

**New York State Department of Health**  
**Office of Health Insurance Programs**  
**Request for Information (RFI) for Vehicle Evaluations and**  
**Modifications**

**A. Purpose**

The purpose of this RFI is to obtain vendor input to assist the New York State Department of Health, Office of Health Insurance Programs, (the Department) with information and solutions relating to evaluation and modification services for enrollee requests for vehicle modification for enrollees of programs administered by the Department including the New York State Medical Indemnity Fund (MIF), and several Medicaid waivers including the Children's Waiver, the Nursing Home Transition and Diversion (NHTD) Waiver, the Traumatic Brain Injury (TBI) Waiver, and such other programs as may be assigned to or administered by the Department. Each of these programs is described in Section C below.

Specifically, the Department is releasing this Request for Information (RFI) to:

- Determine the level of interest of qualified and experienced firms to perform vehicle modification evaluations in accordance with relevant program regulations and/or requirements. Vehicle modifications are adaptations and/or changes to the structure and internal design of *existing vehicle* equipment to accommodate the needs of the *program enrollee*;
- Develop a better understanding of the vendor's needs to successfully perform a vehicle modification evaluation for eligible program enrollees;
- Describe the length of time typically needed to perform the initial vehicle evaluation for a qualified recipient;
- Understand the means and steps involved with communicating the results of the vehicle evaluation to a certified vehicle modification equipment provider;
- Understand the most common type of vehicle modification request;
- Develop a better understanding of the requirements needed to receive certification through the National Mobility Equipment Dealers Association (NMEDA) to become a NYS mobility equipment dealer;
- Understand the processes of the vehicle modification evaluator to ensure the recommended scope of work and modifications have been successfully followed and installed by the modification provider;
- Obtain a more comprehensive understanding of emerging trends in the industry.

Input from all interested parties is welcome, but the Department is especially interested in receiving feedback from those who have successfully performed evaluation services and/or vehicle modifications in New York State.

**B. Vendor submissions should supply the following information:**

1. Please describe your experience and background with performing vehicle modification evaluation and/or modification services.

2. What is your experience, if any, working with each of the programs specified above, the Medical Indemnity Fund, Children’s Waiver, Nursing Home Transition and Diversion (NHTD) Waiver, Traumatic Brain Injury (TBI) Waiver (list other programs) or other similar state funded programs?
3. If applicable, please provide the background and experience for those staff that complete the vehicle assessments and/or a list of certifications/licenses held by your company pertaining to vehicle modification evaluation services in New York State.
4. If applicable, please provide a list of certifications/licenses held by your company pertaining to vehicle mobility equipment in New York State.
5. Define your process, including average timelines for review and response. At a minimum this should include:
  - a. The time required to review the initial physician recommendation of the enrollee’s vehicle modification needs;
  - b. Method(s) of communication used between vendors and enrollees;
  - c. The types of supporting documentation (i.e., pictures, drawings) typically provided during the evaluation;
  - d. The average timeframe to complete an evaluation from initiation to modification completion;
  - e. The format of vehicle modification reports;
  - f. The typical timeframe to acquire the recommended equipment for the vehicle modification; and
  - g. The evaluation methods used to ensure the accuracy and completeness of the vehicle modifications;
6. Describe what tools are used to track, manage and communicate with enrollees and other stakeholders (i.e. modification vendor, fund administrator).
7. Define the most common types of vehicle modifications requested.
8. Based on your previous experience, please provide a sampling of the average cost of vehicle modifications and/or evaluation services.
9. Please provide a sample evaluation, communications and responsive materials received during the evaluation process. Proprietary information may be redacted.
10. Please describe your dispute resolution process for program enrollees, subcontractors and/or vendors.

## **C. Background**

### **Medical Indemnity Fund (MIF)**

The MIF was established by Chapter 59 of the 2011 Session Laws of the State of New York. MIF was designed to provide a funding source for future health care costs of plaintiffs in medical malpractice actions who have suffered birth-related neurological injuries as the result of medical malpractice during a delivery admission and are “qualified plaintiffs” as defined in the law. Effective October 1, 2019, the Department has served as the administrator of the MIF.

