should submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination".)
- g) increased the monetary threshold which triggers a lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- h) established the Advisory Council on Procurement Lobbying.

Subsequently, Chapter 14 of the Laws of 2007 amended the Lobbying Act of the Legislative Law, particularly as it related to specific aspects of procurements as follows: (i) prohibiting lobbyists from entering into retainer agreements on the outcome of government grant making or other agreement involving public funding; and (ii) reporting lobbying efforts for grants, loans and other disbursements of public funds over \$15,000.

The most notable, however, was the increased penalties provided under Section 20 of Chapter 14 of the Laws of 2007, which replaced old penalty provisions and the addition of a suspension

option for lobbyists engaged in repeated violations. Further amendments to the Lobbying Act were made in Chapter 4 of the Laws of 2010.

Questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Joint Commission on Public Ethics.

5.13 State Finance Law Consultant Disclosure Provisions

In accordance with New York State Finance Law Section 163(4)(g), State agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful bidder 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" in order to be eligible for a contract.

The successful bidder must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report may be accessed electronically at: <http://www.osc.state.ny.us/agencies/forms/ac3271s.doc> and <http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>.

5.14 Debriefing

Pursuant to Section 163(9)(c) of the State Finance Law, any unsuccessful Bidder may request a debriefing regarding the reasons that the proposal or bid submitted by the Bidder was not selected for award. Requests for a debriefing must be made within fifteen (15) calendar days of release of the written or electronic notice by the Department that the Bid submitted by the Bidder was not selected for award. Requests should be submitted in writing to a designated contact identified in the award/non-award letter.

5.15 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/>

5.16 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 Office of General Services website (currently found at this address:

<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 receive information that a person (as defined in State Finance Law § 165-a) is in violation of the above-referenced certifications, the Department 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 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 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.

5.17 Piggybacking

New York State Finance Law section 163(10)(e) (see also <https://ogs.ny.gov/procurement/piggybacking-using-other-existing-contracts-0>) allows the Commissioner of the New York State 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.

5.18 Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidders should complete [Attachment 6](#), Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use/not use New York Businesses in the performance of this contract.

5.19 Diversity Practices Questionnaire

Diversity practices are the efforts of contractors to include New York State-certified Minority and Women-owned Business Enterprises ("MWBEs") in their business practices. Diversity practices may include past, present, or future actions and policies, and include activities of contractors on contracts with private entities and governmental units other than the State of New York. Assessing the diversity practices of contractors enables contractors to engage in meaningful, capacity-building collaborations with MWBEs.

5.20 Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses

(For use when no SDVOB Goals Exist)

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. The Department recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of Department contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, the Department conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidders are encouraged to contact the Office of General Services’ Division of Service-Disabled Veteran’s Business Development at (518) 474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

5.21 Intellectual Property

Any work product created pursuant to this agreement and any subcontract shall become the sole and exclusive property of the New York State Department of Health, which shall have all rights of ownership and authorship in such work product.

5.22 Vendor Assurance of No Conflict of Interest or Detrimental Effect

All bidders responding to this solicitation should submit [Attachment 4](#) to attest that their performance of the services outlined in this RFP does not create a conflict of interest and that the bidder will not act in any manner that is detrimental to any other State project on which they are rendering services.

5.23 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics. In accordance with Executive Order No. 177, the Offeror certifies that they do not have institutional policies or practices that fail to address those protected status under the Human Rights Law.

6.0 PROPOSAL CONTENT

The following includes the format and information to be provided by each Bidder. Bidders responding to this RFP must satisfy all requirements stated in this RFP. All Bidders are requested to submit complete Administrative and Technical Proposals and are required to submit a complete Cost Proposal. A proposal that is incomplete in any material respect may be rejected.

To expedite review of the proposals, Bidders are requested to submit proposals in separate Administrative, Technical, and Cost packages inclusive of all materials as summarized in Attachment A, Proposal Documents. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and Bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals received in response to this RFP will be conducted separately. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

The Department will not be responsible for expenses incurred in preparing and submitting the Administrative, Technical, or Cost Proposals.

6.1 Administrative Proposal

The Administrative Proposal should contain all items listed below. A proposal that is incomplete in any material respect may be eliminated from consideration. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy. Please provide the forms in the same order in which they are requested.

