



Department of Health

Request for Proposals

RFP # - 20300

Administration of New York's Nurse Aide Testing and Certification Program

Issued: September 27, 2023

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the New York State Department of Health (hereinafter referred to as the “**Department**” or as “**DOH**”) identifies the following designated person to whom all communications attempting to influence the Department’s conduct or decision regarding this procurement must be made.

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1.0 CALENDAR OF EVENTS

RFP 20300 - ADMINISTRATION OF NEW YORK’S NURSE AIDE TESTING AND CERTIFICATION PROGRAM	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	September 27, 2023
Deadline for Submission of Written Questions	Questions Due By October 18, 2023 4:00 p.m. ET
Responses to Written Questions Posted by DOH	Responses Posted on or about November 8, 2023
Deadline for Submission of Proposals	Proposals Due On Or Before November 29, 2023 4:00 p.m. ET
<u>Anticipated</u> Contract Start Date for incumbent	April 1, 2024
<u>Anticipated</u> Contract Start Date for new contractor	February 1, 2024

2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State (“State”) Department of Health (the “Department” or “DOH”) is seeking competitive proposals from qualified bidders to provide administration of New York State’s Nurse Aide testing and certification program, and related services, as further outlined below and described herein:

1. Establish a standardized competency evaluation program (CEP), based on the Federal Omnibus Budget Reconciliation Act (OBRA 1987) and New York State Department of Health requirements and curriculum for nurse aides in residential health care facilities (RHCF), which reflects the knowledge, skills and competencies included in that curriculum.
2. Administer the CEP, i.e., the clinical skills examination (CSE), the written examination (WE) and oral examination (OE), to eligible candidates by qualified nurse aide evaluators (NAEs); score each examination; process and record the scores; distribute the score reports; protect the confidentiality and security of the examination; and process and issue New York State RHCF nurse aide certificates, new and/or updated wallet cards.
3. Establish and maintain an examination database containing descriptive information on each individual candidate and the performance of each nurse aide training program (NATP), nurse aide evaluator and individual candidates. Prepare and distribute reports as requested by DOH.
4. Establish, operate and maintain a website for the New York State RHCF Nurse Aide Registry (an interactive database), input information on each individual who has successfully achieved New York State RHCF nurse aide certification; update the information on each individual in the Registry as necessary, respond to verification requests about RHCF nurse aides from potential nurse aide employers, other State and local government agencies and the public; maintain high levels of prompt and accurate assistance to customers, stakeholders and other users; and respond to requests from CNAs (Certified Nurse Aide) for assistance with certification and recertification.

It is the Department’s intent to award one (1) contract from this procurement.

2.1 Introductory Background

The Omnibus Budget Reconciliation Acts of 1987, 1989 and 1990 amending Sections 1819 and 1919 of the Social Security Act require the State to implement an RHCF nurse aide program with the following components:

1. Curriculum for training nurse aides working in Medicare- and Medicaid-approved nursing homes in New York State;
2. State-approved facility-based and non-facility-based nurse aide training programs;
3. Competency evaluations which include skills evaluation (demonstration) and written examination (with the availability of oral administration of the written examination);
4. A registry of all nurse aides who have successfully completed training and competency evaluations; and
5. A system for adding to and removing information from a nurse aide's record in the registry related to final Legal Findings.

Federal rules and regulations regarding the nurse aide competency evaluation and registry may be found at [42 CFR Subpart D §§483.150 - 483.156](#). New York State rules and regulations may be found at [10 NYCRR 415](#).

As of December 31, 2022, there are 612 residential health care facilities in New York State with 111,227 beds. As of December 31, 2022, there were 490,901 certified nurse aides (CNAs) listed in the New York State RHCF Nurse Aide Registry. Of these, 72,083 are active.

The following data on testing, certification and nurse aide registry activity volume is provided for informational purposes only. It is not intended to be a guarantee of future nurse aide certification program volumes or activities. The Department makes no guarantees as to the volume of billable events, e.g., actual number certification tests, recertification applications, reciprocity requests, or duplicate certificate requests, etc. The exact number of test administrations, initial certifications, reciprocity requests, and recertification and NAR inquiries during the life of this contract may be more or less than the numbers reported below.

In calendar year 2022 there were the following billable events:

- 11,681 first time clinical skills exams
- 11,401 first time written exams
- 419 first time oral exams
- 1,532 clinical skills exams retests
- 1,861 written exams retests
- 65 oral exams retests
- 30,005 recertifications
- 2,470 reciprocities
- 4,569 "no show" exams associated with 2,466 "no show" candidates
- 2,931 printed certificates

In a recent 12-month period, the New York State Nurse Aide Registry received 293,672 on-line verification requests. The contractor's customer service unit received, on average, about 6,769 calls per month.

[Attachment L](#) to this RFP is the Nursing Home NATP Course Outline (i.e., New York’s required nurse aide training program curriculum) which must be included in all State-approved nurse aide training programs. Nurse aide training programs may be offered by nursing homes, vocational training schools (BOCES), community colleges, nursing school programs, proprietary schools, high schools, community-based organizations, federal training programs and employment organizations. As of February 9, 2023, there were 449 approved NATPs in NYS, 153 were traditional programs approved by the Department of Health and another 296 were approved by the Department of Education.

Glossary of Acronyms

The acronyms used throughout this RFP are as follows:

Abbreviation	Full Phrase
CEP	Competency Evaluation Program
CISO	Chief Information Security Officer
CNA	Certified Nurse Aide
CSE	Clinical Skills Examination
DOH	(New York State) Department of Health
IBT	Internet-based testing
NAE	Nurse Aide Evaluator
NAR	Nurse Aide Registry
NATP	Nurse Aide Training Program
NY	New York
NYS	New York State
OE	Oral Examination
RHCF	Residential Health Care Facility or Nursing Home
SED	State Education Department
SSN	Social Security Number
WE	Written Examination

Definitions

Approved NATPs: These programs have been reviewed and approved either by DOH or SED, and have a valid seven-digit identification number issued by either DOH or SED.

Certification Routes: There are 8 Certification Routes to determine an individual’s qualifications and eligibility for CNA certification in NYS. The DOH reserves the right to make additions to or modifications of the certification routes over the course of the contract.

- New Nurse Aides – Individuals who have never been a CNA and recently completed an approved NATP in NYS.
- Reciprocity – Individuals who currently hold an active CNA certification(s) in another U.S. state(s). These individuals would not need to take the NYS CEP.
- Graduate Nurse – Individuals who have completed a Nursing Training Program in the U.S.
- Licensed Nurse – Individuals who currently hold an active RN or LPN license in the U.S. These individuals would not need to take the NYS CEP.
- Foreign Trained Nurse – Individuals who have completed a Nursing Training Program in another country.
- NYS Trained and Lapsed – Lapsed CNAs who were originally trained in a NYS NATP after July 1,

1989.

- Lapsed – Lapsed CNAs who obtained NYS certification previously by deeming, waiving, reciprocity, or completed training prior to July 1, 1989.
- Military Veterans – Individuals who are military veterans with qualifying occupational categories.

Legal Findings: sustained findings of resident abuse, neglect, mistreatment and misappropriation of resident property or convictions of the same by federal or State statute, regulation or policy.

No Show: Candidates who do not reschedule within the required timeframes or who are late for the test or who fail to appear for the test at the designated place, time and date.

Nurse Aide Employer: Includes all NYS RHCs and other employment organizations as approved by DOH. A unique 7-digit nurse aide employer identification number is assigned by DOH.

Wallet Card: Card issued to a CNA that contains information regarding the individual's status as a CNA, certificate number, and other information that can be used to identify the individual on the NAR.

2.2 Important Information

The Bidder **must** review, and is requested to have its legal counsel review, [Attachment 8](#), the DOH Agreement (Standard Contract), as the successful Bidder must be willing to enter into the Contract awarded pursuant to this RFP in the terms of [Attachment 8](#), **subject only to any amendments to the Standard Contract agreed by the DOH during the Question and Answer Phase of this RFP** (see, [Section 5.2](#)). Please note that this RFP and the awarded Bidder's Bid 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, terms and conditions 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 DOH and the successful Bidder. By submitting a response to this RFP, the Bidder agrees to comply with all the provisions of the Contract, including all the provisions of Appendix A.

Note, [Attachment 7](#), the Bidder's Certified Statements, **must** be submitted by each Bidder 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, including, without limitation, [Attachment 8](#). It also includes a statement that the Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with its Bid, such alternate proposals or extraneous terms will not be evaluated by the DOH.

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 such qualifications or exceptions that are not proposed prior to the deadline for the submission of written questions will not be considered by DOH after contract award. Any amendments DOH makes to the RFP as a result of questions and answers will be publicized on the DOH web site and will be available and applicable to all Bidders equally.

2.3 Term of the Agreement

The term of the Contract that will be entered into pursuant to this RFP between the Department and the successful Bidder 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

NYSDOH will accept proposals from organizations with the following types and levels of experience as a prime contractor:

- Eligible bidders must own or possess unimpeded rights to the Competency Evaluation Program (CEP) that the bidder proposes to use in response to this RFP for New York State; and
- Such CEP must currently be used in at least one state; and
- The CEP must satisfy federal requirements at [SSA §1819\(e\)\(1\)](#) and [SSA §1919\(e\)\(1\)](#) for the state(s) in which the bidder currently uses the CEP.

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.

3.2 Preferred Qualifications

Bidders that demonstrate the following experience are preferred:

- The Bidder's CEP is utilized in at least 3 states;
- The Bidder's CEP has been utilized for at least 3 years;
- The Bidder has hosted a NAR in at least 3 states;
- The Bidder has hosted a NAR for at least 3 years.

4.0 SCOPE OF WORK

This Section describes the Nurse Aide testing and certification program, administration, and related services as further described herein that are required to be provided by the selected bidder. The selected bidder must be able to provide all of 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.

4.1 General Requirements

- 4.1.1. All contractor activities to be performed and all materials to be produced under all parts of the contract will be accomplished in consultation with and under the direction of the Department through its Bureau of Professional Credentialing & Training Programs.
- 4.1.2. All data collected pertaining to the New York State nurse aide certification program, including but not limited to individual candidates, CNAs, NATPs, nurse aide employers, NAEs and test performance remain the property of the Department. The contractor may neither release nor use

the data in any manner not specified in this RFP without the prior written approval of DOH. All materials developed and distributed to the public under the terms of the contract, other than the test forms and materials documenting the development of the test forms, are the property of the DOH unless otherwise agreed to by the DOH in writing. The contractor shall not limit DOH access to or use of the data collected.

- 4.1.3. The contractor must meet in person or through teleconference means with DOH to discuss contractual and programmatic issues at least once each calendar quarter for the term of the contract, unless otherwise agreed to by DOH. Additional meetings and conference calls will be scheduled as required or needed.
- 4.1.4 The contractor will be responsible for printing all materials and/or posting and maintaining them on its public website. The contractor will provide camera-ready versions of all material to DOH prior to publication or posting on its public website. Materials deemed unacceptable will be returned to the contractor for correction.
- 4.1.5 Quality control of all printed and electronic materials, including those distributed to candidates, NATPs, RHCFS, nurse aide employers, NAEs and DOH, resides with the contractor. Any public facing materials that reference DOH policies and procedures (i.e. Nursing Home Nurse Aide Handbook) will require DOH review and, if necessary, contractor revision and DOH re-review before the materials are available to the public. The contractor will be responsible for quality control for all services, materials, customer services, information technology and deliverables specified in this RFP.
- 4.1.6 The contractor must investigate all breaches of security and take prompt corrective action(s) to prevent their reoccurrence. The contractor shall notify DOH immediately upon receipt of information suggesting a breach may have occurred and provide DOH with a full reporting of the incident during the contractor's investigation and upon closure.
- 4.1.7 The contractor is prohibited from using the SSNs or any portion of SSNs for any purpose whatsoever, including use as identifiers in the databases required in this RFP, including but not limited to NAEs and CNAs.
- 4.1.8 The contractor is required to maintain the databases described in this RFP and all databases that support these databases until its contract with the Department of Health expires, in accordance with Appendix F of its contract with the DOH.

4.2 Staffing

The bidder will ensure an organizational capacity and staffing structure that provides the required capacity and expertise to complete all deliverables outlined in Sections 4.0 Scope of Work and provide oversight of the entire contract while maintaining regular communication between the vendor and DOH regarding all components of the CEP throughout the duration of the resulting contract.

The following staffing positions are the minimum required. Additional positions may be proposed.

- **Contract Manager** – The contractor must designate a full-time contract manager who shall be responsible for managing the contractual relationship with the State, providing oversight of the delivery of services, being accountable for the successful completion of all aspects of the resulting Contract, and will be the single individual that DOH contacts concerning the day-to-day activities and performance of the activities required in the contract, regardless of whether it is the contractor or its sub-contractors who are performing the activities.

It is expected that the contractor will select the contract manager, subject to DOH approval. This person will have the authority to speak for the contractor and to resolve all issues. During the term of the contract, if substitution of the contract manager is required, the qualifications of the newly anticipated manager will need to be sent to DOH for review, in writing, prior to appointment to the position. The contractor will have no more than 90 calendar days to fill any vacancy in the contract manager position.

- **Administrative Staff** - The contractor will retain administrative staff with the education, training and experience in appropriate methods of statistical analysis and test development to provide psychometric and statistical consultation and specialized psychometric and/or statistical reports in a timely manner upon demand by DOH.
- **Nurse Aide Evaluators (NAEs)** –These positions are responsible for administering the NYS CEP to all qualified individuals. All NAEs to be used in the performance of this contract must be currently licensed in NYS as a registered nurse in good standing with at least one year of experience in an RHC. Any exception to this experience requirement can only be made with DOH approval.
- **Customer Service Staff** – These staff are responsible for interacting with individuals who are interested in becoming certified nursing home nurse aides in New York, certified nursing home nurse aides listed on the NAR, individuals whose certification has lapsed and who are no longer listed on the public view of the NAR, NATP staff and educators, RHCs, nursing home staffing agencies, other states, etc. on behalf of the contractor. The contractor will determine the number and type of staff required to provide the quantity, level, and type of services, as further detailed in Section 4.12.10.
- **Proctors** – These staff are responsible for assisting with the administration of examinations by observing applicants taking examinations and maintaining the integrity and security of the examination process. The contractor will retain enough staff required to meet the proctor ratios as further detailed in [Attachment M](#) – Ratio of Proctors to Candidates.

All individuals utilized by the Contractor are employees of that Contractor and are not, under any circumstances or conditions, employees of NYS. The Contractor will assume full responsibility for the behavior of its employees, including, but not limited to, ensuring confidentiality of information contained in the databases that support the work performed in this contract.

4.3 CEP Construction Requirements

The nursing home nurse aide competency evaluation program (CEP) is based on the New York State NATP Course Content Outline and is comprised of the clinical skills examination (CSE) and the written examination (WE) which may be administered orally as the oral examination (OE). Candidates who successfully pass the examinations are awarded the Certified Nurse Aide certificate and are eligible to be employed as CNAs in NYS.

The contractor must ensure that all CEP tests used in New York will comply with all state and federal requirements for such tests and are developed and constructed consistent with the professional standards and educational principles pertaining to test development and construction, including a job analysis and the development of clinical and written test items or questions and clinical and written test equating. The CEP must be statistically valid, reliable, secure, and legally defensible, meeting all requirements of state law and professional testing standards. The appropriate item types should be used to assess the necessary knowledge, skills, and understanding of a minimally competent nursing home

nurse aide. Test items should be written according to accepted guidelines and by experts with the training to write such items (see 4.3.2).

No modification or substitution of the CEP may be made during the contract term without the prior written approval of the DOH. DOH reserves the right to allow unlimited time or a different time limit for the CEP exams other than the time limit proposed by the contractor.

- 4.3.1 The construction of each examination of the CEP proposed to be used in NY and each version of the examinations must meet the following requirements:
 - a. Each form must be written in English at the 4th – 6th grade reading level, as determined by using one of the methods identified in the chart in [Attachment K – Reading Level Methods](#).
 - b. Compliance with federal requirements for CEPs at [42 CFR §483.154\(b\)](#) and [42 CFR §483.152\(b\)](#).
 - c. Identify those who possess the [minimum competencies](#) required of entry level nursing home nurse aides in New York.
 - d. Based on a curriculum that is equivalent to the curriculum required to be used in New York. Refer to [Attachment L – Nursing Home NATP Course Content Outline](#) for current NYS NATP Course Content Outline.
- 4.3.2 The contractor must secure the participation of test question writers with current NYS nursing experience, especially the provision of resident care in NYS RHCfs and will maintain a list of DOH-approved expert test question writers who have agreed to participate in the clinical skills and written examinations development process. Both nurses with current NYS nursing licenses and NYS-certified nursing home nurse aides shall participate in the development of new test questions.
- 4.3.3 The contractor must provide editorial, measurement and computer services for test development to assure that test questions are generated, entered into the question pool, edited and reviewed.
- 4.3.4 The contractor must determine pass cut scores specific to New York State, subject to the approval of the DOH, for all examinations of the CEP at the time of initial implementation and prior to the introduction of any changes to the NYS examination. All plans, procedures and any other arrangements concerning CEP scoring, analysis and reporting will be subject to the prior approval of DOH. By submitting a bid, the bidder attests to the fact that it retains the data (answers to test questions) required to compute such cut scores. The contractor must assure the defensibility, job-relatedness, reliability and validity of its examinations and cut scores at all times.
- 4.3.5 The DOH may, during the term of the contract, revise the current NYS NATP course content outline. Any changes to the NYS NATP course content outline will require the contractor to correspondingly revise the CEP blueprints and examination skills/questions to the satisfaction of DOH. These revisions will ensure that the subject areas covered in the examinations reflect updated NYS NATP course content that is taught to all entry level nursing home nurse aides in the State. Any such changes to the competency examinations blueprint, test and/or test items, utilized by the contractor must be made to the satisfaction of the DOH and implemented statewide within 180 calendar days of the finalization of the new NYS NATP course content outline.