In accordance with Article 29-D of the Public Health Law and the regulations promulgated thereunder, Section 10 CRR-NY 69-10.1, defines **Vehicle Modifications** as:

1. adaptive equipment designed to enable an enrollee to operate a vehicle or be transported in a vehicle such as hand controls, deep dish steering wheels, spinner knobs, wheelchair lock down devices, parking brake extensions, foot controls, wheelchair lifts, left foot gas pedals; or
2. changes to the structure, internal design, or existing equipment of a vehicle such as replacement of the roof with elevated fiberglass top, floor cut-outs, extension of the steering column, raised door, repositioning of seats, wheelchair floor, and dashboard adaptations.

Vehicle modification requests must be accompanied by a vehicle modifications and equipment evaluation, based on the enrollee's needs, that has been obtained from a *driver rehabilitation specialist*, who has been certified by the Association of Driver Rehabilitation Specialists.

Only contractors that meet the Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) qualifications may submit bids for modifications. Or, if the enrollee lives in the District of Columbia or a state other than New York, the qualifications required by the district or other state for performing vehicle modifications may submit bids for modifications.

- For more information on the Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) qualifications, please visit <http://www.acces.nysed.gov/vr/standards-automotive-adaptive-equipment>.

Once the initial request has been reviewed by the fund administrator, the fund administrator shall notify the enrollee or person authorized to act on the enrollee's behalf in writing which services or items have been approved and/or denied and inform the enrollee or person authorized to act on the enrollee's behalf of the bidding process that is required. The enrollee or person authorized to act on the enrollee's behalf is then required to obtain a minimum of three acceptable bids from qualified contractors. The fund administrator will determine whether a bid is acceptable. A successful bidder will be chosen and notified. The fund administrator must receive a post-modification evaluation stating that the vehicle meets or exceeds Access-VR Vehicle Modification Standards and that the modification meets the enrollee's functional needs for final payment to be authorized.

### **Children's Waiver**

The New York State 1915(c) Children's Waiver of Home and Community Based Services (HCBS) are provided for children/youth up to the age of twenty-one (21). The goal of HCBS is to provide community-based services to prevent institutional level of care such as a nursing home, hospitalization, residential placement, or for HCBS to be in place to assist the child/youth to return to their community from an institutional level of care. Children/youth must be assessed to become eligible and enrolled in the Children's Waiver HCBS on an annual basis.

- Children's Waiver Vehicle Modifications (V-Mod) must be completed by individuals who are qualified and/or licensed to comply with State and/or local rules.
- The V-Mod provider must arrange for a mandatory comprehensive evaluation of the individual's needs for adaptive equipment or comprehensive vehicle modifications by an ACCES-VR approved Certified Driver Rehabilitation Specialist (if the individual is working toward employability) or V-Mod vendors approved under the Quality Assurance Program of the National Mobility Dealers Association. These are listed at <http://www.nmeda.com/locate-dealer/search-by-state/?state=NY>.
- The evaluation must specify the most cost effective and least complicated vehicle modification that will ensure safe transportation and exit from and entrance into the vehicle for the participant. The evaluation must also include a dated and detailed scope of work and specifications. When arranging for the evaluation, the V-Mod provider must also arrange for a post-modification evaluation.

### **Nursing Home Transition and Diversion Waiver**

The Home and Community-Based Services (HCBS) Medicaid Waiver for Nursing Home Transition and Diversion (NHTD) is one of the options available to New Yorkers with disabilities and seniors so they may receive services in the most appropriate, least restrictive setting. Subdivision (6-a) of Social Services Law section 366, the authorizing statute for the Nursing Home Transition and Diversion

Waiver Program, was added by Chapter 615 of the Laws of 2004 and rewritten by Chapter 627 of the Laws of 2004.

To be Eligible for the NHTD Medicaid Waiver an Individual Must:

- Be capable of living in the community with needed assistance from available informal supports, non-Medicaid supports and/or Medicaid State Plan services and be in need of one or more waiver service;
- Be eligible for nursing home level of care;
- Be authorized to receive Medicaid Community Based Long Term Care;
- Be at least 18 years of age, and have a physical disability if between the ages of 18-64;
- Choose to live in the community as a participant in this waiver rather than in a nursing home; and
- Not participate in another HCBS waiver.

### **The Traumatic Brain Injury Waiver Program**

The Home and Community-Based Services Medicaid Waiver for Individuals with Traumatic Brain Injury (HCBS/TBI) is one component of a comprehensive strategy developed by the New York State Department of Health to assure that New Yorkers with a traumatic brain injury could receive services within New York in the least restrictive setting.