A. Bidder's Disclosure of Prior Non-Responsibility Determinations

Submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination."

B. Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 5.11](#) (Freedom of Information Law ("FOIL")).

C. Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. the Department recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at www.osc.state.ny.us/vendrep or go directly to the VendRep System online at www.osc.state.ny.us/vendrep.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance,

contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at itservicedesk@osc.ny.gov.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep. Bidders should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

D. Vendors Assurance of No Conflict of Interest or Detrimental Effect

Submit [Attachment 4](#), Vendor's Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the Bidder, members, shareholders, parents, affiliates or subcontractors. [Attachment 4](#) must be signed by an individual authorized to bind the Bidder contractually.

E. M/WBE Forms

Submit completed Form #1 and/or Form #2, Form #4 and Form #5 as directed in [Attachment 5](#), "Guide to New York State Department of Health M/WBE RFP Required Forms."

F. Encouraging Use of New York Businesses in Contract Performance

Submit [Attachment 6](#), "Encouraging Use of New York State Businesses" in Contract Performance to indicate which New York Businesses you will use in the performance of the contract.

G. Bidder's Certified Statements

Submit [Attachment 7](#), "Bidder's Certified Statements", which includes information regarding the Bidder. Attachment A must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder. The Department reserves the right to reject a proposal that contains an incomplete or unsigned [Attachment 7](#) or no [Attachment 7](#).

H. References

Provide three (3) references using [Attachment 9](#), (References) confirming the Bidder's level of experience. Provide firm names, addresses, contact names, telephone numbers, and email addresses.

I. Diversity Practices Questionnaire

The Department has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents of this procurement is practical, feasible, and appropriate. Accordingly, respondents to this procurement should include as part of their response to this procurement, [Attachment 10](#) "Diversity Practices Questionnaire". Responses will be formally evaluated and scored.

J. Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Submit [Attachment 11](#) certifying that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

K. Executive Order 16 Prohibiting Contracting with Businesses Conducting Business with Russia

Bidder should complete and submit [Attachment 12](#) certifying the status of their business operations in Russia, if any, pursuant to Executive Order 16

6.2 Technical Proposal

The purpose of the Technical Proposal is to demonstrate the qualifications, competence, and capacity of the Bidder to perform the services contained in this RFP. The Technical Proposal should demonstrate the qualifications of the Bidder and the staff to be assigned to provide services related to the services included in this RFP.

A Technical Proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the information requested to be provided by Bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy.

While additional data may be presented, the following should be included. Please provide the information in the same order in which it is requested. Your proposal should contain sufficient information to assure the Department of its accuracy. Failure to follow these instructions may result in disqualification.

Pricing information contained in the Cost Proposal cannot be included in the Technical Proposal documents.

6.2.1 Title Page

Submit a Title Page providing the RFP subject and number; the Bidder's name and address, the name, address, telephone number, and email address of the Bidder's contact person; and the date of the Proposal.

6.2.2 Table of Contents

The Table of Contents should clearly identify all material (by section and page number) included in the proposal.

6.2.3 Documentation of Bidder's Eligibility Responsive to Section 3.0 of this RFP

Bidders must be able to meet all the requirements stated in [Section 3.0](#) of this RFP. The bidder must submit documentation that provides sufficient evidence of meeting the criterion. This documentation may be in any format needed to demonstrate how they meet the minimum qualifications to propose.

Minimum Qualifications

Bidders must meet all minimum qualifications stated in [Section 3.1](#) of this RFP. The Bidder must provide clear and concise evidence documenting how the Bidder meets the following requirements:

- The bidder may not be a health care facility provider or entity, an association of health care or otherwise Department-licensed facilities, or a health care facility affiliate in New York State. The bidder should provide assurance that it has no conflict of interest with respect to conducting the duties and responsibilities of the Component(s) included in the proposal.
- The bidder may not be an organization whose previous New York State contracting experience has been subject to corrective action plans.
- The bidder must have a minimum of two (2) years' experience providing professional level staffing for contractual engagements that are nine (9) months or more in duration.