4.4 CEP Types

The Competency Evaluation Program consists of the following components: the Clinical Skills Evaluation, the Written Exam, and the Oral Exam. The contractor must ensure that all CEP components comply with the following requirements:

- 4.4.1 The CSE shall consist of a demonstration of at least five randomly selected items drawn from a pool of tasks generally performed by entry-level nurse aides in NYS RHCFs, including personal care and other tasks as specified in the federal curriculum and NYS Course Content Outline. The tasks shall vary in complexity.
- 4.4.2 Individuals are afforded 30-45 minutes for the CSE depending on the tasks selected, at the discretion of the contractor.
- 4.4.3 All clinical skills must be performed by the candidate on living persons that are not actual residents of a facility where testing is being conducted. No simulations of clinical skills tasks will be permitted during the examination process. DOH reserves the right to approve situational exceptions to this.
- 4.4.4 The WE must be multiple-choice type questions and administered electronically. Individuals are afforded up to 90 minutes for the WE.
- 4.4.5 The OE must include each of the multiple-choice type questions on the WE and additional questions designed to evaluate the test takers' ability to read and understand written job-related materials, in English at a 4th – 6th grade reading level as stated above in section 4.3.1(a). Individuals are afforded up to 120 minutes for the OE.
- 4.4.6 There is no order to the administration of the CSE and the WE/OE nor is there a requirement that a candidate pass one test before taking the other test.
- 4.4.7 The contractor must develop and maintain a repository of CSE, WE and OE test items and share information as requested by DOH within 48 hours of request for information.
- 4.4.8 The contractor must assemble and maintain separate CSE and WE/OE tests, with at least four different examinations for each test available and in use at all times.
- 4.4.9 The contractor must, should the Department request it, implement at least two new WE and one new OE tests, subject to DOH approval, every twelve months.

4.5 Test Site Requirements

- 4.5.1 The contractor will establish, inspect, and approve test sites across the State, subject to DOH approval, that will provide suitable accommodations for the uniform and consistent administration of the CEP. The contractor will maintain a list of all approved test sites and provide this list to the Department. It will notify the Department of any changes to the list within five business days of making them.
- 4.5.2 The test sites must include each RHCF with or without an approved NATP and each non-nursing home facility-based state-approved NATP.
- 4.5.3 The criteria for each test site include: a resident's room or laboratory set up with a sink and running water to simulate a complete nursing home resident's room, availability of a clinical skills test volunteer, adequate supplies and equipment required for the performance of the CSEs, good lighting and ventilation, sufficient room for spacing the test candidates for the WE/OE, chairs and a flat self-supporting writing surface (no lap boards), accessibility to rest rooms, freedom from

distractions that would affect the candidates' ability to perform optimally on either examination, and parking facilities and/or public transportation. Each test site and all testing supplies must be maintained in clean and working order at all times.

- 4.5.4 The contractor must establish multiple county test sites that are available to test candidates regardless of the qualifying training program location.
- 4.5.5 The contractor must maintain sufficient county test site capacity to meet the 20-business-day requirement for test administration at a county test site. Locations for county test sites, at minimum, are specified in [Attachment N](#) – County Test Sites.
- 4.5.6 In the event that a test site does not meet the required criteria, the contractor shall document the unmet criteria and immediately notify the DOH. If the site is a county test site, the contractor shall also provide DOH with suitable alternative testing locations for the candidates assigned to that location.

4.6 CEP Administration Standardization Requirements

The CEP will be completed in the manner described in this RFP. The contractor will have total responsibility for the administration of the CEP. The contractor will comply with all existing and future federal and State statutes and regulations pertaining to the development and administration of standardized examinations in NYS including the provisions of the [Americans with Disabilities Act](#). The CEP will be managed in a manner that ensures compliance with all applicable federal and State statutes, regulations and requirements in the determination of each individual's competency to provide nursing and nursing-related services to nursing home residents. All competency testing is to be administered and conducted in English.

- 4.6.1 The contractor must ensure that the CEP is administered in the same way at each test event across the State without variance. The contractor must ensure that candidates who qualify for accommodation under the Americans with Disabilities Act are accommodated.
- 4.6.2 The contractor must ensure that the quality of the test site environment is maintained for each test event regardless of test site location and retains total responsibility for the administration of the CEP at acceptable test site locations across the State in accordance with all applicable federal and State requirements.
- 4.6.3 The contractor must have a policy and procedure for stopping a CSE and/or a WE before the candidate has completed it with the result that the candidate fails or is likely to fail the exam.
- 4.6.4 The contractor will be responsible for the scoring in a timely and accurate manner and guarantees the security and quality control for all testing materials.
- 4.6.5 The contractor must develop and implement procedures to verify the identity of the individual taking the CEP.
- 4.6.6 The contractor must ensure that any individual who must retest for any reason does not receive a test that has already been administered to that individual.
- 4.6.7 The contractor must ensure that no individual associated with an approved NATP in any capacity, including teachers, NATP personnel, nursing home employees or employees of the parent entity or associated ownership entity, shall participate in the administration or scoring of examinations for any individual who completed the NATP, or any other training program sharing common ownership or an ownership relationship.

- 4.6.8 All personnel will be trained by the contractor to ensure that the testing procedures utilized in each testing location are consistent to assure a uniform examination program throughout the State. The contractor will be responsible for the training and performance of all personnel administering or proctoring the examinations.
- 4.6.9 There must be sufficient NAEs and proctors at each examination site to both administer the CEP and closely monitor the candidates to maintain test integrity and security. Additional personnel, as specified in [Attachment M](#) – Ratio of Proctors to Candidates, must be present to proctor the WE/OE.
- 4.6.10 The contractor will ensure that all personnel administering and scoring the examinations or proctoring the examinations are insured and bonded for an amount equal to at least the determined fee for the examination multiplied by the number of candidates being tested at the testing site.
- 4.6.11 The contractor will establish procedures to permit candidates to question the accuracy of the scoring of their tests. The DOH shall be notified of any such issues and their resolution.
- 4.6.12 The contractor has sole responsibility to defend the merits of the examinations in the event of challenge, legal or otherwise by a candidate, NATP, nursing home, nurse aide employer, the State or other party and will accept all liability for maintenance and security of the examination, examination booklets and the examination process.

4.7 Nurse Aide Evaluators – Role and Responsibilities

The Nurse Aide Evaluators (NAEs) administer the CEP to eligible candidates. They also score each examination, process and record the scores, and protect the confidentiality and security of the examination. As part of fulfilling all contractual responsibilities for the NAEs, the contractor must:

- 4.7.1 Implement processes and procedures to guarantee there will be a sufficient pool of NAEs available to administer the NYS CEP to all qualified individuals within contractually required parameters. This includes but is not limited to:
 - Initial, annual, and ongoing statewide training
 - Performance monitoring
- 4.7.2 Supply all training materials, equipment, and staff as necessary for NAE training.
- 4.7.3 Monitor the performance of each NAE to ensure compliance with testing procedures, validity of written test scores and clinical test item pass/fail determinations, and the integrity, security and confidentiality of all test materials. NAEs who are not in compliance or who violate the procedures and standards will be subject to remediation or removed from the list of approved NAEs, as appropriate to the situation.
- 4.7.4 Maintain and make available to DOH the roster of approved, qualified NAEs. Such roster will include: NAE name, county of residence, and NAE identification number. The roster will include the information required for securing the services of an approved NAE. The roster will be updated within 10 business days of the completion of each subsequent NAE training and/or reorientation program.
- 4.7.5 Provide to the DOH in writing on a quarterly basis the current updated list of contractor-approved NAEs.

4.8 CEP Scheduling Requirements

- 4.8.1 The contractor will, within 10 business days of a request by the NATP or employing facility, or within 20 business days for a request to test at a county test center, arrange for an NAE to administer the CEP to each qualified candidate.
- 4.8.2 No individual will wait more than 10 business days following a request for a test administration at an approved NATP testing site, or more than 20 business days following a request for test administration at a county test site. Should there be delays, the Contractor shall provide DOH with a weekly report showing the scheduling times by location, candidates' names and an explanation surrounding the delay beyond the previously specified business day window.
- 4.8.3 The minimum number of candidates necessary for the NAE to schedule the CEP is four candidates. In the event fewer than four candidates are present on test day, the candidates present will be offered the opportunity to test while present or reschedule for another date. This scheduling minimum cannot be raised without DOH approval. However, it can be lower if necessary to meet the timeframes specified in this Section.

4.9 Nurse Aide Handbook, Organizational Manual, and Application Form

The Nurse Aide Certification Handbook, Organizational manual, and subsequent form(s) must be in compliance with all federal and State requirements including but not limited to [42 CFR Part §483](#) and [10 NYCRR Part 415](#). They must not include any information relevant solely to another state without prior written approval of the NYS DOH. The contractor's mechanisms for distributing these documents must ensure that the target audience has access to them, such as posting on the public website. Any modifications of the documents listed below must include ongoing documentation of changes, such as a change log.

- 4.9.1 Nurse Aide Certification Handbook. The target audience for the handbook includes individuals who are interested in becoming a CNA in New York, individuals who are currently CNAs in New York and listed on the NAR, individuals whose New York certification has lapsed, and individuals listed with findings and/or convictions on the NAR. The handbook will contain all necessary information and application procedures specific to NYS nursing home nurse aides, including all information mandated for inclusion below. The current handbook can be accessed via this link: [Nursing Home Nurse Aide Certification Handbook & Training Program Manual](#).
- 4.9.2 Information included in the Nurse Aide Certification Handbook will at a minimum:
 - a. Describe general nurse aide certification and recertification processes and requirements.
 - b. Describe CEP requirements, necessary qualifications and certification routes, role of the NAR and process and procedures for candidate's entrance to the test location.
 - c. Provide the testing and certification fee schedule and all other fees and charges as well as the fee refund policy and procedure in conformance with fee refund requirements specified in Section 4.20.1 Payment of this RFP.
 - d. Provide a general description of WE, CSE and OE content, and samples for each type.
 - e. Include a self-administered reading level test for use by test candidates to assess their own ability to read the WE.
 - f. Describe the circumstances under which a CNA will no longer appear on the public NAR and the circumstances under which an aide whose certification has lapsed will never be removed from the public NAR.
 - g. Describe current New York State Criminal History Record Check requirements.

Upon request by the audience, hard copy manuals must be provided by the contractor at no additional cost to the Department. This handbook shall be reviewed and updated annually and released no later than May 31st.

- 4.9.3 Organizational Manual. The target audience for the manual includes RHCFs, NATPs, and organizations that employ CNAs and others approved by DOH. The manual will include all of the information, policies, procedures and forms these entities need to understand, access and use the contractor's NY NAR-related services, e.g., testing, recertification, verification, fee refund policy and procedure, etc. The contractor will be responsible for maintaining a current contact list during the contract.

Upon request by the audience, hard copy manuals must be provided by the contractor at no additional cost to the Department.

- 4.9.4 Application Form. The form must be applicable for all certification routes. Information to be collected at a minimum shall include but not be limited to:
- a. Candidate's full legal and prior known by other name(s)
 - b. Date of birth
 - c. Social Security Number or Individual Taxpayer Identification Number
 - d. Current complete home address and county (including street, city, state, and ZIP code)
 - e. Demographic information as determined by DOH (minimally must include gender [male, female, X], educational status, and primary language spoken)
 - f. NATP Information (minimally must include identification number, name of NATP, completion date, and instructor's name and signature)
 - g. Certification route
 - h. Current RHCF employer information (if applicable)

Source documents are required for a-c. Acceptable documents can be found here: see [List A](#), [List B](#), [List C](#), and/or other government- issued documentation of identity to be agreed upon by the contractor and the DOH. For candidates that have or previously had received nurse aide certification, documentation for proof of certification must be consistent with federal (OBRA) requirements,

- 4.9.5 Recertification Form. This form is for nurse aide employers. Information to be collected must include, at a minimum, but not be limited to:
- a. The CNA's full legal name
 - b. Date of birth
 - c. Social Security Number or Individual Taxpayer Identification Number
 - d. Current complete home address and county
 - e. CNA Certification number
 - f. Employer Information (including name, employer ID number, etc.)

4.10 Examination Data Base

The contractor will establish and manage an examination database in conformance with all requirements specified in this RFP and approved by DOH. This database will be used for the collection and maintenance of accurate information and demographic data on NATPs, NAEs, nurse aide employers and individual nurse aide candidates. Social Security Numbers may not be maintained in the examination database but must be fully protected from unauthorized access.

- 4.10.1 The contractor must ensure data in the examination database will include, for the following groups, at minimum:

- a. NATPs: the name and full address of the organization providing the NATP, name of the NATP's coordinator, email address, phone number, the date of approval of the NATP, NATP ID number, and the date of termination or prohibition of the NATP.
- b. NAEs: the full name and county of residence of the NAE, date of NAE orientation and subsequent re-orientations and trainings, the date the NAE was eligible to administer the CEP, the unique NAE identification number and, if appropriate, the NATP and/or nurse aide employer ID number(s) of any conflict(s) of interest, and the date the evaluator left or was denied the ability to administer the CEP.
- c. Nurse aide employers: the full name and address of the organization, the name of the contact person, email address, phone number, nurse aide employer ID number, date of opening or issuance of ID number, and if appropriate, the dates of prohibition of onsite nurse aide testing and training and the date of closure.
- d. Nurse aide candidates: the individual's full legal name and address, all personal, training, employment and demographic information collected on the Application form and the sources of identifying information, the date(s) when the candidate passed the tests, and the ID number of the NAE administering the tests. Upon certification, this information will be duplicated on the NAR.

4.10.2 Among other functions, the examination database will enable the contractor to conduct periodic evaluations of components of New York's nurse aide certification program and to perform investigative and longitudinal analytical studies pertaining to the certification program and other studies as deemed necessary by the DOH.

- a. The contractor must implement policies and procedures to ensure that the information for all previous and current CEP candidates that is contained and maintained in the current contractor's examination and SSN databases is transferred seamlessly and securely to its examination and SSN databases in its entirety, and that constituent data is complete without omission, revision or alteration. The contractor must ensure and document that there will be no loss of historical data on individual nurse aide candidates, CNAs, NATPs, nurse aide employers, and NAEs.
- b. The contractor must implement policies and procedures to ensure that the demographic information for all previous and current CEP candidates that is contained and maintained in its examination and SSN databases will be transferred seamlessly and securely at the expiration of the contract to the subsequent contractor's examination and SSN databases in its entirety, and that constituent data will be complete without omission, revision or alteration. The contractor should ensure and document that there will be no loss of historical data on individual nurse aide candidates, CNAs, NATPs, nurse aide employers, and NAEs.

4.10.3 The contractor will utilize, maintain, perpetuate, and continue to use in the database and in the NAR the existing unique 7-digit identification number assigned by DOH or SED to each NATP and nurse aide employer, and the existing 13-digit alphanumeric certification number issued to each CNA, in a manner facilitating the continuation of a single compatible data system and Registry for the NYS nurse aide certification program, acceptable to DOH.

4.11 Nurse Aide Registry

The bidder awarded the contract will develop, operate, and maintain the New York State Nurse Aide Registry. The purpose of the New York State NAR is to provide a centralized interactive database of all current and former certified nursing home aides in NYS. The NAR will be utilized to provide verification services to Federal or State governmental agencies, nurse aide employers, and the public. The contractor must have multiple means to perform these verification services. The Department's public website (<https://www.health.ny.gov>) will provide a link to the New York State NAR on the contractor's (or sub-contractor's) website. The contractor may not use the Department's public website for this purpose.

As an illustration, bidders may visit the Department's public website for the link to the current contractor's website that hosts the New York State RHCF NAR:

http://www.health.ny.gov/health_care/consumer_information/nurse_aide_registry/.

The source code for the NAR and all supporting systems and information technology belong to and remain the property of the contractor. The contractor must guarantee the accuracy of all information in the NAR database.

4.11.1 The NAR interactive database and system must have the following capabilities and characteristics, at minimum:

- Integrate all existing information contained in the current NAR into the new Registry without loss of information or function.
- Be interactive to allow users to search and/or enter information according to user accessibility permissions.
- Prompt data entry and error correction.
- Allow for accurate and complete data transmission from the examination database.
- High speed access to the registry by DOH staff via hardware and software to be fully compatible with existing DOH hardware and software.