6.2.4 Technical Proposal Narrative

The Bidder should provide a narrative description of their proposed approach to meet the requirements in the RFP. The Technical Proposal should provide satisfactory evidence of the Bidder's ability to meet, and expressly respond to, each element listed below. When describing experience, include how that experience will be beneficial to this NYS Program. Elements of the Technical Proposal are as follows:

6.2.4.1 Administrative Specifications (see "Administrative Specifications" [Section 4.1](#)):

The Bidder's should describe their proposed approach and capabilities to work with the Department to facilitate and execute the Administrative Specifications as described in this RFP, including, but not limited to the following requirements:

The bidder should describe in detail their organizational structure including but not limited to the following:

- An organizational chart;
- A description of the background and experience of the officers, executives and key staff that would be assigned to manage the component;
- A description of the proposed approach to ensure all staffing, reporting and other management activities are completed.

Staff Oversight:

The Bidder should describe their experience providing oversight of staff. The Bidder should describe their proposed approach for this project and describe at a minimum, how the Bidder will oversee the payment of salary and fringe benefits (if applicable), coordination of time off, disciplinary action, performance monitoring, and other overhead functions at no cost to the Department.

The Bidder should describe in detail their plan to ensure the contractor's project manager will coordinate with Department staff on all staffing logistical issues as described in [Section 4.1](#) (Administrative Specifications).

The Bidder should describe their proposed approach to ensure the provision of supervisory staff and how that staff will ensure the quantity and quality of contractor staff work output, ensure acceptable outcomes, which have been coordinated and determined by Department unit management staff.

Staff Replacement:

The Bidder should describe their proposed approach to meet the staff replacement requirements described in [Section 4.1](#) (Administrative Specifications). At a minimum, this should include a description of how the Bidder proposes to ensure staff will be replaced within the defined timeframes and how they will handle extenuating circumstances described in this section.

Training:

The Bidder should describe their proposed approach to ensure that all staff hired for the contract are trained and/or receive the required training specific to the awarded component(s) as described for each component (A, B, C, D) detailed in [Section 4.1](#) (Administrative Specifications).

The Bidder should describe their experience and proposed process for tracking and reporting out on training to the Department. The Bidder should include how their team will perform the work involved toward meeting these requirements.

Travel:

The Bidder must describe how they will maintain and adhere to all travel requirements as described [Section 4.1](#) (Administrative Specifications)

The Bidder should describe their proposed approach to ensure they have staff available to coordinate travel arrangements in the event of emergency or urgent situations as they arise.

Monitoring and Reporting:

The Bidder should describe their proposed approach to ensure that the required reports are submitted within thirty (30) calendar days following the execution of the Contract and everything thirty (30) calendar days thereafter.

The Bidder should describe their proposed approach to ensure, at a minimum, that all elements described in the contract deliverables as described in [Section 4.1](#) (Administrative Specifications) and in each respective Component are addressed and included in the reports.

The Bidder should describe their ability and experience with collecting and conducting an analysis of data related to the component deliverables and reporting.

The Bidder should describe in detail their proposed approach to develop and maintain linkage and communication with the Department as described in as described in [Section 4.1](#) (Administrative Specifications).

The Bidder should describe in detail how they will ensure ongoing review activity and required periodic reports, feedback to changes in policy and procedures, and the ability of key management staff to attend required meetings at Department offices and be available for conference calls.

The Bidder should describe their proposed approach to maintain data confidentiality plans and procedures.

The Bidder should describe their proposed approach to meeting HIPAA requirements as they relate to the units within each component, including all plans as they relate to subcontractor work where applicable.

The Bidder should describe their proposed approach to implement an internal control process for oversight and monitoring of subcontractors if applicable.

Unit Descriptions/Specifications (see “Scope of Work” [Section 4.1.1](#)):

The Bidder should provide a detailed description of their proposed plan of how they will provide the services outlined in [Section 4.1.1](#) for each Component they plan to bid on

- The Bidder’s should include detailed information that describes their understanding of the tasks required under each unit, including:
 - Access to and understanding of the environment in which the surveillance, complaints and investigations functions; and,
 - An understanding of HIPAA requirements and Medicaid privacy and confidentiality as they apply to each component proposed.
- The Bidder should describe their proposed methods and their policies and procedures for conducting the activities detailed in the units. Where appropriate, the Bidder should provide data and/or evidence based on experience, published data, or other appropriate information to justify a specific approach or decision on the conduct of any specific activities.
- The Bidder should describe their proposed approach to establishing an effective system for the timely undertaking and completion of all unit activities.
- The Bidder should describe the proposed approach to ensure the availability of staff to perform activities in all of the areas of the State required for each component, and any plan for the distribution of staff among the various units of the component.
- If the Bidder is submitting a proposal for more than one (1) component, and any

staff will be utilized across components, the distribution plan in each component narrative should demonstrate how the staff will be allocated across components. The Bidder should describe the feasibility of this approach, including appropriate staff qualifications and training. In addition, an alternative plan should describe staffing if not all components included in the bid are awarded to the bidder.