4.11.2 The NAR will contain a file record for each lapsed, current, and any individual who has successfully completed the RHCF nurse aide CEP or otherwise obtained DOH certification as a NYS nursing home nurse aide. The contractor will permanently enter into the NAR all required information as specified in this RFP. The file record shall include, at a minimum, the following data fields:

- a. Candidate's full legal and prior known by other name(s)
- b. Date of birth
- c. Social Security Number
- d. Current complete home address
- e. A record of home and/or mailing address history including each subsequent address, including effective date, since initial certification
- f. Current telephone number including area code
- g. Gender (Male, Female, X)
- h. Date of original CNA certification
- i. Route of certification
- j. Complete NYS DOH Nurse Aide (NA) certification number
- k. The complete record of the individual's nurse aide certification history including each nurse aide certification number issued to the individual, in the case of individuals who are assigned subsequent DOH nurse aide certification numbers

- l. The record of training history including the name, identification code number and the nurse aide's completion date for each completed NATP(s)
- m. A record of all other states and certification number in which the individual has obtained or requested nurse aide certification, registration, or Registry listing
- n. Most recent recertification and expiration dates
- o. Identification of all recertifying nurse aide employer(s) with recertification dates
- p. An indication of any DOH- or state-imposed hold on the aide's ability to become recertified and the reason for the hold
- q. An indication of one or more other types of health care paraprofessional or professional certification or licensure obtained in New York State. The types of certifications and/or licensure must be identified, e.g., licensed practical nurse, registered nurse, home health aide, personal care aide, etc.
- r. An indication and documentation of a Legal Finding (documentation of this information will be provided to the contractor by the DOH)
 - (i) Legal Finding documentation fields must include, at a minimum: a summary of the findings, date and outcome of the hearing(s), date of the waiver(s) of the hearing, and statement by the nurse aide disputing the findings of the investigation
- s. The names and records of nurse aides who have not worked in a nursing home in twenty-four consecutive months shall not be made available to the public on the Registry, although this information must remain intact in the databases, except that the names and records of nurse aides with Legal Findings shall continue to be available to the public on the Registry even after their certification has expired

The contractor must develop and implement systems to enable it to easily identify specific individuals in the databases whose records have been removed from the public Registry so as to restore to the Registry the name and record of any such individual who subsequently obtains certification or recertification.

Source documents for the above data fields should be incorporated into the NAR. Additional information may be required to be included in or removed from the NAR during the life of this contract due to changes in federal and State statute, regulation or policy. The contractor must be capable of promptly implementing such changes to the NAR without additional charge.

- 4.11.3 The contractor will ensure that all new CNAs are entered into the NAR within three business days of passing both the CSE and the WE/OE or within three business days of approval and/or notification of NYS nursing home nurse aide reciprocity certification or certification by the DOH.
- 4.11.4 The contractor must ensure previously certified NYS nurse aides' records, upon recertification in NY, include their complete training and certification history, including certification number(s) and any documentation of Legal Findings previously entered into the NAR by DOH, in a single file. All relevant current and past information must be accessible and released during NAR verification.
- 4.11.5 The contractor shall ensure that personal identifying information about each person listed in the NAR is not released or accessible to the public under any circumstance unless so directed by the DOH. The contractor will ensure that the requirements of [42 CFR Part 483.156](#) and [10 NYCRR 415.31](#) and all applicable state regulations are met.
- 4.11.6 The contractor must establish and maintain a separate toll-free NAR telephone verification system, with fax capabilities, that is operational 24 hours per day, seven days per week. The system must provide each inquirer with accurate NAR information regarding each NYS nurse aide's certification status (lapsed or current) and any Legal Findings.

- 4.11.7 The contractor may use an interactive voice response (IVR) system for this however, individuals making inquiries Monday through Friday between 8:00 AM and 5:00 PM New York time must be given access to a live customer service representative if they wish to speak to one. The average wait time to transfer from the IVR to a live person must be no longer than 90 seconds.
- 4.11.8 The contractor must implement policies and procedures to ensure staff that perform NYS CNA verification inquiries are trained and knowledgeable on NYS processes and procedures, including state and federal regulations.

4.12 Contractor's Policies, Procedures, and Other Operational Requirements

The DOH reserves the right to require the contractor to modify its processes or procedures, as specified in the below section, at no additional cost to nurse aide employers, NATPs, test candidates or the DOH:

- 4.12.1 The contractor must implement policies and procedures to guarantee that only eligible candidates are permitted to take NYS competency examinations. Eligible candidates include only those individuals who are:
- Eligible to work in the United States
 - Successfully completed (within two years of the test date) a State-approved NATP
OR
 - Those who are otherwise approved by the DOH to take the competency examinations

See [List A](#), [List B](#), and/or [List C](#) for a list of acceptable documents that establish employment eligibility.

- 4.12.2 The contractor must have procedures to ensure that the different characteristics of the testing site, for example the quality of the computer equipment, the speed of the internet connections, etc., will not affect the success of the candidate.
- 4.12.3 The contractor must have procedures to ensure that any candidate who is unfamiliar with computers will not be disadvantaged by the computer-based testing utilized in the CEP. The contractor must provide a tutorial to candidates to instruct them on how to use the computer testing equipment, respond to the questions and change their answers.
- 4.12.4 The contractor must implement policies and procedures to ensure that all data keyed into the databases required in the RFP are accurate and true, with special attention paid to the accuracy of candidate identifying information such as name(s), date of birth, SSN, and the security of these databases are maintained.
- 4.12.5 The contractor must implement procedures to ensure quality control, confidentiality and security of candidates' personal identifying information, all test questions, examinations, and materials during all stages of examination development, administration, processing and delivery to and from examination sites.
- 4.12.6 Within five business days of notification by DOH or SED of newly approved NATPs, new RHCFCs, and/or new nurse aide employers the contractor must provide the following information electronically by email to the new entity:
- Organizational Manual
 - Nurse Aide Certification Handbook
 - The procedures to schedule CEP administration

The contractor should also include instructions for how to access these documents on the contractor's public website for future reference. The contractor is responsible for maintaining a rolling contact list for these entities. DOH will provide a one-time contact listing at the start of the contract.

- 4.12.7 The contractor is required to maintain a PDF version or copy of all New York State Nurse Aide Forms (such as application, renewal, etc.), and test(s) completed by those taking the test(s) or, if internet-based testing (IBT) was used, test results, until its contract with the Department of Health expires. The contractor is required to develop and implement a plan to electronically file and efficiently retrieve specific records for specific individuals. The information technology used to create the data base and file these records must be approved in advance by the DOH.
- 4.12.8 The contractor must collect and securely store the Social Security Number (SSN) of each tested candidate and the contractor must be able to retrieve the SSN of any candidate or any CNA upon demand by the DOH or other authorized government entity within two business days of receiving the request. Refer to Appendix F.
- 4.12.9 The contractor, on its public website, will be responsible for posting and maintaining the following information:
- The Nurse Aide Certification Handbook in Portable Document Format (PDF)
 - The Organizational Manual in PDF
 - The New York nursing home nurse aide Application form
 - The Recertification form
 - Provide a section that lists each currently approved DOH and SED NATPs, including their addresses and phone numbers, for each training program, updated at least every four months at minimum
 - Provide a report, for prospective candidates and NATPs, that includes the number of CNAs trained and the annualized first time and all attempts pass rates for the CSE and WE/OE in the most recent 12-month period for which such data are available. This must be updated every six months at minimum
 - Current and archived training webinars
 - The means to request and schedule an NAE to administer the CEP
 - Any other DOH specified information

The forms, handbook, and manual must be capable to be downloaded from the website.

- 4.12.10 The contractor must provide customer services to all its customers. Customer service must be provided in compliance with the following:
- a. Customer service staff must be thoroughly trained and conversant with:
 - i. contractor's policies and procedures for establishing eligibility to test or to be placed on New York's Nurse Aide Registry without passing the exams;
 - ii. contractor's handbooks and manuals described in Section 4.9;
 - iii. contractor's policies and procedures for scheduling, canceling and re-scheduling exams for groups as well as individual candidates and payments for the same;
 - iv. contractor's environmental requirements for testing sites and policies and procedures for obtaining and maintaining test site approval;
 - v. contractor's approved test sites;
 - vi. contractor's policies and procedures for verification of information in the Nurse Aide Registry pertaining to specific nurse aides;
 - vii. contractor's intake procedures for customers who wish to file complaints about test sites, NAEs, the exams themselves, scheduling procedures, customer service staff;

- viii. confidentiality of information on the non-public NAR; and
- ix. how to verify, explain and resolve notification delays, payment policies and issues, information on the NAR that the customer claims is not correct, and any other problems or complaints brought to their attention.
- b. Contractor must develop and implement policies and procedures for escalating difficult to understand and/or resolve questions, issues and complaints to supervisors and managers who are equipped to understand them and have the authority required to resolve them.
- c. Customer service staff must have access to the appropriate sections of the contractor's examination, NAR, payment, and other databases in order to respond to questions from and complaints filed by candidates for certification, nurse aides, NATPs, RHCFs, etc., with current and correct information.
- d. Customer service must be provided via internet as well as toll-free telephone line(s) that are open with live coverage by trained customer service staff Monday through Friday between the hours of 8:00 AM and 5:00 PM New York time. The Department retains the right to require that the contractor maintain live coverage in conformance with the requirements of this section notwithstanding any exceptions proposed by the bidder awarded the contract.
- e. At least 80% of telephone calls must be answered either by a live person or by an automated answering system no later than the fourth ring. The blockage rate (percent of calls that receive a busy signal) cannot exceed 10%. An automated answering system may be used but the option for a live person response must be available to all callers.

4.12.11 The contractor will provide a response (verbal and/or written), within three business days, to inquiries from the public concerning individuals listed in the NAR. The information will be provided consistent with all limitations embodied in federal and State laws and regulations, including provisions to prevent the release of personal identifying information.

4.12.12 The contractor must provide 2 types of continuous NAR on-line real-time access for DOH staff:

- Read-Only - This type of access should enable DOH staff to generate reports
- Modifiable - This type of access should enable staff to access and input directly into a nurse aide's NAR record any update or correction to the individual's information and Legal Findings

4.12.13 The contractor must establish a system to monitor the operation of Nurse Aide Registry incoming and outgoing verification telephone lines as well as internet access to the Registry on an ongoing basis to ensure that access to the Registry is operational and functioning without delay or problems. The contractor must notify the DOH of any problem(s) affecting the operation of the NAR website, telephone lines, systems, or fax which inhibit the ability of inquirers to obtain real time or written verification of an individual's certification status. In all such instances where a problem exists, particularly if there is potential to exceed 90 minutes duration, the contractor will provide identification of alternate means to obtain verification of an individual's nurse aide certification status when NAR verification is inaccessible for more than 90 minutes.

4.12.14 The contractor must implement policies and procedures for processing NYS CNA recertifications. Each nurse aide must be recertified every two years from the last date of paid nurse aide work, in accordance with State and federal regulations. These must include, but are not limited to:

- Notification to the CNA, no later than 45 calendar days prior to expiration
- Ensuring CNA information is accurate and updated in NAR
- Issuing an updated wallet card

- 4.12.15 The contractor will issue to each candidate who passes both parts of the CEP a certificate that documents that the candidate has successfully completed the New York State nursing home nurse aide CEP and is a CNA in New York and one wallet card.
- 4.12.16 The contractor must respond to each inquiry from a federal or State governmental agency, RHCF, or any other nurse aide employer, by supplying a copy of the requested Registry certification and verification information. The requested information must be faxed or mailed U.S. first class mail to the requester within one business day of receipt of the request. At the requester's option, the copy may be emailed.
- 4.12.17 The contractor will process all requests for NYS nursing home nurse aide certification from eligible candidates or as it pertains to reciprocity, or from additional qualified individuals in accordance with DOH regulations. Within three business days of determination, the contractor will issue and mail to such individuals their certificate and wallet cards or notify the individual of the reason for denial of certification.
- 4.12.18 The contractor must provide a copy of each nurse aide's actual NAR listing to the nurse aide when any information has been entered into the NAR record for the nurse aide pertaining to a Legal Finding and allow the nurse aide 30 calendar days to provide any correction or clarification.
- 4.12.19 The contractor will provide, upon request by the nurse aide or DOH, a copy of a nurse aide's NAR listing to the nurse aide whenever any information on the nurse aide's NAR record has been changed or updated. The nurse aide shall have the opportunity to correct errors or omissions in their NAR listing.
- 4.12.20 The contractor will develop systems and applications to enable non-information technology Department staff to generate ad hoc data and statistical reports from the examination and NAR databases.

4.13 Required Training Delivery by Contractor

- 4.13.1 Prior to implementation of changes to the CEP, the Contractor must provide orientation and information online, which must be archived on the contractor's public website, for approved NATPs.
- 4.13.2 The contractor shall assume the cost of initial and subsequent statewide training for the instruction and/or clarification of any changes or modifications to the NYS nurse aide certification program required for each RHCF, nurse aide employer, NAE and/or approved NATP, during the life of the contract.
- 4.13.3 The Contractor shall develop and implement live Training seminar(s) which are offered two times a year at minimum. The target audience is NATP coordinators, NATP instructors, RHCFs, and nurse aide employers. The seminar must orient the audience on the contractor's process and procedures for nurse aide certification in NYS. It should include details such as the current process on how candidates apply for the exams, an overview of the content included within the exams, and present skill demonstrations.

The contractor may deliver this training content via a webinar, which must allow for questions and answers from the audience. If this training is completed by webinar, it must be archived on public website.

The contractor will be responsible for all advertising and registration activities, related to training.

4.14 Onboarding Transition Period

If the bidder awarded the contract resulting from this RFP is not the current contractor, the awarded bidder will use the two-month transition period of February 1, 2024 - March 31, 2024 to perform certain work and tasks as described below, in preparation for providing billable services to commence on April 1, 2024. All work that is done during the transition period will be paid via a one-time fixed fee proposed in [Attachment F](#) by bidders who are not the incumbent. Billable services to the public and to the DOH outside of the onboarding transition period will not commence until April 1, 2024. Bidders must understand that the fees bid as part of [Attachment B](#) – Cost Proposal are the only means for contractor payment, and these fees should encompass all expenses required to provide the full scope of work requested under this contract.

If contract approval is delayed, this two-month transition period and the associated one-time fee shall apply to the first two months commencing upon the OSC contract approval date, and the billable services to the public and to the DOH outside of the onboarding transition period will not commence until two months after the OSC approval date.

The contractor will make every effort to ensure that the ongoing testing of new nurse aides, recertification of existing nurse aides, and the operation of the NAR is not compromised or disrupted during the onboarding transition period. The following tasks must be completed during the two-month transition period:

- Publicize to customers and stakeholders information regarding change in contractor, provide its policies, procedures, handbooks, manuals, etc. and conduct other such work as is necessary to ensure a smooth transition with no interruption of service.
- Work with the current contractor to ensure the orderly transition from the old toll-free numbers and NAR website address to the new toll-free number(s) and NAR website address.
- Notify all NYS RHCFS, other states, and staffing agencies of its toll-free phone verification number(s), NAR website and email address (for internet inquiries) and hours of operation no later than March 1, 2024.
- Implement a fully operational NAR by 12:01 A.M., March 31, 2024.
- Activate the toll-free customer service phone line and email address no later than 12:01 A.M. March 15, 2024.
- Release the Nurse Aide Certification Handbook, Organizational Manual, and other forms specified in this RFP to RHCFS, nurse aide employers and approved NATPs no later than March 1, 2024. DOH will provide the initial contact information for the target audience related to the first release of the manual.
- Provide written notification to each RHCF, nurse aide employer, and approved NATP in writing, prior to March 1, 2024, of procedures for scheduling the administration of the CEP by an approved NAE.
- Hold at least five live seminars regarding the contractor's new policies and procedures for the NYS CEP, scheduled for different times and days of the week, must be completed no later than March 18, 2024. The contractor may continue to offer live seminars after March 18, 2024, and must archive the webinars on its public website so that customers and stakeholders can access it at their convenience.
- If, in the determination of the Department, the CEP tests do not meet the requirements of [42 CFR Section 483.154\(b\)](#), then the contractor must develop and implement at least four new written tests (and oral versions of each) and four new clinical tests. These tests must meet federal requirements, as determined by DOH, and must be completed by April 1, 2024, or the start of the contract date.
- Accept a transition of data and databases from the existing contractor that were created to meet

the requirements of Sections 4.1.9, 4.10 and 4.11. The awarded contractor will work with the current contractor to ensure that the NAR maintained on its website and all supporting databases contain all the information in the current NYS Registry for every currently certified and lapsed nurse aide, and aides with Legal Findings, without loss of current and historical data on individual aides.

- Conduct testing and debugging on its own applications and systems.
- NAE Training must be scheduled in such a manner as to ensure that there are sufficient qualified NAEs as of April 1, 2024.

4.15 Reports and Reporting

Reporting requirements include but are not limited to the reports listed in this Section and as further detailed in [Attachment O](#) – Reports and Reporting. While the reports described below are monthly, quarterly, and annual, the Department will require multi-year reports as well. Multi-year reports will display data and percent change in the data from the monthly, quarterly, and annual reports. Bidders should be aware that the Department may add to, delete from and/or modify the reports listed in this Section during the term of the contract. The contractor is required to produce the new and/or modified reports within 10 business days of the date on which the Department provides the contractor with the new or modified report specifications. Reports will be submitted in formats acceptable to DOH. At a minimum, the reports should be electronic with the capability to search in the report(s) and allow them to be imported into multiple file type(s) such as excel and comma-separated values (.csv).

For all reports that are broken down by region, please refer to the approved NYS region listing by county in [Attachment R](#) – Approved NYS Region Listing by County.

4.15.1 **Monthly Reports.** The contractor will prepare and provide the DOH with monthly reports transmitted electronically including those described below. Monthly reports described in this Section are due within 15 calendar days of the end of the month.

- Nurse Aide Legal Findings.**
- Recertification Activity.**
- Reciprocity Activity.**
- Verification Requests.**
- Customer Service Telephone Inquiries.**
- Financial Reports** (see section 4.15.4 for additional information and timeframes)

4.15.2 **Quarterly Reports.** The contractor will prepare and provide the DOH with quarterly (calendar quarters) reports transmitted electronically including but not limited to the following. Quarterly reports are due within 15 calendar days of the end of the quarter.