- The Bidder should provide a description of the roles and responsibilities, by title, for all contractor staff carrying out the units;
- The Bidder should provide details regarding the expected number of staff needed to provide a full complement of staff as described for the anticipated annual number of surveys and units within the component.

Component A:

- a. A1- Complaint/Incident/Death Investigation
- b. A2- Recertification Survey
- c. A3-Questionable Operations Investigation
- d. A4-Closures and Emergency Events

Component B:

- a. B1- LHCSA Re-licensure/Re-certification
- b. B2- LHCSA Complaint Investigation/Focused Survey

Component C:

- a. C1- Federal Standard Survey
- b. C2- Onsite Investigation of a Complaint Case or Facility Incident Report
- c. C2A- Emergency Events
- d. C3- Offsite Investigation of a Complaint Case or Facility Incident Report
- e. C4- Complaint Intake and Triage
- f. C5- Annual Adult Day Health Care Program Survey

Component D:

- a. D1- Full/Fundamental Survey
- b. D2- Revisit-Health
- c. D3- Onsite Complaint Investigation
- d. D4- Certification Review
- e. D4- State Oversight and Supervision Survey

6.2.4.2 Staffing (see “Scope of Work” [Section 4.2](#)):

For each Component, the Bidder should provide in detail the following:

- The proposed approach to obtain sufficient key staff to ensure compliance with all contract responsibilities as described in each Component in [Section 4.2](#) (Staffing) of this RFP. This should include the following:
 - The proposed process that will be used to recruit and retain an adequate level of staff meeting at least the minimum qualifications to complete all unit deliverables within the component.
 - A description of the Bidder’s ability to find and hire qualified staff and the types and specialties of the staff who will be performing the unit activities.
 - The proposed process for postings/advertisements/etc. jobs for these types of positions and how they will be utilized in hiring new staff. Where possible, the Bidder should include past job postings/advertisements/etc.
- A description of key staff and describe how their functions relate to the successful completion of the work described in [Section 4.0](#) of this RFP.
- An estimate of the share of time key staff will be allocated to complete the work described in each Component and the rationale for that time allocation.
- The proposed start-up activities timeline that illustrates the Bidder’s ability to produce the required staff in a timely fashion.
- The proposed plan and process to ensure all Contractor staff are appropriately trained for the component.

6.3 Cost Proposal

Submit a completed and signed [Attachment B – Cost Proposal](#). The Cost Proposal shall comply with the format and content requirements as detailed in this document and in Attachment B. Failure to comply with the format and content requirements may result in disqualification.

The bid price is to cover the cost of furnishing all of the said services, including but not limited to travel, materials, equipment, overhead, profit and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.

7.0 PROPOSAL SUBMISSION

The proposal must be received by the NYSDOH, no later than the Deadline for Submission of Proposals specified in [Section 1.0](#), (Calendar of Events). Late bids will not be considered.

A proposal consists of three distinct parts:

1. Administrative Proposal
2. Technical Proposal
3. Cost Proposal

Proposals must be submitted in three separate, clearly labeled emails as described below. Using email, attach password protected, PDF proposals in three separate emails to: SurveyRFP@health.ny.gov, with the Subject Line “RFP# 20337: Surveillance and Investigation Activities”. Include, as an attachment(s) to each email, the distinct PDF file(s) labeled “Administrative Proposal”, “Technical Proposal” or Cost Proposal.

- Example: “Technical Proposal Submission, ABC Company, RFP # 20337”.

All electronic proposal submissions should be clear and include page numbers on the bottom of each page. The body of the email submitted should also include the password and indicate the number of total pages intended, and where indicated, each subset of pages listed.

- Example: Technical proposal 30 pages total, Attachment C, 17 pages.

A font size of eleven (11) points or larger should be used with appropriate header and footer information. In the event an electronic submission cannot be read by DOH, DOH reserves the right to request a hard copy and/or electronic resubmission of any unreadable files. Offeror shall have 2 business days to respond to such requests and must certify the resubmission is identical to the original submission.

1. Where signatures are required, the proposals designated as originals should have a handwritten signature and be signed in blue ink.
2. The NYSDOH discourages overly lengthy proposals. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective proposal, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the NYSDOH to evaluate proposals fairly and completely, proposals should follow the format described in this RFP to provide all requested information. The Bidder should not repeat information in more than one section of the proposal. If information in one section of the proposal is relevant to a discussion in another section, the Bidder should make specific reference to the other section rather than repeating the information; and
3. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team.

The entire proposal must be received by the NYSDOH in three separate emails to the email account and format designated above, no later than the Deadline for Submission of Proposals specified in [Section 1.0](#), (Calendar of Events). Late bids will not be considered.

Submission of proposals in a manner other than as described in these instructions (e.g., fax, electronic transmission) will not be accepted.

7.1 No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid form [Attachment 2](#).

8.0 METHOD OF AWARD

8.1 General Information

The Department will evaluate each proposal based on the “Best Value” concept. This means that the proposal that best “optimizes quality, cost, and efficiency among responsive and responsible offerers” shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

The Department at its sole discretion, will determine which proposal(s) best satisfies its requirements. The Department reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated and scored for technical qualities and cost. Proposals failing to meet the requirements of this document may be eliminated from consideration. The evaluation process will include separate technical and cost evaluations, and the result of each evaluation shall remain confidential until evaluations have been completed and a selection of the winning proposal is made.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted **70%** of a proposal’s total score and the information contained in the Cost Proposal will be weighted **30%** of a proposal’s total score. *[e.g., 70% Technical, 30% Cost]*

Bidders may be requested by the Department to clarify the contents of their proposals. Other than to provide such information as may be requested by the Department, no Bidder will be allowed to alter its proposal or add information after the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events).

In the event of a tie, the determining factors for award, in descending order, will be:

- (1) lowest cost and
- (2) proposed percentage of MWBE participation.

8.2 Submission Review

The Department will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in [Section 6.0](#) (Proposal Content) and [Section 7.0](#) (Proposal Submission), including documentation requested for the Administrative Proposal, as stated in this RFP. Proposals that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of the Department, may be rejected.

8.3 Technical Evaluation

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of program staff of the Department will review and evaluate all proposals.

Proposals will undergo a preliminary evaluation to verify Minimum Qualifications to Propose (Section 3.0).

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the Technical Score for each responsive Bidder.

The technical evaluation is **70% (up to 70 points)** of the final score.

8.4 Cost Evaluation

The Cost Evaluation Committee will examine the Cost Proposal documents. The Cost Proposals will be opened and reviewed for responsiveness to cost requirements. If a cost proposal is found to be non-responsive, that proposal may not receive a cost score and may be eliminated from consideration.

The Cost Proposals will be scored based on a maximum cost score of 30 points. The maximum cost score will be allocated to the proposal with the lowest all-inclusive not-to-exceed maximum price. All other responsive proposals will receive a proportionate score based on the relation of their Cost Proposal to the proposals offered at the lowest final cost, using this formula:

$$C = (A/B) * 30\%$$

A is Total price of lowest cost proposal;

B is Total price of cost proposal being scored; and

C is the Cost score.

The cost evaluation is **30% (up to 30 points)** of the final score.

8.5 Composite Score

A composite score will be calculated by the Department by adding the Technical Proposal points and the Cost points awarded. Finalists will be determined based on composite scores.

8.6 Interviews

N/A

8.7 Reference Checks

The Bidder should submit references using [Attachment 9](#) (References). At the discretion of the Evaluation Committee, references may be checked at any point during the process to verify bidder qualifications to propose ([Section 3.0](#)).

8.8 Best and Final Offers

The Department reserves the right to request best and final offers. In the event the Department exercises this right, all bidders that submitted a proposal that are susceptible to award will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

8.9 Award Recommendation

The Evaluation Committee will submit a recommendation for award to the Finalist(s) with the

highest composite score(s) whose experience and qualifications have been verified.