- Pass Rates by Training Program Type.**
- Training Program Summary Report.**
- Pass Rates by Training Program Code.**
- Pass Rates by Testing Certification Route.**
- Test Route Summary Report.**
- Strengths and Weaknesses Summary.**
- Pass Rates by Test Form.**
- Poor Item Performance Report.**
- Reciprocity Activity Summary.**
- Verification Requests Summary.**
- Customer Service Telephone Inquiries Summary.**
- Pass Rates, All Attempts.**

- m. **Recertification Applicant Listing.**
- n. **Quarterly Quality Assurance Monitoring Program (QAMP) Report.**
- o. **Financial Reports** (see section 4.15.4 for additional information and timeframes)
- p. **County Test Site Status**

4.15.3 **Annual Reports.** The contractor will prepare and provide the DOH with annual (calendar annual) reports transmitted electronically including but not limited to the following. Annual reports are due by January 31st.

- a. **Pass Rates by Training Program Type.**
- b. **Pass Rates, All Attempts.**
- c. **Strengths and Weaknesses Summary.**
- d. **Pass Rates by Testing Route.**
- e. **Test Route Summary Report.**
- f. **Pass Rates by Form.**
- g. **List of Pre-Test Items.**
- h. **Item Analyses.**
- i. **Reciprocity Activity Summary.**
- j. **Demographic Information for Test Candidates by Region.**
- k. **Demographic Information for Test Candidates by Test Route.**
- l. **Demographic Information for Test Candidates by Training Program Type.**
- m. **Demographic Information for Non-Testing Candidates by Region.**
- n. **Demographic Information for Non-Testing Candidates by Test Route.**
- o. **Employers with No Registry Verifications.**
- p. **Employers With No Registry Verifications and No Applications Processed.**
- q. **Aggregated Nurse Aide Legal Findings.**
- r. **Candidate Appeals.**
- s. Summary and itemized information from the **Quality Assurance Monitoring Program** with recommendations as appropriate to improve the NY State nurse aide certification and NAR program.
- t. **Quality Improvement Report** - Information regarding the success or failure of all program improvements implemented during the reporting year.
- u. **Financial Reports** (see section 4.15.4 for additional information and timeframes)

4.15.4 **Financial Reports.** The contractor will prepare and provide the DOH with financial reports as described in Section 4.15. Years and quarters may be based on calendar year, state fiscal year, or contract year. Additional detail on monthly financial reports that enable the Department to reconcile: (a) services delivered to the public for which the contractor has been paid, to (b) fees deposited by the contractor into the State-owned bank account, to (c) services billed by the contractor to the Department) may be requested by DOH.

4.15.5 **Reports to Nurse Aide Training Programs.** The contractor will prepare and distribute the reports here to approved NATPs, subject to change as required by DOH. Distribution may be emailed (preferred) or via mail. The contractor shall ensure that each NATP can access only its own data.

- a. **Program Test Summary - Weekly**
- b. **Program Test Summary - Quarterly**

4.15.6 **Reports to NYS nursing homes and nurse aide employers.** The contractor will prepare and provide to each NY State nursing home and nurse aide employer, in hard copy by mail, the following reports listed below, subject to change as approved by DOH.

- a. **Employer Test Summary** - Weekly
- b. **Employer Recertification Summary** - Monthly
- c. **Employer Reciprocity Summary** - Monthly

4.15.7 **Revenue Reports.** The contractor shall provide the DOH with monthly, quarterly, annual and multi- year revenue and service volume reports with comparisons to revenue levels and service volumes for previous months, quarters and years, as specified by the Department.

4.15.8 **Additional Reports.** The reports listed herein reflect the minimum reports required. Additional reports may be added to the list. It is expected that the information presented in the reports will be “clean” (i.e.: data is in a consistent and usable format, such as 10 numeric digits for phone numbers, etc.) and will be visually attractive and “finished”. The DOH reserves the right to also request the reports in raw data form, and the data must be able to be easily filtered and sorted.

Additionally, the DOH may request periodic ad hoc reports which contractor must provide within a mutually agreed upon timeframe.

4.16 Liquidated Damages

The State acknowledges that the actual damages likely to result from breach of contractual requirements are difficult to estimate and may be difficult for the State to prove. The intention of the imposition of liquidated damages is to serve to compensate the State for breach by the contractor of its contractually established obligations. The imposition of liquidated damages is not intended to serve as punishment for any such breach by the contractor.

The schedule of liquidated damages to be deducted from any payments due the contractor is as follows:

RFP Section	Damages
	Up to \$100 per hour for each hour of DOH staff time required to proof, correct, reformat, reorganize, rewrite, etc., any materials submitted by the contractor to the DOH for approval that do not contain all required material and/or are not professionally written, organized, and displayed
4.9 4.9.2 4.12.6 4.12.9 4.14	Up to \$500 per day for each calendar day the handbook, manual, or forms specified in this RFP are overdue for release or update.
4.5.4 4.5.5	\$200 per calendar day beyond a two-week period in which a county test site, as specified in Attachment N , is not in operation.
4.10 4.14	Up to \$1000 per day for each calendar day beyond April 1, 2024, in which the examination database is not fully functional and operational.
4.11 4.14	Up to \$500 per day for each calendar day after 12:01 AM March 31, 2024, on which the NAR is not fully operational and in compliance with all requirements in this RFP.
4.11.6 4.12.10 4.12.13 4.14	Up to \$500 per day for each calendar day after 12:01 AM March 15, 2024, that at least one toll-free phone number and email address is not completely and accurately operational, and that the NAR verification phone number is not completely and accurately operational.
4.15	Up to \$200 per day for each calendar day a report is overdue.
4.20.3	The Department may, in its sole discretion, apply a 3% reduction to the total amount of the invoice and voucher upon resubmission of a correct invoice and voucher.
4.12.13	Up to \$500 per instance of the NAR website or NAR verification system being down without notification to the Department, longer than a 90-minute duration or greater than 180-minute cumulative duration in a 24-hour period.
4.12.4 4.12.14	Up to \$500 per day that the contractor does not notify the Department of IT or systems issues that affect the NAR's ability to accurately reflect a CNA's status.
4.12.9 4.13	Up to \$500 per day the contractor's public website is not updated.
4.8	Up to \$250 per day the contractor is not able to meet test scheduling requirements as listed, without contacting the Department with an alternative plan.

4.17 Information Technology

The Department acknowledges that eligible bidders or their sub-contractors own the NAR application they propose to use in New York and that this application is already used in one or more states to enable those states to meet federal requirements at 42 CFR Subpart D §§483

The Nurse Aide Registry 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 NYS security policies and standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>.

It is a federal requirement that each state maintain a nursing home nurse aide competency evaluation program and nurse aide registry. New York has chosen to contract with a private sector organization to provide the required services. To this end, the contractor is required to maintain compliance with the provisions of Appendix F to its contract with the Department of Health. Appendix F may be found in [Attachment 8](#): DOH Contract.

4.18 Security

The selected Contractor shall comply with all privacy and security policies and procedures of the Department ([ITS Information Security Policy NYS-P03-002](#)) 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 DOH. The Contractor is obligated to ensure any Subcontractor hired by Contractor who stores, processes, analyzes or transmits Medicaid Confidential Data (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, DOH 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 DOH as well as with all applicable State and Federal requirements, in performance of the Contract.

4.19 Outboarding 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 Term.

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 *new* certified nurse aide testing, recertification of existing nurse aides, and administration services, including operation of the NAR. This includes a complete and total transfer of all data, files, reports, electronic databases, database documentation and retrieval requirements, 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 will work with the next contractor to ensure that the Registry continues to contain all the information in the current NYS Registry for every currently certified and lapsed nurse aide without loss of current and historic data on individual nurse aides.

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.

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 will include documentation to ensure a secure and smooth transfer of each database. The plan will detail the software used to manage and operate the databases, the format of all data in the databases, field definitions and identifiers, and any other details requested by DOH. This plan must be submitted to the Department no later than twelve (12) months before the last day of its Contract with the Department of Health or upon request of the Department, in accordance with Appendix F of its contract with the DOH.

The current contractor will be responsible for publicizing to its customers and stakeholders regarding the end of its contract and providing information on how to contact the new contractor.

4.20 Payment

Payment of invoices and/or vouchers submitted by the successful Bidder pursuant to the terms of the Contract entered into pursuant to this RFP by the Department shall be made in accordance with Article XI-A of the New York State Finance Law.

4.20.1 Fee Structure Under this Contract

The Department makes no guarantees as to the value of this contract. The amount of remuneration to the contractor is dependent upon the volume of services delivered by the contractor to the public for which the Department has received full payment.

Each candidate is entitled to three opportunities to pass each test – the WE or OE, and the CE. If the candidate fails to pass the CEP after three attempts, they must successfully complete another State-approved NATP, at another location, prior to sitting for the CEP again. A fee is charged to the public and a separate fee is billed to the Department each time the candidate takes the test. The fee charged to the public for the test does not change regardless of whether it is the candidate's first, second or third attempt. Therefore, pursuant to [Attachment B](#), Cost Proposal, the fee the contractor charges the Department for a test will be the same regardless of whether it is a first-time test or a re-test.

Candidates who qualify under the Americans with Disabilities Act (ADA) for oral administration of the written exam, must be charged the fee for the written exam. No additional fees may be charged to such candidates.

On behalf of the Department of Health, the contractor shall accept payments from the public, e.g., nursing homes, approved nurse aide training programs, students, CNAs, etc., for services rendered according to the approved fee schedule in the approved contract. These fees shall represent payment in full for the services regardless of who is paying the contractor. All money orders, checks and other payment instruments shall be made out to the New York State Department of Health unless otherwise determined by the Department.

The contractor shall deposit all fees, partial fees and finance charges into a bank account designated and owned by the State of New York within two business days of receipt. Day of receipt is day one. The next business day is day two. This requirement applies regardless of whether the service associated with the fee has been rendered. The Department reserves the option to require the contractor to use a bank lock box and/or to deposit all fees on the day of receipt.

The type of services for which fees may be charged to the public and to the Department are the same and are listed in Section 4.20.2. Under the contract resulting from this procurement, the contractor may not charge fees to the public, to the Department or to any other party for any service other than those listed in Section 4.20.2. Bidders on this contract are reminded to “fold” all expenses into these fees, as the services listed in Section 4.20.2 are the only services for which the bidder awarded the contract can bill the Department or any other entity.

Bidders should be aware that the Department may add a fee to one or more of the fees proposed by the bidder in its bid on this contract. The sum of such Department-added fee plus bidder’s fee will be the fee charged to the public for services rendered under this contract. The revenue generated by the fee added by the Department to the bidder’s proposed fee will be retained by the Department. Bidders should be aware that some candidates may schedule only one test, i.e., some testers may schedule and pay for only the written exam, or only the oral exam, or only the clinical exam. They may schedule and pay for the second exam on a later date.

The Department is not responsible for non-payment or partial payment of fees charged to the public, nor is it responsible for non-payment of finance charges assessed in accordance with the requirements of Article 55 of the State Finance Law. The contractor must be in compliance with the provisions of Article 55 of New York State Finance Law at all times. All finance charges must also be deposited into the designated State Bank account.

The contractor is responsible for all collection activities for any financial instrument that cannot be credited to the State-owned bank account for the full amount of the financial instrument. The contractor may not bill the Department for any collection activities. The contractor will ensure that the full amount due to the State is credited to the State- owned bank account prior to the contractor invoicing the State for services rendered.

4.20.2 Billable Fees

The successful bidder may not bill any party, including the public and the Department of Health, fees for any services until such time as the Nurse Aide Registry and verification systems are fully operational as specified in this RFP and approved by the Department of Health. Additionally, the successful bidder (unless the current contractor) may not deliver any billable services (billable to either the public or the Department of Health) until the current contractor’s contract has expired, with the exception of the tasks required of a new contractor as described in RFP Section 4.14 Onboarding Transition Period (see Note below). Once the Nurse Aide Registry and verification systems are fully operational as specified in this RFP and approved by the Department of Health, the successful bidder may accept payments for services it will render prior to rendering them. It is anticipated that the successful bidder’s Nurse Aide Registry and verification systems, if the successful bidder is not the current contractor, will be operational and approved by the Department of Health on or before April 1, 2024, or if contract approval is delayed, no later than two months after the OSC approval date.

The only services for which the contractor may bill the Department, or any other entity or individual are:

- a. Clinical skills test. The fee must be all inclusive and include all expenses associated with the administration and processing of one nurse aide CSE including but not limited to expenses associated with employing and deploying nurse aide evaluators to administer the test; candidate registration, test and all other material required to administer the CSE; processing candidate registration information, fees and test results into the appropriate databases and NAR; test scoring; reporting the required information to the candidate, the training program, the employing nursing home and the Department; and issuing the CNA certificate and a wallet card.
- b. Written test. The fee must be all inclusive and include all expenses associated with the administration and processing of one nurse aide WE including but not limited to expenses associated with employing and deploying nurse aide evaluators to administer the test; candidate registration, test and all other material required to administer the WE; processing candidate registration information, fees and test results into the appropriate databases and NAR; test scoring; reporting the required information to the candidate, the training program, the employing nursing home and the Department; and issuing the CNA certificate and a wallet card.
- c. Oral test. The fee must be all inclusive and include all expenses associated with the administration and processing of one nurse aide OE including but not limited to expenses associated with employing and deploying nurse aide evaluators to administer the OE; candidate registration, test and all other material required to administer the OE; processing candidate registration information, fees and test results into the appropriate databases and NAR; test scoring; and reporting the required information to the candidate, the training program, the employing nursing home and the Department; and issuing the CNA certificate and a wallet card.
- d. Reciprocity/CNA from another state and RNs and LPNs licensed in New York State. The fee must be all inclusive and include all expenses associated with processing and fulfilling the reciprocity application (including routine verification checks and any special additional verification checks requested by the Department of Health such as requesting the reciprocity candidate to submit additional documentation of certification status in the other state), updating all databases, NAR and other records, and issuing the CNA certificate and a wallet card.
- e. Recertification. The fee must be all inclusive and include all expenses associated with processing and fulfilling recertification applications submitted on behalf of a New York CNA, including updating all appropriate databases, NAR and other records, and issuing the CNA certificate and a wallet card.
- f. Duplicate certificate and/or wallet card. The fee must be all inclusive and include all expenses associated with processing requests for and providing nurse aides with a replacement or duplicate CNA certificate and/or wallet card. A single fee must be charged regardless of whether the aide requests just one or both documents.
- g. No show. The fee includes all expenses associated with processing and fulfilling applications for the written, clinical and/or oral test submitted by or on behalf of candidates who are “no shows”, i.e., candidates who do not reschedule within the required timeframes or who are late for the test or who fail to appear for the test at the designated place, time and date.

Note: If the awarded bidder resulting from this RFP is not the current contractor, the awarded bidder will use the two-month transition period of February 1, 2024 - March 31, 2024 to perform certain work and tasks as described above in RFP Section 4.14, in preparation for an April 1, 2024 contract start. Work performed by a new awarded bidder during the two-month transition period will be paid for via a one-time fixed fee. This fee shall be bid by bidders using [Attachment F](#) – Onboarding Transition Fee. This fee is subject to negotiation between DOH and awarded bidder at time of award notice and is subject to OSC approval. If contract approval is delayed, this two-month transition period and the associated one-time fee shall apply to the first two months commencing upon

the OSC contract approval date. Payment for work done during the transition period will be paid upon completion of all tasks, submission of supporting documentation for work done and amount billed, and DOH approval. Billable services to the public and to the DOH as otherwise described herein will not commence until April 1, 2024. Bidders must understand that the fees bid as part of [Attachment B](#) – Cost Proposal (A through G and future fees, if added) are the only means for contractor payment for all work encompassed in Section 4 of this RFP, excluding transition tasks in Section 4.14.

4.20.3 Payment Terms

With the single exception noted below, in no case shall the contractor invoice the Department, and in no case shall the Department pay the contractor, for services that the contractor has not rendered and for which the State has not received the total amount of the associated fees. “Total amount of the associated fee” means that the check, money order, voucher or other financial instrument has been successfully credited to the State-owned bank account at the full amount of the fee for the service rendered. Additional exceptions to this requirement can be made only with the prior approval of the Department. The Department reserves the right to amend this practice at any time during the contract period.

The exception to this billing requirement, “no shows,” is as follows. If the contractor requires payment of test fees prior to the date of the test, the following shall apply. The contractor shall refund the full test fee when the contractor is informed at least five business days prior to the test date either that the candidate will not be tested and will not reschedule the test to another date, or that the candidate will not be tested and did not elect to transfer the paid fee to another candidate. The contractor may not bill the Department the fee for the service associated with the refund if the contractor merely returned the financial instrument to the candidate or entity that submitted it. The contractor may bill the Department only if the contractor deposited the fee paid by or on behalf of the candidate in the state-owned bank account and the total amount of the associated fee was successfully credited to the State-owned bank account at the full amount of the fee for the service. Each refund issued by the contractor and billed to the Department will be individually itemized on the voucher and invoiced at a level of detail acceptable to the Department. Documentation as determined by the Department may be requested to confirm the refund was obtained by the candidate. For “no shows” and for cancellations made less than five business days prior to the test date, which will be treated as “no shows” for purposes of the contractor’s invoices submitted to the Department, the fee is neither refundable nor transferable to another candidate. The contractor shall deposit these fees in the designated State-owned bank account and bill the Department its contractually established fee for “no shows.” An example of the five-day timeframe is: if scheduled test date is a Friday, the cancellation notification must be made no later than 5:00 PM Eastern Standard Time the previous Friday.