The Department will notify the awarded Bidder(s) and Bidders not awarded. The awarded Bidder(s) will enter into a written Agreement substantially in accordance with the terms of [Attachment 8](#), the Department Agreement, to provide the required services as specified in this RFP. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

ATTACHMENTS

The following attachments are included in this RFP and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>.

1. [Bidder's Disclosure of Prior Non-Responsibility Determination](#)
2. [No-Bid Form](#)
3. [Vendor Responsibility Attestation](#)
4. [Vendor Assurance of No Conflict of Interest or Detrimental Effect](#)
5. [Guide to New York State Department of Health M/WBE Required Forms & Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
7. [Bidder's Certified Statements](#)
8. [New York State Department of Health Contract](#) (Standard Contract)
9. [References](#)
10. [Diversity Practices Questionnaire](#)
11. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)
12. [Executive Order 16 Prohibiting Contracting with Business Conducting Business in Russia](#)

The following attachments are attached and included in this RFP:

- A. Proposal Document Checklist
- B. Cost Proposal

**ATTACHMENT A
PROPOSAL DOCUMENT CHECKLIST**

Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.

RFP20337 – Surveillance and Investigation Activities For: Adult Care Facilities, Licensed Home Care Services Agencies, Nursing Homes, and Intermediate Care Facilities for Individuals with Intellectual Disabilities		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.A	Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations, completed and signed.	<input type="checkbox"/>
§ 6.1.B	Freedom of Information Law – Proposal Redactions	<input type="checkbox"/>
§ 6.1.C	Attachment 3- Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.D	Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.E	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 Form 1	<input type="checkbox"/>
	Attachment 5 Form 2 (If Applicable)	<input type="checkbox"/>
§ 6.1.F	Attachment 6- Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.G	Attachment 7 - Bidder’s Certified Statements, completed & signed.	<input type="checkbox"/>
§ 6.1.H	Attachment 9 – References	<input type="checkbox"/>
§ 6.1.I	Attachment 10 - Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.J	Attachment 11 - Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination	<input type="checkbox"/>
§ 6.1.K	Attachment 12- Executive Order 16 Prohibiting Contracting with Businesses Conducting Business with Russia	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.2.1	Title Page	<input type="checkbox"/>
§ 6.2.2	Table of Contents	<input type="checkbox"/>
§ 6.2.3	Documentation of Bidder’s Eligibility (Requirement)	<input type="checkbox"/>
§ 6.2.4	Technical Proposal Narrative	<input type="checkbox"/>
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment B- Cost Proposal	<input type="checkbox"/>

**RFP #20337
ATTACHMENT B
COST PROPOSAL**

**Attachment B
COST PROPOSAL FORMS**

B-1 through B-4

Surveillance and Investigation Activities For:

Adult Care Facilities, Home Care Services Agencies, Nursing Homes, and Intermediate Care Facilities

BIDDER'S ORGANIZATION NAME: _____

Bidder must submit a completed and signed Attachment B Cost proposal. The Bidder must propose fees for each year and each service type in Columns B – F of this Bid Form for the components being bid. Bidders must indicate by checking yes or no to confirm their intent to bid on each component.

The fee prices bid will cover the cost of furnishing all the said services, including but not limited to, travel, materials, equipment, overhead, profit, labor, training, and reports to the satisfaction of the Department of Health and the performance of all work set forth in said specifications for the period from contract start through contract estimated end, September 31, 2029. The services listed in Attachment B – Cost Proposal are the **only** services for which the awarded bidder can bill the Department.

The annual service volumes are provided in Column G and are **estimates** of work to be performed. These estimates are **not a guarantee** of work to be performed under the new contract. Payment shall be based upon the fee bid for each service multiplied by the quantity of actual services provided.

Each fee must be the fee that the bidder proposes to charge to the Department of Health for a single unit of service in that category of service in the specified year.