One of the services that the contractor will provide to the public is recertifying nurse aides. The regulatory requirements for recertification provide that the nurse aide’s most recent nursing home employer must submit the request for recertification on the nurse aide’s behalf and must pay the recertification fee even if the aide no longer works at that nursing home. Further, the certification period, which is 24 months, must include at least one day in which the nurse aide worked in a nursing home. These requirements produce a situation in which two or more recertification fees can be paid by different nursing homes for the same aide for the same period of time. The contractor shall implement the following policy and procedure to minimize the incidence of “duplicate” fees. The first recertification application received by the contractor will be processed according to the requirements in this RFP and the contractor’s policies and procedures. The fee shall be deposited in the State-owned bank account and invoiced to the Department. Any subsequent recertification applications and associated fees shall be returned to the entity that submitted them if they do not change the nurse aide’s recertification period by at least one month. The contractor may bill the Department for neither the service associated with a fee that is returned to the entity that paid it nor the expenses it incurs to process the application and fee and return it to the entity that paid it. If application(s) subsequent to the first one the contractor receives change the certification period by at least one month, the contractor shall process the

application(s), change the aide's certification period, deposit the fee in the State-owned bank account and bill the Department for the recertification.

The contractor shall bill the Department on a monthly basis for all services as defined in Section 4.20.2 that were delivered the previous month or earlier and for which the contractor has successfully deposited, as evidenced by related credits, to the State-designated bank account the total amount of the associated fee as defined above and for which the contractor has not already been paid by the Department. The invoice and voucher and reconciliation (as described below) for each month shall be submitted no later than 30 calendar days after the last day of the month to Accountspayable@ogs.ny.gov with a subject field completed as follows: Subject: Unit ID: 3450467 Contract #: TBD. The contractor's invoice and voucher and reconciliation will be reviewed for accuracy. If errors are identified, the invoice and voucher and reconciliation will be returned to the contractor for correction. The Department may, in its sole discretion, apply a 3% reduction to the total amount of the invoice and voucher and reconciliation upon resubmission of a correct invoice and voucher and reconciliation.

At the Department's option, the Department may require the contractor to submit its invoices and vouchers first to designated Department of Health staff for approval. The contractor's invoice and voucher and reconciliation will be reviewed for accuracy. If errors are identified, the invoice and voucher and reconciliation will be returned to the contractor for correction. The Department may, in its sole discretion, apply a 3% reduction to the total amount of the invoice and voucher upon resubmission of a correct invoice and voucher and reconciliation. If the Department implements this option, the contractor may submit the invoice and voucher to Accountspayable@ogs.ny.gov only after Department of Health staff approve them.

The contractor's reconciliation of (a) services billed to the Department to (b) services rendered to the public, including "no shows" described above to (c) service fees credited to the State-owned bank account, must accompany the related invoice and voucher. The reconciliation must include, at minimum, for each individual service, the name of the aide (and certification number) or candidate (and candidate ID number), the date the service was rendered, the type of service rendered, the fee for the service, and the date the fee was credited to the State-owned bank account as per the bank. The contractor's reconciliation must both integrate the entirety of each month's banking transactions at the individual payment level and agree to the month's ending balance per the State-owned bank account. This will require the contractor's reconciliation to provide details regarding financial instruments returned for insufficient funds and to incorporate the withdrawals made by NYS Office of the State Comptroller (OSC). The DOH may require additional information on each service if needed to verify this reconciliation. The contractor may propose but the Department has final approval authority regarding the specific information to be included in the reconciliation, reconciliation format, and the information technology used to produce the reconciliation.

A "transaction" for purposes of this section of the RFP is the delivery or planned delivery or attempted delivery of a single billable unit of service as defined above. The contractor will develop and maintain a single unified database or other single unified electronic tracking system that contains detailed transaction information. Every transaction must be recorded and tracked in this database or electronic tracking system. The detail for each transaction shall be sufficient to enable the Department and/or its designees to: (a) link each of the contractor's requests for reimbursement for a transaction to the associated credit to the State-owned bank account; and (b) verify that the contractor is billing the Department for only those services that it has in fact delivered and for which the State of New York has received the full value of the fee. The contractor may propose but the Department has final approval authority regarding the specific information to be included in the database or tracking system, database format and information technology

The Department, upon verification of the invoice, voucher and reconciliation will authorize payment to the contractor of the monies due to the contractor for services rendered minus the 3% reduction for inaccuracies, if applied, and minus any liquidated damages as detailed in Section 4.16. Payment by the Department to the contractor for these services will be based on the unit price billed to the Department of Health for each service. The reimbursement paid by the Department to the contractor based on such bills will represent the total

remuneration due to the contractor from the Department for all services rendered and performed, and all expenses incurred, in connection with the contract.

4.20.4 Fidelity Bond

Within 15 days of contract approval by the Office of the State Comptroller (OSC) and prior to the start of work, the contractor shall procure at its own sole cost and expense and shall maintain in full force and effect at all times during this contract, a third-party fidelity bond in the amount equal to four times the estimated average monthly amount of revenue from fees charged to the public for services rendered, \$1.2 million. The People of the State of New York shall be named as the third-party beneficiary of the fidelity bond. The fidelity bond shall be maintained by the contractor in a form satisfactory to the New York State Department of Health.

4.21 Subcontracting

Bidders may propose the use of a subcontractor. The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that all the requirements of this RFP is 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 DOH and the Contractor. DOH reserves the right to request removal of any Bidder's staff or subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Contract.

NOTE: 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.

4.22 Contract Insurance Requirements

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

4.23 Minority & Women-Owned Business Enterprise (M/WBE) Requirements

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

4.24 Business Participation Opportunities for M/WBEs

For purposes of this RFP, DOH hereby establishes an overall goal of 30% for M/WBE participation, 15% for Minority-Owned Business Enterprises ("MBEs") participation and 15% for Women-Owned Business Enterprises ("WBEs"), based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms. The successful Bidder who becomes the Contractor under the Contract entered into with the Department pursuant to this RFP must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Contract consistent with the M/WBE participation goals established for this procurement, and Contractor must agree that DOH may withhold payment pending receipt of the required M/WBE documentation. For guidance on how DOH will determine "good faith efforts," refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs 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 to establish Contractor’s “good faith efforts”.

By submitting a Bid in response to this RFP, a Bidder agrees to complete an M/WBE Utilization Plan ([Attachment 5](#), Form #1) for this RFP. DOH will review the submitted M/WBE Utilization Plan. If the Plan is not accepted, DOH 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 after Bidder’s receipt of such notice. DOH may disqualify a Bidder as being non-responsive to this RFP under the following circumstances:

- a) If a Bidder fails to submit a M/WBE 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 DOH determines that the Bidder has failed to document good-faith efforts to provide meaningful participation by M/WBEs under the Contract in accordance with the goals for this RFP established by the Department.

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified in its M/WBE 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 DOH 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 DOH, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the M/WBE goals of the Contract.

If (a) the Department determines that the Contractor is not in compliance with the M/WBE requirements of the Contract and the Contractor refuses to comply with such requirements, or (b) the Department finds that the Contractor has willfully and intentionally failed to comply with the M/WBE participation goals established in the Contract, the Contractor may be required to pay to the Department liquidated damages.

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

A 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 NYS M/WBE certification to NAR-NATP@health.ny.gov before the Deadline for Questions as specified in [Section 1](#). (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.)

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

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by NYS-certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. DOH 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 DOH 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, DOH 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.

5.0 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 DOH and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

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

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 DOH procurements for a period of four (4) years.

5.2 Questions

Potential Bidders may submit written questions and requests for clarification pertaining to this RFP between the issuance of this RFP and the deadline for the submission of written questions specified in [Section 1](#)

(Calendar of Events). All questions and requests for clarification of this RFP should cite the relevant RFP, including RFP number and title (RFP #20300 – Nurse Aide Testing and Certification Program), the section and paragraph number of this RFP or of the Attachment to this RFP to which the question relates, where applicable, and must be submitted via email to NAR-NATP@health.ny.gov no later than the Deadline for Submission of Written Questions specified in [Section 1](#) (Calendar of Events). Questions received after the deadline **may not** be answered.

If a potential Bidder discovers any ambiguity, conflict, discrepancy, omission, or other apparent error in this RFP, the Bidder shall immediately notify DOH of such error in writing submitted via email to: NAR-NATP@health.ny.gov and request that DOH clarify or modify the Terms of this RFP. If, prior to the deadline for the Submission of Bids, a Bidder fails to notify DOH of a known error or an error that reasonably should have been known, the Bidder shall assume the risk of bidding notwithstanding such apparent ambiguity, conflict, discrepancy, omission or other error. If awarded the Contract pursuant to the terms of this RFP, the Bidder shall not be entitled to an amendment to the terms of the Contract to correct or clarify any such ambiguity, conflict, discrepancy, omission or other error nor to any additional compensation by reason of the error or its omission.

5.3 Right to Modify RFP

DOH 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 DOH, at any time prior to the Deadline for Submission of Proposals specified 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 DOH will be posted to the DOH website.

If a prospective bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the bidder shall immediately notify DOH of such error in writing at NAR-NATP@health.ny.gov and request clarification or modification of the RFP.

If, prior to the Deadline for Submission of Proposals, a bidder fails to notify DOH 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 DOH'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 Department'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 Department'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 days, any bid is subject to withdrawal communicated in a writing signed by the bidder; 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 a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation.

5.5 Debriefing

Once an award has been made, a Bidder may request a debriefing of their Bid. The debriefing will be limited solely to the Bidder's own Bid and will not include any discussion of other bids. A Bidder's request for a debriefing must be received by the Department no later than fifteen (15) business days after the date of the award notification to the successful Bidder or non-award announcement to the unsuccessful Bidder, depending upon whether the Bidder requesting the debriefing is the successful Bidder or an unsuccessful Bidder.

5.6 Protest Procedures

In the event an unsuccessful Bidder wishes to protest the award resulting from this RFP, the protesting Bidder must 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 OSC's Guide to Financial Operations, which is available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

5.7 Freedom of Information Law ("FOIL")

All Bids may be disclosed or used by the Department to the extent permitted by law. The Department may disclose a Bid to any person for the purpose of assisting in evaluating the Bid or for any other lawful purpose. All Bids will become State agency records, which will be available to the public in accordance with the New York State Freedom of Information Law. **Any portion of the Bid 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 Bid as specified in Section 6.1.2. of this RFP.** If the Department agrees with the proprietary claim, the designated portion of the Bidder's Bid 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.

5.8 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 NYS Office of General Services to consent to the use of the Contract entered into pursuant to this RFP by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

5.9 Intellectual Property

Any work product created pursuant to this RFP and the Contract awarded hereunder 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, except as otherwise expressly provided in this RFP to the contrary.

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.

DOH 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. An Administrative 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.

6.1.1 Bidder's Disclosure of Prior Non-Responsibility Determinations

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

6.1.2 Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of their proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 5.7](#), (Freedom of Information Law)

6.1.3 Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that bidders 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 <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep System online at www.osc.state.ny.us/vendrep.

Bidders 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 ciohelpdesk@osc.state.ny.us.

Bidders opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or may contact the Office of the State Comptroller's

Help Desk for a copy of the paper form. Bidders should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

6.1.4 Vendor Assurance of No Conflict of Interest or Detrimental Effect

Submit [Attachment 4](#), Vendor 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.

6.1.5 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 DOH M/WBE RFP Required Forms."

6.1.6 Encouraging Use of New York Businesses in Contract Performance

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

6.1.7 Bidder's Certified Statements

Complete, sign and submit [Attachment 7](#), "Bidder's Certified Statements", which includes information regarding the Bidder. [Attachment 7](#) 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.

6.1.8 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 to 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.

6.1.9 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Bidder should complete and 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.

6.1.10 Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia

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

6.1.11 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, the Office of the State Comptroller, and Department of Civil Service.

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

6.1.12 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 contractor's 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 offeror 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 [▲] 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>.

Submit these Forms, 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

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 DOH 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 Bidder's proposal.

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

Minimum Qualifications:

Bidders must be able to meet all the requirements stated in Section 3.1 of the RFP. The bidder must submit documentation that provides sufficient evidence of meeting the criterion/criteria set forth in Section 3.1. This documentation may be in any format needed to demonstrate how the Bidder meets the minimum qualifications to propose.

- Eligible bidders must own or possess unimpeded rights to the Competency Evaluation Program (CEP) that the bidder proposes to use in response to this RFP for New York State; and
- Such CEP must currently be used in at least one state; and
- The CEP must satisfy federal requirements at [SSA §1819\(e\)\(1\)](#) and [SSA §1919\(e\)\(1\)](#) for the state(s) in which the bidder currently uses the CEP.

Preferred Qualifications:

Bidder should submit documentation that demonstrates their experience with the following outlined in Section 3.2, Preferred Qualifications. Bidders are requested to provide such documentation in the form of a table outlining which preferred qualification(s) (below) it meets, in which states, and the number of years:

- The Bidder's CEP is utilized in at least 3 states;
- The Bidder's CEP has been utilized for at least 3 years;
- The Bidder has hosted a NAR in at least 3 states;
- The Bidder has hosted a NAR for at least 3 years.

6.2.4 Technical Proposal Narrative

The Technical Proposal should provide satisfactory evidence of the Bidder's ability to meet, and expressly respond to, each element listed below.

Elements of the Technical Proposal are as follows:

6.2.4.1 General Requirements

- The bidder should describe their process for printing, posting and maintaining all materials on its public website as well as addressing their process and timeframe for making any DOH requested corrections.
- The bidder should describe its approach to ensuring quality control for all services, material, customer services, information technology and deliverables specified in this RFP.
- The bidder should describe their process for identifying a breach and the corrective actions they will take. The bidder should describe in what manner they will notify DOH of the breach.
- The bidder should describe their approach to maintaining all databases described in this RFP in accordance with Appendix F for the duration of the contract.

6.2.4.2 Staffing

The bidder should provide a staffing plan for completion of services that includes the following:

- a. Title, responsibility, and type of staff available and physical location of bidder's staff to be engaged in the performance of the work required in this contract, to include current resumes for all staff identified;
- b. How the bidder plans to recruit, vet qualifications and experience, and train an adequate number of staff, to include sample job postings for positions needing to be filled in support of the work for this contract;
- c. How the bidder plans to maintain adequate staff to carry out the projected workload to meet the scope of work over the entire contract period;
- d. How the bidder proposes to identify and respond to staff needs related to ensuring management and administrative support staff necessary to organize, prepare, and carry out all administrative tasks associated with conducting required services;
- e. Bidder's process for ensuring that all Contractor and subcontractor staff are appropriately trained and how the training protocols provide for consistency among staff;
- f. How the Bidder proposes to fill staff vacancies and timeframes for filling vacancies;
- g. An organizational chart that delineates the titles of the staff responsible for fulfilling the tasks/deliverables detailed in Section 4.0 Scope of Work, their lines of communications, and demonstrates how the organization intends to organize staff and management for this project.

6.2.4.3 CEP Construction Requirements

The Bidder should describe how each examination of the CEP it proposes to use in NYS and each version of the examinations meets the following requirements:

- Each form is written in English at the 4th to 6th grade reading level, as determined by using one of the methods identified in the chart in Attachment K;
- Identify the methodology/framework used from Attachment K to meet the reading level requirement;
- Describe how the CEP is in compliance with federal requirements for CEPs at 42 CFR §483.154(b) and 42 CFR §483.152(b);
- Describe how the CEP will identify the minimum competencies required of entry level nursing home nurse aides in New York; and

- Describe how its CEP will be based on a curriculum that is equivalent to the curriculum required to be used in New York, as per Attachment L – NYS NATP Course Content Outline.

As part of its narrative for this section, the bidder should provide a copy of the CEP it proposes to use in NYS that most closely matches the required NYS curriculum, as outlined in Attachment L – NYS NATP Course Content Outline.

The Bidder should describe their approach to securing the participation of test question writers with NYS nursing experience, especially the provision of resident care in NYS RHCFs. Bidder should address how they will develop and maintain a list of DOH approved expert test question writers who will participate in the clinical skills and written examinations development process. Bidder should describe how they will ensure that nurses with current NYS Nursing Licenses and NYS Certified Nurse Aides participate in the development in new test questions.

The bidder should describe their procedures for ensuring editorial, measurement and computer services for test development to assure test questions are generated, edited, reviewed and entered into the question pool.

The bidder should describe their methodology for determining pass cut scores that are specific to the CEP examinations for NYS. The bidder should also describe how they would defend the job-relatedness, reliability and validity of its examinations and cut scores at all times.

6.2.4.4 CEP Types

- The bidder should describe their process for ensuring that the randomly selected tasks to be performed by entry level Nurse Aides during the CSE portion of the exam vary in complexity.
- The bidder should describe their approach to providing an oral exam that includes each of the multiple-choice questions on the written exam, along with additional questions designed to evaluate the test taker's ability to read and understand written job-related materials in English, at the 4th to 6th grade reading level.
- The bidder should describe their plan for assembling and maintaining separate CSE and WE/OE tests, ensuring there are at least four different examinations for each test available at all times.
- The bidder should describe their process for producing two new WE and one new OE tests every twelve months.