**RFP #20337
ATTACHMENT B
COST PROPOSAL**

B-1 through B-4

**Surveillance and Investigation Activities For:
Adult Care Facilities, Home Care Services Agencies, Nursing Homes, and Intermediate Care
Facilities**

BIDDER'S ORGANIZATION NAME: _____

COMPONENT A: ADULT CARE FACILITIES –

BID: YES **NO**

A	B	C	D	E	F	G
UNIT NAME	Per Unit Fee Year 1	Per Unit Fee Year 2	Per Unit Fee Year 3	Per Unit Fee Year 4	Per Unit Fee Year 5	Annual Unit Volume Estimate
Unit A1: Complaint/ Incident/Death Investigation	\$	\$	\$	\$	\$	550
Unit A2: Recertification Survey	\$	\$	\$	\$	\$	500
Unit A3: Questionable Operations Investigation	\$	\$	\$	\$	\$	5
Unit A4: Closures and Emergency Events	\$	\$	\$	\$	\$	6

COMPONENT B: LICENSED HOME CARE SERVICES AGENCIES –

BID: YES **NO**

A	B	C	D	E	F	G
UNIT NAME	Per Unit Fee Year 1	Per Unit Fee Year 2	Per Unit Fee Year 3	Per Unit Fee Year 4	Per Unit Fee Year 5	Annual Unit Volume Estimate
Unit B1: LHCSA Relicensure/Recertification Survey	\$	\$	\$	\$	\$	260
Unit B2: LHCSA Complaint Investigation/Focused Survey	\$	\$	\$	\$	\$	60

**RFP #20337
ATTACHMENT B
COST PROPOSAL**

B-1 through B-4

**Surveillance and Investigation Activities For:
Adult Care Facilities, Home Care Services Agencies, Nursing Homes, and Intermediate
Care Facilities**

BIDDER'S ORGANIZATION NAME: _____

COMPONENT C: NURSING HOMES –

BID: YES NO

A	B	C	D	E	F	G
UNIT NAME	Per Unit Fee Year 1	Per Unit Fee Year 2	Per Unit Fee Year 3	Per Unit Fee Year 4	Per Unit Fee Year 5	Annual Unit Volume Estimate
Unit C1: Federal Standard Survey	\$	\$	\$	\$	\$	175
Unit C2: Onsite Investigation of a Complaint or Facility-submitted Incident Report	\$	\$	\$	\$	\$	150
Unit C2A: Emergency Events	\$	\$	\$	\$	\$	5
Unit C3: Offsite Investigation of a Complaint or Facility-submitted Incident Report	\$	\$	\$	\$	\$	1,000
Unit C4: Compliant Intake and Triage	\$	\$	\$	\$	\$	12,300
Unit C5: Adult Day Health Care Program Survey	\$	\$	\$	\$	\$	5

**RFP #20337
ATTACHMENT B
COST PROPOSAL**

B-1 through B-4

**Surveillance and Investigation Activities For:
Adult Care Facilities, Home Care Services Agencies, Nursing Homes, and Intermediate
Care Facilities**

BIDDER'S ORGANIZATION NAME: _____

**COMPONENT D: INTERMEDIATE CARE FACILITIES FOR PEOPLE WITH INTELLECTUAL
DISABILITIES –**

BID: YES NO

A	B	C	D	E	F	G
UNIT NAME	Per Unit Fee Year 1	Per Unit Fee Year 2	Per Unit Fee Year 3	Per Unit Fee Year 4	Per Unit Fee Year 5	Annual Unit Volume Estimate
Unit D1: Full/Fundamental Survey	\$	\$	\$	\$	\$	28
Unit D2: Revisit-Health	\$	\$	\$	\$	\$	22
Unit D3: Onsite Complaint Investigation	\$	\$	\$	\$	\$	100
Unit D4: Certification Review	\$	\$	\$	\$	\$	324
Unit D5: State Oversight & Supervisions Survey	\$	\$	\$	\$	\$	26

By signing this Cost Proposal, bidder attests that the following information is true and accurate to the best of my knowledge and that the Bidder organization(s) agrees to abide by the terms of the approved proposal and is fully able and willing to carry out the deliverables contained herein. A price or indication of non-bid for each component MUST be submitted for all of the above deliverable categories. Cost Proposals that do not include a price or non-bid indication for each category may be disqualified. By signing this Cost Proposal Bid Sheet, bidder agrees that the prices above are binding for 365 days from the proposal due date.

Print Name:	Title:
Email Address:	Phone Number:
Authorized Signature:	
Date:	