6.2.4.5 Test Site Requirements

The bidder should describe their approach to establishing, inspecting and approving test sites across the State, subject to DOH approval. Specifically, the bidder should address the following items in their proposal:

- How the bidder will ensure that the test sites provide suitable accommodations for the uniform and consistent administration of the CEP.
- How the bidder will ensure the test sites include each RHCF with or without an approved NATP and each non-nursing home facility-based state-approved NATP.
- How the bidder will ensure that all criteria for test sites is met, as detailed in RFP Section 4.5.3.
- How the bidder will ensure that multiple county test sites are available to test candidates regardless of the qualifying training program location.
- How the bidder will ensure sufficient county test site capacity is maintained to meet the 20 business day requirement for test administration at a county test site.
- How the bidder will determine a test site does not meet test site criteria, their approach to document their findings and communicate the information to DOH, and how they will provide a suitable alternative testing location for candidates assigned to that location.

6.2.4.6 CEP Administration Standardization Requirements

- Bidder should describe their plan to ensure that the CEP is administered in the same way at each test event across the State without variance. This plan should also address how the bidder plans to accommodate candidates who qualify for accommodation under the Americans with Disabilities Act.
- Bidder should describe their approach to ensure that the quality of the test site environment is maintained for each test event regardless of test site location.
- The bidder should describe their approach to designing and implementing a policy and procedure for stopping a CSE and/or a WE before the candidate has completed it with the result that the candidate fails or is likely to fail the exam.
- The bidder should describe its timeframes for scoring tests and how it will ensure the accuracy of its scoring. The bidder should provide details regarding how it will guarantee the security and quality control for all testing materials.
- The bidder should describe its approach to developing and implementing procedures to verify identities of the individuals taking the CEP.
- The bidder should describe its process for ensuring that a duplicate test is not given to an individual that is required to re-test.
- The bidder should describe their proposed approach to ensuring that no individual associated with an approved NATP in any capacity, including teachers, NATP personnel, nursing home employees or employees of the parent entity or associated ownership entity, shall participate in the administration or scoring of examinations for any individual who completed the NATP, or any other training program sharing common ownership or an ownership relationship.
- The bidder should describe its approach to training all personnel to ensure that all testing procedures utilized in each testing location are consistent, assuring a uniform examination program throughout the state.
- The bidder should describe how it will ensure sufficient numbers of NAEs and proctors at each examination site to administer the CEP as well as monitor test candidates.
- The bidder should describe their approach to establishing procedures that will permit candidates to question the accuracy of the scoring of their tests.

6.2.4.7 Nurse Aide Evaluators – Roles and Responsibilities

- The Bidder should describe how it will implement processes and procedures to guarantee a sufficient pool of NAEs available to administer the NYS CEP to all qualified individuals within contractually required parameters, including training, performance monitoring, and fair, uniform, and timely administration of all CEPs.
- The Bidder should describe its approach to monitoring the performance of each NAE to ensure compliance with testing procedures, validity of written test scores and clinical test item pass/fail determinations, and the integrity, security, and confidentiality of all test materials. Bidder should also provide details regarding its proposed actions for NAEs who are not in compliance or who violate the procedures and standards.

6.2.4.8 CEP Scheduling Requirements

The Bidder should describe its approach to arranging NAEs to administer the CEP to qualified candidates when requested, while ensuring that the required timeframes (10 business days when requested by the NATP or employing facility, or 20 business days to test at a county test center) are met.

6.2.4.9 Nurse Aide Handbook, Organizational Manual, and Application Form

The Bidder should describe its approach to developing and maintaining the Nurse Aide Certification Handbook, Organizational manual, and subsequent form(s), to ensure compliance with all federal and State requirements including but not limited to 42 CFR Part §483, 10 NYCRR Part 415, and other requirements as detailed in RFP Section 4.9. The Bidder's narrative should address their distribution process to capture the entire target audience. The Bidder should also describe their process for maintaining change log documentation for all updates and revisions.

6.2.4.10 Examination Database

The Bidder should describe its proposed policies and procedures to ensure that information for all previous and current CEP candidates that is contained and maintained in the current contractor's examination and SSN databases is transferred seamlessly and securely to the Bidder's examination and SSN databases in its entirety. The Bidder should identify what measures it will take to ensure that constituent data is complete without omission, revision, or alteration.

6.2.4.11 Nurse Aide Registry

- The bidder should describe their approach to developing a NAR database for use in NYS, or, their approach to modifying an existing database used in another state, such that the database will meet all requirements and criteria detailed in RFP Section 4.11 – Nurse Aide Registry, including requirements of 42 CFR Part 483.156 and 10 NYCRR 415.31 and all applicable state regulations. The bidder should include details regarding timeframes for development/modification, testing, data transfer, implementation, and all other required activities necessary for a fully functional database by April 1, 2024. The bidder should also address on-going database maintenance as well as future enhancements.
- The bidder should describe its approach to implementing policies and procedures to ensure that staff who respond to NYS CNA verification inquiries are trained and knowledgeable on NYS processes and procedures, including State and federal regulations.

6.2.4.12 Contractor's Policies, Procedures and Other Operational Requirements

- The bidder should describe its approach to creating policies that ensure only eligible candidates are permitted to take the NYS competency examinations.
- The bidder should describe its approach to ensuring that any test candidate who is unfamiliar with computers will not be disadvantaged by the computer-based testing utilized in the CEP. The bidder should include details in its narrative about what an instructional tutorial for candidates might encompass.
- The bidder should describe its approach to create and implement policies and procedures that will govern the accuracy of the data that is keyed into the databases required in this RFP.
- The bidder should describe its approach to creating and implementing policies and procedures that will ensure quality control, confidentiality, and security of candidates' personal identifying information, test questions, examinations, and materials during all stages of examination development, administration, processing and delivery to and from examination sites.
- The bidder should describe its approach to electronically retaining all required materials outlined in RFP Section 4.12.7 in the format required by the DOH. The bidder's narrative should address how the bidder plans to efficiently retrieve specific records for specific individuals, upon request.
- The bidder should describe its approach to providing customer service as required in RFP Section 4.12.10. The bidder's narrative should address, at a minimum, the following points:
 - How customer service staff will be trained and conversant with the following topics:
 - ❖ Procedures to establishing test eligibility or to be placed on New York's Nurse Aide Registry without passing the exams;

- ❖ Contractor's handbooks and manuals;
 - ❖ Contractor's policies and procedures for scheduling, canceling, and re-scheduling exams for individual and groups, including payments;
 - ❖ Contractor's environmental requirements for testing sites;
 - ❖ Policies and procedures for obtaining and maintaining test site approval;
 - ❖ Contractor's approved test sites;
 - ❖ Contractor's policies and procedures for verification of information in the NAR pertaining to specific nurse aides;
 - ❖ Contractor's intake procedures for customers who wish to file complaints;
 - ❖ Confidentiality of information on the non-public NAR; and
 - ❖ How to verify, explain, and resolve issues related to notification delays, payment issues, incorrect information in the NAR, and any other problems and/or complaints.
- The bidder should submit a summary of their policies and procedures that explains their strategy to ensure supervisors and managers are equipped to understand and resolve difficult to understand questions, issues and complaints.
 - The bidder should describe its approach to monitoring the operation of the Nurse Aide Registry, including incoming and outgoing verification phone lines and internet access, to ensure that access to the Registry is operational and functioning without delay or problems. The bidder should provide details regarding alternate means of obtaining verification of an individual's nurse aide certification status should the system be inaccessible for more than 90 minutes.
 - The bidder should describe its policies and procedures to process NYS CNA recertifications every two years, in accordance with State and federal regulations and as identified in RFP Section 4.12.14.
 - The bidder should describe its process for issuing a certificate and wallet card to candidates who pass both parts of the CEP which document their successful completion of the New York State nursing home nurse aide CEP, and which demonstrate they are now a CNA in New York.
 - The bidder should describe their process for responding to inquiries from a federal or State governmental agency, RHCF, or any other nurse aide employer within one business day of receipt of request.
 - The bidder should describe its process for providing a copy of each nurse aide's actual NAR listing to the nurse aide when any information has been entered into the NAR record for that aide pertaining to a Legal Finding, and allowing the nurse aide 30 calendar days to provide any correction or clarification.
 - The bidder should describe its process for providing a copy of a nurse aide's NAR listing to the nurse aide whenever any information in the NAR record for that aide has been changed or updated, and providing the aide with the opportunity to correct errors or omissions in their NAR listing.
 - The bidder should describe its policies and procedures to enable non-information technology Department staff to generate ad hoc data and statistical reports from the examination and NAR databases.

6.2.4.13 Required Training Delivery by Contractor

The bidder should describe its approach to developing and offering live orientation training seminars to NATP coordinators, NATP instructors, RHCFs, and nurse aide employers, which will be offered a minimum of two times annually. The bidder's narrative should address details on topic areas to be covered, training platform to be used, ability of the training to be interactive (i.e.: allowing for skills demonstrations and questions and answers), and advertising and registration activities. The bidder should also describe how the training can be modified over the course of the contract, to provide clarifications and/or inform about modifications to the NYS nurse aide certification program.

6.2.4.14 Onboarding Transition Period

Bidder should describe past experience related to their implementation or take-over of a CEP and NAR in another state. Bidder should provide details that address, at a minimum, the following points:

- Approach to implementing or planning for take-over;
- Details on specific transition tasks and activities, including things such as: creation and/or updating of materials, implementation, testing, and debugging of supporting databases or management information systems, etc.;
- Communication strategies with stakeholders; and
- Managing logistics for a smooth transition, ensuring critical deadlines were met and uninterrupted services.

6.2.4.15 Reports and Reporting

- The bidder should describe their plan to develop and submit the required weekly, monthly, quarterly, annual, and periodic reports as specified in RFP Section 4.15, and for ensuring timeliness, accuracy, and comprehensiveness of these reports.
- The bidder should describe their capacity for responding to requests from the Department for ad-hoc reporting for a variety of audiences as needed by the Department.

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 RFP and in [Attachment B](#). Failure to comply with the format and content requirements may result in disqualification.

The bidder in its financial proposal should submit the schedule of fees it proposes to bill the Department of Health in the period beginning on the contract start date and ending five years later for each of the seven billable services listed in [Attachment B](#).

The bid price is to cover the cost of furnishing all of the product(s)/ services sought to be procured, including but not limited to travel, materials, equipment, overhead, profit and labor to the satisfaction of the Department ^ and the performance of all work set forth in said specifications.

With its bid submission, the bidder should include a letter from its surety company stating that, in the event of contract award, a fidelity bond in the amount equal to four times the estimated average monthly amount of revenue from fees charged to the public for services rendered, \$1.2 million, will be provided to the New York State Department of Health within 15 days of a contract award. An award will not be made without this letter from the surety company.

6.4 Onboarding Transition Fee

For bidders who are not the current contractor, submit a completed and signed [Attachment F – Onboarding Transition Fee](#). This fee represents a one-time amount to be paid to an awarded bidder, who is not the current contractor, upon completion of all required Onboarding Transition activities as outlined in RFP Section 4.14. Note that this one-time fee is separate from the Cost Proposal and is not included in the cost evaluation. Also note that this fee is subject to negotiation between DOH and the awarded bidder, and approval by OSC.

7.0 PROPOSAL SUBMISSION

A proposal consists of four distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, (3) the Cost Proposal, and (4) the Onboarding Transition Fee. The table below outlines the requested format and volume for submission of each part. Proposals should be submitted in all formats as prescribed below.

	Electronic Submission
Administrative Proposal	Email labeled "Administrative Proposal, Bidder's Name, RFP# 20300" containing a standard searchable PDF file with copy/read permissions only.
Technical Proposal	Email labeled "Technical Proposal, Bidder's Name, RFP# 20300" containing a standard searchable PDF file with copy/read permissions only.
Cost Proposal	Email labeled "Cost Proposal, Bidder's Name, RFP# 20300" containing a standard searchable PDF file with copy/read permissions only.
Onboarding Transition Fee	Email labeled "Onboarding Transition Fee, Bidder's Name, RFP#20300" containing a standard searchable PDF file with copy/read permissions only.

1. Submit four (4), standard searchable, open and permission password protected, PDF proposals in four (4) separate emails to NAR-NATP@health.ny.gov. Use this naming convention for the subject line of each email: <Type of Proposal Submission, Bidder Name, RFP#20300>.
2. Include, as attachment to each email, the distinct PDF file labeled "Administrative Proposal", "Technical Proposal", "Cost Proposal", or "Onboarding Transition Fee" followed by Company name and RFP number. Example: "Technical Proposal Submission, ABC Company, RFP# 20300".
3. All electronic proposal submissions should be clear and include page numbers at the bottom of each page.
4. The body of the email should also include the password to the file, contact information, and indicate the total number of pages intended, and where indicated, each subset of pages listed. **Example: Technical Proposal 30 pages total, Attachment C, 17 pages.**
5. A font size of eleven (11) points or larger should be used. All submitted documents should contain appropriate header and footer information.
6. In the event an electronic submission cannot be read by the Department, the Department 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.
7. Where signatures are required, the proposals should have a handwritten signature (wet ink) and be signed in blue ink. A scan of the handwritten (wet ink) signature can be used for electronic submission in the PDF. The Department reserves the right to request hardcopy originals of all signature pages at any time.
8. 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

9. 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 four (4) separate emails to the email account and in the 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.

7.1 No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid form, [Attachment 2](#). Although not mandatory, such information helps the Department direct solicitations to the correct bidding community.

8.0 METHOD OF AWARD

8.1 General Information

DOH 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 offerors” shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

DOH, at its sole discretion, will determine which proposal(s) best satisfies its requirements. DOH 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 RFP 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.

Bidders may be requested by DOH to clarify the contents of their proposals. Other than to provide such information as may be requested by DOH, 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 M/WBE participation.

8.2 Submission Review

DOH 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 DOH, 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 DOH 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 Proposal 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 Cost 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 Cost Proposal(s) 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 Proposal evaluation is **30% (up to 30 points)** of the final score.

8.5 Composite Score

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

8.6 Best and Final Offers

NYSDOH reserves the right to request best and final offers. In the event NYSDOH 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.

8.7 Award Recommendation

The Evaluation Committee will submit a recommendation for award to the Bidder(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 Contract substantially in accordance with the terms of Attachment 8, DOH Contract, to provide the required

product(s) or 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.

9.0 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 Determinations](#)
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 DOH M/WBE Required Forms & Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
7. [Bidder's Certified Statements](#)
8. [DOH Contract](#)
9. N/A
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:

- [Attachment A](#): Proposal Document Checklist
- [Attachment B](#): Cost Proposal
- [Attachment F](#): Onboarding Transition Fee
- [Attachment K](#): Reading Level Methods
- [Attachment L](#): Nursing Home NATP Course Content Outline
- [Attachment M](#): Ratio of Proctors to Candidates
- [Attachment N](#): County Test Sites
- [Attachment O](#): Reports and Reporting
- [Attachment R](#): DOH Regions by County Listing

**ATTACHMENT A
PROPOSAL DOCUMENT CHECKLIST**

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

RFP #20300 – Administration of New York’s Nurse Aide Testing and Certification Program		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.1	Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations	<input type="checkbox"/>
§ 6.1.2	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.3	Attachment 3 – Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.4	Attachment 4 – Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.5	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 – Form 1	<input type="checkbox"/>
	Attachment 5 – Form 2 (If Applicable)	<input type="checkbox"/>
	Attachment 5 – Form 4	<input type="checkbox"/>
	Attachment 5 – Form 5 (If Applicable)	<input type="checkbox"/>
§ 6.1.6	Attachment 6 – Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.7	Attachment 7 – Bidder’s Certified Statements	<input type="checkbox"/>
§ 6.1.8	Attachment 10 – Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.9	Attachment 11 – EO 177 Prohibiting Contracts with Entities that Support Discrimination	<input type="checkbox"/>
§ 6.1.10	Attachment 12 – EO 16 Contracting with Businesses Conducting Business in Russia	<input type="checkbox"/>
§ 6.1.11	State Finance Law Consultant Disclosure	<input type="checkbox"/>
§ 6.1.12	Sales and Compensating Use Tax Certification	<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"/>
FOR THE ONBOARDING TRANSITION FEE		

RFP §	SUBMISSION	INCLUDED
§ 6.4	Attachment F- Onboarding Transition Fee	<input type="checkbox"/>

ATTACHMENT B - COST PROPOSAL
RFP #20300 – Administration of New York’s Nurse Aide Testing and Certification Program

Bidder should propose fees for each year and each service type in Columns B – F of this Bid Form (below). 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 April 1, 2024 through January 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 based on the billable activities performed under the current contract in 2022. 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.

Fees bid for each service will be used to determine the total five-year bid price. Each fee should 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. For evaluation purposes, the bid’s total cost proposal will be calculated **by the Department** as follows:

- Apply the fee for each year to the annual service volume estimate for that service for annual fee.
- Sum each year’s annual fee per each service to calculate a five-year total per service.
- Sum the five-year total per service for service types a-g to calculate the total bid price.

A SERVICE	B Year 1 Fee	C Year 2 Fee	D Year 3 Fee	E Year 4 Fee	F Year 5 Fee	G ANNUAL SERVICE VOLUME ESTIMATES
a. Clinical skills test						13,910
b. Written test						13,758
c. Oral test						500
d. No show						2,500
e. Reciprocity/CNA from another State/NYS RNs and LPNs						2,500
f. Duplicate certificate or wallet card						559
g. Recertification						35,973

Bidder’s Signature:	
Printed Name of Signatory:	
Title:	
Company:	
Email Address:	
Phone Number:	
Date:	

**ATTACHMENT F
ONBOARDING TRANSITION FEE
RFP #20300 – Administration of New York’s Nurse Aide Testing and Certification Program**

ONLY bidders who are not the current contractor should complete and submit Attachment F with their proposal.

Bidders are to provide a one-time fixed fee that will be paid to the selected Bidder who is not the current incumbent contractor, to compensate for the Onboarding Transition work that must be completed pursuant to the tasks listed in the RFP Section 4.14 – Onboarding Transition Period.

This one-time fixed fee is the only payment the selected Bidder, who is not the current incumbent contractor will receive for the tasks and activities associated with the onboarding transition period. The one-time fee bid is subject to negotiation with DOH upon notice of contract award and subject to OSC approval.

Bidders should provide a single One-time Onboarding Transition fee, ranges will not be accepted, and supporting details on how they built their onboarding fee.

To receive payment, the awarded bidder must complete all tasks identified in RFP Section 4.14 to the satisfaction of DOH and must provide supporting documentation of the work done and associated costs with their invoice.

One-time Onboarding Transition Fee:

\$ _____

Bidders should provide details (below and/or attached) in support of the onboarding transition fee that they are proposing.

Bidder’s Signature:	
Printed Name of Signatory:	
Title:	
Company:	
Email Address:	
Phone Number:	
Date:	

ATTACHMENT K
Reading Level Methods
RFP #20300: Nurse Aide Testing and Certification Program

NYELA Grade Band	ATOS	Degrees of Reading Power®	Fleisch- Kincaid	The Lexile Framework®	Reading Maturity	Text Evaluator
2nd–3rd	2.75–5.14	42–54	1.98–5.34	420–820	3.53–6.13	100–590
4th–5th	4.97–7.03	52–60	4.51–7.73	740–1010	5.42–7.92	405–720
6th–8th	7.00–9.98	57–67	6.51–10.34	925–1185	7.04–9.57	550–940
9th–10th	9.67–12.01	62–72	8.32–12.12	1050–1335	8.41–10.81	750–1125
11th–CCR	11.20–14.10	67–74	10.34–14.20	1185–1385	9.57–12.00	890–1360

ATTACHMENT L
Nursing Home NATP Course Content Outline
RFP #20300: Nurse Aide Testing and Certification Program

The content outline provides an easy-to-read listing of the units, topics and lessons required to be taught during the state-approved nursing home nurse aide training program. No lesson may be eliminated, reduced, substituted, or replaced. The facility may increase the minimum training times for a lesson and/or include additional lessons to this mandated training program curriculum as appropriate for the facility resident population and trainees.

NURSE AIDE TRAINING PROGRAM COURSE CONTENT OUTLINE						
Unit Training	LESSONS	Unit Totals	TRAINING TIMES For Facility Use			
			Class	Lab	Clinical	
UNIT I: Introductory Curriculum						
A. Communication and Interpersonal Skills (Core Values)						
	1. Theories of basic human needs					
	2. Diversity					
	3. The resident, resident's family, and visitors (others)					
	(i) types of communication					
	(ii) effective communication					
	(iii) active listening					
	(iv) residents are people too					
	4. The health care team					
	(i) multi discipline - comprehensive care planning					
	(ii) resident record/chart					
	(iii) observation and reporting					
	5. Confidentiality					
	(i) conversations					
	(ii) information and records					
B. Infection Control						
	1. Micro organisms					
	(i) types					
	(ii) environment					
	2. The process of infection					
	(i) chain of infection [BCC Unit II-A]					
	(ii) nosocomial infection					
	(iii) risk factors					
	(iv) types of infection					
	(v) infection control program					
	3. Medical asepsis					
	(i) hand washing					

		(ii) concept of clean and dirty [BCC Unit II-]			
		(iii) care of supplies and equipment			
		4. Universal precautions			
		5. Blood borne pathogens			
		(i) blood borne diseases			
		(ii) Hepatitis B virus			
		(iii) Hepatitis C virus			
		(iii) HIV			
		6. exposure control			
C. Safety and Emergency Procedures, including the Heimlich maneuver					
		1. OSHA			
		2. environmental			
		(i) floors			
		(ii) equipment			
		(iii) building structure			
		3. Resident risk factors			
		(i) impaired judgement			
		(ii) impaired vision and hearing senses			
		(iii) impaired mobility			
		(iv) medications			
		4. Accidents and incidents			
		(i) introduction and definitions			
		(ii) common types - falls, burns, misidentification, restraints, missing residents, choking/suffocation			
		(iii) reporting			
		5. Disaster plan			
		6. Responding to emergency codes			
		7. Fire safety			
		(i) causes of fire and prevention			
		(ii) response to fire			
		(iii) response to alarms			
		(iv) how to use fire extinguisher			
		(v) evacuating residents			
		8. Choking and Heimlich maneuver			
[minimum performance skills: (7.4) using an ABC fire extinguisher; (8) Heimlich Maneuver]					
D. Promoting Residents' Independence					
		1. Physical effects of aging process			
		2. Emotional/Social effects of aging			
		3. Methods to promote independence			
		(i) choice			
		(ii) patient vs. resident			
		(iii) selfcare			
		4. Quality of Life, Quality of Care			
E. Respecting Residents' Rights					
		1. Basic human rights			
		2. Patient abuse reporting law			
		(i) kinds of abuse			
		(ii) requirements of law			
		(iii) effects of law			

UNIT II: Basic nursing skills								
MUST TEACH ALL LESSONS FROM UNIT II-D FIRST THEN, MAY BEGIN SUPERVISED CLINICAL TRAINING TIME WITH RESIDENTS, WHEN APPROPRIATE.								
A. Taking and recording vital signs								
		1. The Respiratory and Circulatory Systems						
		2. Overview						
		3. Taking and recording respirations						
		4. Taking and recording temperatures						
		5. Taking and recording radial pulse & blood pressure						
[minimum performance skills: (2) measure and record respiration; (3) measure and record oral temperature using a non-digital thermometer; measure and record rectal temperature using a non-digital thermometer; (4) measure and record radial pulse]								
B. Measuring and recording height and weight								
		1. Measuring/recording height						
		2. Measuring/recording weight						
[minimum performance skills: (1) measure and record height; (2) measure and record weight using a balance scale and a chair scale]								
C. Caring for the resident's environment								
		1. Components and care of the resident's environment						
		2. Isolation Precautions						
		3. Occupied bed						
[minimum performance skills: (1) makes an unoccupied bed; use of personal protective equipment (PPE) - disposable gloves, gown, goggles and mask; (2) follows isolation procedures in disposal of soiled linen; and (3) make an occupied bed;]								
D. Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor								
		1. Identifying and reporting abnormal functioning of body systems						
E. Freedom from pain								
		1. Pain management						
		2. Recognizing and reporting pain						
F. Care for resident when death is imminent								
		1. Care of resident and significant others at time of death						
		2. Providing postmortem care for resident						
[minimum performance skills: (2) provides postmortem care]								
UNIT III: Personal care skills								
A. Overview for personal care								
		1. Core Concepts/Values and Indirect Care Skills						
		2. Organizing, prioritizing, flexibility						
B. Bathing								
LESSONS 1 - 4 FROM UNIT III-B MUST BE TAUGHT BEFORE UNIT III-B LESSIONS 5 AND 6								
		1. Overview						
		2. Complete bed bath						
		3. Partial bed bath						
		4. AM and PM care						
		5. Shower						
		6. Tub/whirlpool						

[minimum performance skills: (2) give a complete bed bath; (3) give a partial bed bath; and (4) provide AM and PM care to resident; (5) give a resident a shower; and (6) give a resident a tub/whirlpool bath; (1) indirect care/core values]				
C. Grooming				
	1. Overview			
	2. Hair Care			
	(i) shampooing			
	(ii) brushing and combing			
	3. Mouth Care			
	(i) conscious resident – partial assist, total assist			
	(ii) unconscious resident			
	(iii) dentures			
	(iv) edentulous			
	4. Shaving a Resident			
	5. Hand and Nail Care			
	6. Foot Care			
[minimum performance skills: (2) provide hair care - shampoo and grooming; (3) provides mouth care - natural teeth, dentures, no teeth (4); shave a resident with a safety razor; (5) provide hand and nail care; (6) provides foot care]				
D. Dressing				
	1. Overview			
	2. Assisting the resident			
	(i) dependent dresser			
	(ii) independent dresser/minimal assistance			
	3. Adaptive equipment			
	(i) glasses			
	(ii) hearing aides			
	(iii) artificial limbs			
[minimum performance skills: (2) dress a resident - dependent resident, independent resident, (3) dress a resident with adaptive devices – hearing aide and glasses; and provide hearing aide care]				
E. Toileting				
	1. The Urinary system			
	2. The Reproductive System			
	3. Perineal care			
	(i) male resident			
	(ii) female resident			
	4. Assisting with bedpan/urinal			
	5. Using the bedside commode			
	6. The incontinent resident			
	(i) bladder			
	(ii) bowel			
	7. Urinary catheter care (cysto / indwelling / external)			
	(i) catheter care			
	(ii) emptying urinary drainage bag			
	8. Measuring / reporting intake and output			
	9. Digestive system			
	10. Colostomy care			
	11. Collecting specimens			
[minimum performance skills: (2) provide perineal care - female resident, male resident;				

(3) toilets a resident - offers/removes and cleans the bedpan ; offers/removes and cleans the urinal; (4) toilets a resident - using the commode; (5) provide perineal care – incontinent resident; (6.1) provide care for an indwelling catheter; (6.2) caring for urinary drainage apparatus - leg bag; (7) measure and record intake, measure and record urinary output; (9) provide routine ostomy care; (10) collect routine urine specimen, collect stool specimen]

ALL LESSONS FROM UNIT III, TOPICS F AND G MUST BE TAUGHT TOGETHER

F. Assisting with eating and hydration					
	1. The Endocrine System				
	a. Overview				
	b. Diabetes				
	2. Nutrition and a balanced diet				
	3. Fluid balance				
	4. Therapeutic diets				
	5. Nutritional supplements				
	6. The dining experience				
G. Proper feeding techniques					
	1. Adaptive devices for feeding				
	2. Assisting residents with dysphagia -				
	3. Assistance for independent eaters				
	4. Partial assistance with feeding [included with independent eaters]				
	5. Total assistance with feeding				
	6. Other methods of providing food/fluids				
[minimum performance skills: (2,3,4,5) provide assistance when eating - partial feeding resident, dependent feeding resident, self-feeding resident]					
H. Skin care and Alterations in Skin					
	1. The integumentary system				
	2. Healthy skin				
	3. Alterations in skin				
	4. Protective Devices				
	5. The Back rub				
[minimum performance skills: (4) use of protective devises; (5) give a resident a back rub;]					
I. Transfers, positioning, and turning					
	1. The Musculoskeletal system				
	2. The Musculoskeletal system - abnormalities and age related changes				
	3. Residents with fractures				
	4. Body mechanics				
	5. Positioning the resident in bed and chair [15 minutes – BCC Unit III-E1b				
	6. Transfer with one assist				
	7. Transfer with two assist				
	8. Mechanical lift: chair to bed and bed to chair				
	9. Transfer with a transfer belt				
	10. Lift sheets				
[minimum performance skills: (5) position the resident in bed on side ; positioning the resident in bed using trapeze, side rails and other positioning devises; (5) or (1) assist resident to move up in bed; (6) transfer resident with one person – pivoting, transfer resident from bed to wheelchair; (7) transfer resident with two persons – pivoting, lifting; (8) using the mechanical lift; (9) using a transfer belt to transfer a resident; (10) using a lift sheet to position or move a resident.]					

J. Ambulation					
		1. The Nervous System			
		a. Overview			
		b. Seizure			
		c. CVA/Stroke			
		2. One assist			
		3. Assistive devices including transfer belt			
		4. Safety principles			
UNIT IV: Mental health and social service needs					
A. Developmental tasks that occur with the aging process					
		1. Changes in behavior and body, concept of loss			
B. How to respond to resident behaviors					
		1. Human behavior			
		(i) negative behavior			
		(ii) appropriate interventions			
C. Modifying aide's behavior in response to resident's behavior					
		1. Therapeutic intervention			
		(i) verbally and/or physically aggressive behavior			
		(ii) inappropriate or self-destructive behavior			
D. Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity.					
		1. Personal choice and a sense of control			
		(i) cultural diversity			
		(ii) resident dignity			
		(iii) resident confidentiality			
E. Family as a source of emotional support					
		1. Who is family			
		(i) family reaction to placement			
		(ii) family adjustment to placement			
		(iii) family dynamics			
UNIT V: Care of Cognitively Impaired Residents					
A. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others)					
		1. Understanding cognitively impairment and dementia - causes and symptoms			
		2. Alzheimer's disease			
B. Communicating with cognitively impaired residents					
		1. Verbal communication			
		2. Non-verbal communication			
C. Understanding behaviors of cognitively impaired residents					
		1. Identifying behaviors and causes			
		(i) common behaviors - wandering, agitation, depression, combativeness, sundowner syndrome, confusion, sexual aggression			
		(ii) causes of behaviors			
		(iii) family and staff reactions and behaviors			
D. Appropriate responses to the behavior of cognitively impaired residents					
		1. Behavior management techniques			

		2. Accommodating and redirecting behaviors			
E. Methods of reducing the effects of cognitive impairments					
		1. Environmental methods			
		2. Interpersonal methods			
		3. Systematic methods			
		(i) reality orientation			
		(ii) reminiscence therapy			
		(iii) validation therapy			
UNIT VI: Basic Restorative Services					
A. Training the resident in self care according to the resident's abilities					
		1. Introduction to restorative nursing care			
B. Use of assistive devices in transferring, ambulating, eating and dressing					
		1. Understanding the role of PT, OT and the use of assistive devices in restorative nursing care			
		2. Use of assistive devices in eating			
		3. Use of assistive devices in dressing			
[minimum performance skills: VIB(1) assist resident to ambulate; use a transfer belt to ambulate a resident, assist with adaptive equipment for ambulating – cane, walker, VIB(2) assist with adaptive equipment for feeding – cup, utensils, plate and vision impaired set-up]					
C. Maintenance of range of motion					
		1. Maintenance of ROM			
		(i) Upper Extremities			
		(ii) Lower Extremities			
[minimum performance skills: VI(6) perform ROM lower extremities – hip, knee, ankle, toes; perform ROM upper extremities – shoulder, elbow, wrist, fingers]					
D. Proper turning and positioning in bed and chairs					
		1. Turning and positioning in bed			
		2. Proper positioning and re-positioning in a chair			
[minimum performance skills: (1), (5) assist resident to move up in bed; position resident in bed on side; (2) position and reposition a resident in chair with a positioning device; (1 and 2) using positioning devices – pillow; blankets]					
E. Bowel and bladder training					
		1. Bowel training			
		2. Bladder training			
F. Care and use of prosthetic and orthotic devices					
		1. Care and use of prosthetic and orthotic devices used in a restorative nursing environment			
[minimum performance skills: (1) applies hand splint]					
UNIT VII: Resident's Rights					
A. Providing privacy and maintenance of confidentiality					
		1. Dignity			
		2. Personal privacy			
		3. Confidentiality			
		(i) personal information			
		(ii) medical information			
B. Promoting resident's rights					
		1. Basic rights of residents			
		(i) methods to promote			
		(ii) how rights are violated			

		2. The importance of religious belief				
		3. Human sexuality				
C. Giving assistance in resolving grievances and disputes						
		1. Problem solving				
		2. Facility policy				
		3. Resident council				
		4. DOH				
		5. Ombudsman program				
D. Providing needed assistance in getting to and participating in resident and family groups and other activities						
		1. Choice				
		2. Religious/spiritual				
		3. Community including religious				
		4. Privacy				
		5. Consenting adults				
		6. Importance of activities				
E. Maintaining care and security of resident's personal possessions						
		1. Respect of all personal belongings				
		2. Misappropriation of resident property				
F. Promoting the resident's rights to be free from abuse, mistreatment, and neglect and the need to report any instance of such treatment to appropriate facility staff.						
		1. Understand and recognize all forms of abuse				
G. Avoiding the need for restraints in accordance with current professional standards						
		1. Restraints				
		2. Restraint safety				
		(i) application of waist restraints				
		(ii) monitoring and release policy				
		3. Restraint free environment				
		(i) alternative to restraints				
[minimum performance skills: (2.1) applies waist restraint]						
SUPERVISED CLINICAL TRAINING WITH NURSING HOME RESIDENTS - HOURS						
a.	Training on the resident unit with residents, under the direct supervision of a nurse, other than the unit charge nurse.					
b.	This training time may be dispersed throughout the program, as appropriate, or performed at the end of all classroom and lab training.					
c.	During this time, the nurse aide trainee practices, with residents in real situations, the skills learned during the training program, prior to the return demonstration to the program coordinator or primary instructor.					
d.	The nurse aide trainee, enrolled in a training program, may work in the nursing home, performing those tasks or skills that the trainee has successfully demonstrated as part of the training program to the program coordinator/primary instructor. Such work time is scheduled outside of training time.					
			TOTAL	Class	Lab	Clinical
TOTAL NURSE AIDE TRAINING PROGRAM = (in minutes)						
	Training time in hours =					

ATTACHMENT M
Ratio of Proctors to Candidates
RFP #20300: Nurse Aide Testing and Certification Program

Candidates Per Room	Required Number of Proctors in Addition to the Nurse Aide Evaluator
1-10	0
11-35	1
36-70	2
71-100	3
101-150	4
151-200	5
201-250	6

ATTACHMENT N
County Test Sites
RFP #20300: Nurse Aide Testing and Certification Program

- 1) New York (Manhattan)
- 2) Bronx
- 3) Kings (Brooklyn)
- 4) Richmond (Staten Island)
- 5) Queens
- 6) Nassau
- 7) Suffolk
- 8) Westchester County – North
- 9) Westchester County – South
- 10) Dutchess
- 11) Orange
- 12) Steuben/Yates/Schuyler
- 13) Otsego/Chenango
- 14) Ulster/Sullivan
- 15) Albany/Rensselaer
- 16) Warren
- 17) Franklin/Clinton
- 18) St. Lawrence
- 19) Montgomery
- 20) Oneida
- 21) Onondaga
- 22) Jefferson
- 23) Broome
- 24) Monroe
- 25) Erie
- 26) Chautauqua

ATTACHMENT O
Reports and Reporting
RFP #20300: Nurse Aide Testing and Certification Program

MONTHLY REPORTS:

- A. **Nurse Aide Legal Findings.** This report displays by nurse aide name in alphabetical order by last name, the following information:
- CNA Certification number
 - Original certification date
 - Certification end date
 - Status
 - Certification Route
 - Legal Finding narrative description and code
 - Date of Legal Finding entry.
- B. **Recertification Activity.** This report displays for each employer that has submitted a recertification request during the month, and broken down into each DOH region:
- Employer code and name of employer
 - Total number of recertification requests
 - Total number of aides for which recertification requests were received
 - Number approved
 - Number denied
 - Number pending
 - Number held
 - Number of CNAs for which more than one recertification request was submitted during the same certification period, total number of requests, and, for each request, number of days remaining in the current certification period on the date that the request is received.
- C. **Reciprocity Activity.** This report displays, for each type of disposition of the reciprocity request both incoming to NYS and outgoing requests to other states, by nurse aide name (last name, first name), the following information:
- Certification route
 - Originating state
 - Disposition of request (i.e., approved, denied – lapsed and denied – not found)
 - Date processed.
 - Total number of requests by disposition, and the total number of reciprocity requests by originating state, summary should be for the whole state and broken down into DOH regions should also be shown in this report.
- D. **Verification Requests.** This report displays, for each inquiry route (i.e., website/internet, toll-free verification telephone number, faxed and written request), by source of inquiry, (i.e., nurse aide employer or general public) the following information:
- Total number of calls or requests, regardless of how many verifications are requested during the transaction
 - Average number of verification requests per transaction
 - Total number of verification requests

- Number of confirmations (i.e., the number of requests that result in the individual being found in the registry)
- Number of candidates not found
- Average wait time before call is answered
- Number of calls terminated prior to completion.

E. **Customer Service Telephone Inquiries.** This report displays the following information:

- Total number of calls, including both those handled by an operator and those handled by the automated system (if applicable)
- Number of calls handled by the automated system (if applicable)
- Average holding time before pickup by operator
- Number of calls resolved during call
 - (1) Average talk time
- Number of calls requiring follow-up
- For calls requiring follow-up, the issues/questions involved
 - (1) Average talk time.

QUARTERLY REPORTS:

A. **Pass Rates by Training Program Type.** This report displays, by test type (i.e., CSE, WE, OE, ADA) by training program type, (e.g., nursing home, employment organization, adult secondary school, etc.), the following information:

- Number of “no shows”
- Number and percent passed
- Number and percent failed
- Total examinations administered.
- State totals for each of the above items must also displayed and broken down into DOH regions.

B. **Training Program Summary Report.** This report displays, by training program type, by test type, for each attempt and for all attempts, the following information:

- Number and percent passed
- Number and percent failed
- Total exams administered.

The above information for all training programs is also displayed and broken down by DOH region.

C. **Pass Rates by Training Program Code.** This report displays, by training program type, by individual training program code and name, by test type, the following information:

- Number of individuals tested
- Number and percent passed
- Number and percent failed
- Number passed and number failed by test content category.

State totals for the above information, by test type, is also displayed and broken down by DOH region.

D. **Pass Rates by Testing Certification Route.** This report displays, for each test type, by test route (for test routes that require testing), the following information:

- Number and percent passed
- Number and percent failed
- Total for all testers.

Totals for the above information, by test type, are also displayed and broken down into DOH region.

E. **Test Route Summary Report.** This report displays, by test route (for certification routes that require testing), by test type, for each attempt and for all attempts, the following information:

- Number and percent passed
- Number and percent failed
- Total.

Totals for the above information, for all routes, by test type, are also displayed and broken down by DOH region.

F. **Strengths and Weaknesses Summary.** This report displays, for each training program type, for each CEP test type and the Reading Comprehension Test, scoring statistics for each section of the test. It also displays the same statistics for all training programs. The scoring statistics may include but are not limited to the following:

- Written test—Lowest, highest and average score
- Clinical skills test--Number and percent passed, number and percent failed, lowest score highest score, average score.

G. **Pass Rates by Test Form.** This report displays for each test type, by form code, the following information:

- Test form identifier
- Date first used and date last used for quarter
- Status (active, retiring, inactive)
- Number of test administrations;
- Number passed
- Percent passed.

H. **Poor Item Performance Report.** This report displays, by test form identifier and type, by item, by training program type, statistics for each item on the written test with unusual fail rates. The following information is displayed:

- Number of candidates receiving the item;
- Number of candidates who respond correctly
- Percent of candidates who respond correctly who pass the written examination
- Number of candidates who respond incorrectly
- Percent of candidates who respond incorrectly who pass the written examination.

Totals for the above information for each item are also displayed. Additional information may be required on item performance.

I. **Reciprocity Activity Summary.** This report displays by state of origin the following information for reciprocity requests:

- Number of applications received
- Number of applications processed

- Number of applications approved
- Number of applications denied by category of denial (i.e., lapsed, not found, etc.).
- Total number of requests by disposition, and the total number of reciprocity requests by originating state, summary for the whole state and broken down into DOH regions.

The total number of requests processed for all states is also displayed. This report should show how many CNAs requested reciprocity to NYS and how many requested reciprocity from NYS to other states.

J. **Verification Requests Summary.** This report displays, for each inquiry route (i.e., website/internet, toll-free verification telephone number, faxed and written request), by source of inquiry, (i.e., nurse aide employer or general public) the following information:

- Total number of calls or requests, regardless of how many verifications are requested during the transaction
- Average number of verification requests per transaction
- Total number of verification requests.
- Number of confirmations (i.e., the number of requests that result in the individual being found in the registry)
- Number of candidates not found
- Average wait time before call is answered
- Number of calls terminated prior to completion

K. **Customer Service Telephone Inquiries Summary.** This report displays the following information:

- Total number of calls, including both those handled by an operator and those handled by an automated system (if applicable)
- Number of calls handled by the automated system (if applicable)
- Average holding time before pickup by the operator
- Number of calls resolved during the call
 - (1) Average talk time
- Number of calls requiring follow-up
 - (1) Average talk time or resolution time for those requiring follow-up.

L. **Pass Rates, All Attempts.** This report displays, for each type of training program (e.g., RHCFS, secondary schools, employment organizations, post-secondary schools, proprietary schools, etc.), by each type of test, (i.e., clinical skills test, written test and oral test), for each attempt and for all attempts, the following information:

- Total number of test administrations
- Number and percent passed
- Number and percent failed.

Totals for each of the above items, for each type of test across all types of training programs, and broken down by DOH region, should also be shown in this report.

M. **Recertification Applicant Listing.** This report displays, for each employer, the following information for each recertification applicant:

- Name
- Certification number
- Status
- Certification dates (start date and end date).

- N. **Quarterly Quality Assurance Monitoring Program (QAMP) Report.** The contractor will develop, subject to approval by the Department, a report which should summarize the contractor's responsibilities to NYS and provide quality assurance and improvement recommendations. The Contractor will select data items which provide an objective and comprehensive picture of the overall quality provided by the contractor, including but not limited to the following:
- Results of candidate surveys regarding their test experience for the test event, for each test type
 - Results of facility surveys regarding their experience as a test site for the test event
 - Results of NAE surveys regarding their experience as the NAE for the test event
 - Results of CNA surveys regarding their recertification experience
 - Reversals of clinical skills test scores by NAEs
 - Test site uniformity with regard to space, equipment, supplies, etc.
 - Monthly and quarterly registry summaries for recertification applications processed including number and percent of forms audited, number of field errors found, field error rate (%), forms with errors and form error rate (%)
 - Monthly and quarterly registry summaries for all registry applications processed including number and percent of forms audited, number of field errors found, field error rate (%), number of forms with errors and form error rate (%)
 - Required response timeframes vs. actual response times and other statistics for various performance areas including calls to certification information line, calls to the registry for verification, issuance of certificates, issuance of score reports; issuance of denial/disapproval letters for reciprocity and recertification, provision of materials to new training programs and employers and CEP test scheduling.
 - The report will include analysis of all quality assurance data and recommendations for improvement as appropriate.
 - Analysis of In-Facility Testing Requests, scheduling, and cancelations.
- O. **Regional Test Site Status.** This report is a quarterly alphabetical listing and summary of the statuses of all regional test site locations. This report should indicate any closures, length of closures, dates of closures, and newly open/approved regional test sites. This report should also include a breakdown of the regional test sites by county and DOH regions.

ANNUAL REPORTS:

- A. **Pass Rates by Training Program Type:** This report displays, by test type (i.e., CSE, WE, OE, ADA) by training program type, (e.g., nursing home, employment organization, adult secondary school, etc.), the following information:
- Number of "no shows"
 - Number and percent passed
 - Number and percent failed
 - Total examinations administered.
 - State totals for each of the above items must also displayed and broken down into DOH regions.
- B. **Pass Rates, All Attempts:** This report displays, for each type of training program (e.g., RHCfs, secondary schools, employment organizations, post-secondary schools, proprietary schools,

etc.), by each type of test, (i.e., clinical skills test, written test and oral test), for each attempt and for all attempts, the following information:

- Total number of test administrations
- Number and percent passed
- Number and percent failed.

C. **Strengths and Weaknesses Summary.** This report displays, for each training program type, for each individual training program, for each test type and the Reading Comprehension Test, score statistics which include but may not be limited to the following:

- Reading comprehension test—number passed, number failed
- Written test—total number tested, total number and percent passed, total number and percent failed, number passed, and number failed by each section/category of the test;
- Clinical skills test-- number tested, number and percent passed, number and percent failed.

State totals for the above information are also displayed.

D. **Pass Rates by Testing Route.** This report displays, for each test type (CE, OE and WE) for each test/certification route (i.e., routes 1, 3, 5, 6 and 7), the following information:

- Total tests administered
- Number and percent passed
- Number and percent failed
- State totals for the above information for each test type.

E. **Test Route Summary Report.** This report displays, by test route (i.e., Route 1, Route 3, Route 5, Route 6 and Route 7), by test type, for each attempt and for all attempts, the following information:

- Number and percent passed
- Number and percent failed
- Total.

Totals for the above information, for all routes, by test type, are also displayed.

F. **Pass Rates by Form.** This report displays for each test type, by form code, the following information:

- Form code
- Date first used and date last used for year
- Status (active, retiring, inactive)
- Number of administrations
- Number passed
- Percent passed.

G. **List of Pre-Test Items.** This report displays, by test code, all pre-test items.

H. **Item Analyses.** This report will analyze each examination item used on each form of the written examination, updated for each revised examination question. The contractor will also gauge the reliability of the examination forms utilizing the reliability methods the Contractor described in response to RFP Section 4.3.4. Contractor will review with DOH any item that exceeds the standard deviation.

- I. **Reciprocity Activity Summary.** This report displays by state of origin the following information for reciprocity requests:
- Number of applications received
 - Number of applications processed
 - Number of applications approved
 - Number of applications denied by category of denial (i.e., lapsed, not found, etc.).
 - Total number of requests by disposition, and the total number of reciprocity requests by originating state, summary for the whole state and broken down into DOH regions.

The total number of requests processed for all states is also displayed. This report should show how many CNAs requested reciprocity to NYS and how many requested reciprocity from NYS to other states.

- J. **Demographic Information for Test Candidates by Region.** This report displays for each region of New York (regions are aggregations of counties and are defined by the Department of Health), age ranges, gender, language, ethnic group, employment status and education level for all candidates tested in the year.
- K. **Demographic Information for Test Candidates by Test Route.** This report displays for each test/certification route (i.e., routes 1, 3, 5, 6 and 7) age ranges, gender, language, ethnic group, employment status and education level for all candidates tested in the year.
- L. **Demographic Information for Test Candidates by Training Program Type.** This report displays for each training program type (i.e., adult secondary schools, employment organizations, nursing homes, etc.) age ranges, gender, language, ethnic group, employment status and education level for all candidates tested in the year.
- M. **Demographic Information for Non-Testing Candidates by Region.** This report displays for each region of New York (regions are aggregations of counties and are defined by the Department of Health), age ranges, gender, language, ethnic group, employment status and education level for all individuals who obtain NY State nurse aide certification via reciprocity or other non-examination methods, in the year.
- N. **Demographic Information for Non-Testing Candidates by Test Route.** This report displays for each test/certification route (i.e., routes 1, 3, 5, 6 and 7) age ranges, gender, language, ethnic group, employment status and education level for all individuals who obtain NY State nurse aide certification via reciprocity or other non-examination methods, in the year.
- O. **Employers with No Registry Verifications.** This report lists each employer and associated employer code with no registry verifications during the year.
- P. **Employers With No Registry Verifications and No Applications Processed.** This report lists each employer and associated employer code with no nurse aide applications processed during the year.
- Q. **Aggregated Nurse Aide Legal Findings.** This report is an aggregation of the monthly Nurse Aide Legal Findings report. This report must provide **the** total number of CNA's who had legal findings entered by quarter and displayed by Certification Route

- R. **Candidate Appeals.** This report displays by candidate name summary information regarding candidate appeals, including the original complaint, investigation, and resolution.
- S. **Quality Assurance Monitoring Program (QAMP).** This report will be an aggregation of the Quarterly QAMP report. The Contractor will summarize the quarterly reports to provide an objective and comprehensive picture of the overall quality provided by the contractor over the past four quarters.

REPORTS TO NURSE AIDE TRAINING PROGRAMS:

- A. **Program Test Summary.** This report is a weekly alphabetical listing and summary of the training program's clinical skills, written and/or oral nurse aide competency examination passing and failing candidates and test results for both clinical skills and written and oral examinations for passing and failing candidates who have been administered any NY State nurse aide competency examination during the previous week, and for comparison purposes, pass/fail percentages statewide and for each training program type. The report will also include diagnostic information regarding the test performance of the program's students.
- **Weekly reports** must be generated and distributed to nurse aide training programs within three business days following the subject week.
 - **Quarterly reports** must be generated and distributed to nurse aide training programs within five business days following the subject quarter.
- B. **Program Test Summary.** This report is a quarterly summary of the pass/fail performance of the training program's candidates on the clinical skills, written and/or oral nurse aide competency examinations administered during the previous calendar quarter. Pass/fail percentages statewide and for each training program type will be included for comparative purposes. This report must be generated and distributed to nurse aide training programs within five business days following the subject quarter.

REPORTS TO NURSE AIDE EMPLOYERS:

- A. **Employer Test Summary.** This report is a weekly alphabetical listing and summary by approved training program type (RHCF, non-profit training organization, secondary education institution, college, proprietary trade school) for nurse aide candidates completing the clinical skills, written and/or oral nurse aide competency examinations (pass or fail) and test results for both clinical skills and written/oral examinations for all candidates who have been administered any New York State nurse aide competency examination during the previous week. The date that the test was administered to each candidate should also be shown. It must be generated and distributed to NYS nursing homes and nurse aide employers within three business days following the subject week.
- **Weekly reports** must be generated and distributed to nurse aide employers within three business days following the subject week.
- B. **Employer Recertification Summary.** This report is a monthly alphabetical listing and summary of the nurse aide recertification applications submitted by the nursing home or nurse aide employer which includes the name and certification number of each nurse aide and the status of the recertification application (i.e., granted or pending).

- This report must be generated and distributed to NYS nursing homes and nurse aide employers within 15 calendar days of the end of the month.

C. **Employer Reciprocity Summary.** This report is a monthly alphabetical listing and summary of the reciprocity applications submitted by the nursing home or nurse aide employer during the prior month, which includes the name of the individual, the original state of certification and certification number and the status of the reciprocity request for certification.

- This report must be generated and distributed to NYS nursing homes and nurse aide employers within 15 calendar days of the end of the month.

ATTACHMENT R
Approved NYS Region Listing by County
RFP #20300: Nurse Aide Testing and Certification Program

The DOH regions below are numbered according to the system of assigning NATP and nurse aide employer ID number.

1 – Capital District Regional Office

Albany County
Clinton County
Columbia County
Delaware County
Essex County
Franklin County
Fulton County
Greene County
Hamilton County
Montgomery County
Otsego County
Rensselaer County
Saratoga County
Schenectady County
Schoharie County
Warren County
Washington County

2 – Western Regional Office – Buffalo

Allegany County
Cattaraugus County
Chautauqua County
Erie County
Genesee County
Niagara County
Orleans County
Wyoming County

3 – Western Regional Office – Rochester

Chemung County
Livingston County
Monroe County
Ontario County
Schuyler County
Seneca County
Steuben County
Wayne County
Yates County

4 – Central New York Regional Office

Broome County
Cayuga County
Chenango County
Cortland County
Herkimer County
Jefferson County
Lewis County
Madison County
Oneida County
Onondaga County
Oswego County
St. Lawrence County
Tioga County
Tompkins County

5 – Metropolitan Area Regional Office – New Rochelle & Long Island

Dutchess County
Nassau County
Orange County
Putnam County
Rockland County
Suffolk County
Sullivan County
Ulster County
Westchester County

6 – Metropolitan Area Regional Office – New York City

Bronx County
Kings County
New York County
Queens County
Richmond County