To be Eligible for the HCBS/TBI Waiver an Individual Must:

- Have a diagnosis of TBI or a related diagnosis as established by Chapter 196 of the Laws of 1994, Article 27-cc;
- Be between the ages of 18-64 at the time of application to the waiver; once eligible there is no age limit to continue to receive services;
- Be a Medicaid beneficiary with Medicaid coverage that supports community based long term care;
- Be assessed to need nursing facility level of care (NFLOC) as established by the currently approved assessment instrument (UAS-NY) as a direct result of the traumatic brain injury (TBI);
- Choose to participate in the waiver and be able to identify a residence in which he/she will be residing when receiving waiver services;
- Be able to be safely served with the services available under the HCBS/TBI waiver and New York State Medicaid State Plan.

Both the NHTD and HCBS/TBI waiver programs are administered through NYSDOH and a network of Regional Resource Development Centers (RRDC), each covering specific counties throughout the state.

During the development of the Service Plan, the applicant/participant and/or legal guardian may request a vehicle modification. A dated physician's statement (on appropriate letterhead) of medical necessity is required.

To determine the appropriateness of the requested vehicle modification, the applicant/participant, Service Coordinator, legal guardian and/or designated representative must first assess all other available resources to pay for the modifications (e.g., informal supports, community resources, State/federal agencies, ACCES-VR, Veterans Administration, Workers Compensation, insurances). Documentation by the Service Coordinator must include details of all resources assessed and the outcome of the assessment. All other resources must be shown to have been exhausted before approval will be granted.

## **D. RFI Submission Instructions**

### **D.1 Schedule of Events**

The table below lists the key dates and timeline vendors must consider in the preparation of responses to this RFI. If the State finds it necessary to revise these dates, an addendum or updated RFI will be provided to all interested parties.

<b>EVENT</b>	<b>DATE &amp; TIME</b>
<b>Release the RFI</b>	9/13/21
<b>Final Day to Submit Questions</b>	10/1/21 by 4:00 p.m. ET
<b>Answers to Questions (via addendum or revised RFI)</b>	10/12/21
<b>RFI Response Due Date</b>	10/26/21 by 3:00 p.m. ET

### **D.2 Freedom of Information Law (“FOIL”)**

All responses may be disclosed or used by the Department to the extent permitted by law. The Department may disclose a response to any person for the purposes of research and planning, or for any other lawful purpose. All responses will become State agency records, which will be available to the public in accordance with the Freedom of Information Law (FOIL).

**Any portion of the response that a Vendor 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 response**

If the Department agrees with the proprietary claim, the designated portion of the response 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.

### **D.3 DOH’s Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all responses received to the RFI;
2. Withdraw the RFI at any time, at the agency’s sole discretion;
3. Seek clarifications and revisions of responses;
4. Utilize any and all ideas submitted in the responses received; and
5. Request to meet with vendors

## **D.4 DOH Contact Information**

*Vendors must direct all questions and responses in writing to [ohipcontracts@health.ny.gov](mailto:ohipcontracts@health.ny.gov) and include “NYS MIF VMOD RFI” in the subject line. Please supply the responses via MS-Word, MS-Excel, or PDF files.*

## **D.5 Vendor RFI Instructions**

### **D.5.1 Question Submission**

Vendors must submit questions and/or requests for clarifications regarding this RFI via e-mail by the specified and time listed in **Section D.1 Schedule of Events**. Questions should be submitted via e-mail to [ohipcontracts@health.ny.gov](mailto:ohipcontracts@health.ny.gov) with the subject line “NYS MIF VMOD RFI”. The following **should be included** in the e-mail inquiry:

- Vendor name, contact person, telephone number and e-mail address as part of the sender’s contact information;
- A description of the issue in question, or discrepancy found in the RFI;
- RFI section, page number, and/or other information to support identification of the specific problem or issue in question; and,
- The vendor’s question(s).

At its discretion the Department may contact vendors to seek clarification of any inquiry received. The Department will respond to questions and/or requests for clarification via addendum on or before the date listed in **Section D.1 Schedule of Events**.

### **D.5.2 RFI Response Format and Submission Requirements**

This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State.

Please send responses in electronic format (such as MS Word, MS Excel, MS PowerPoint and PDF) to the requests identified in **Section B**. Vendors are encouraged to elaborate and/or provide any general recommendations not covered by the requests in **Section B**. All submission must be sent electronically to [ohipcontracts@health.ny.gov](mailto:ohipcontracts@health.ny.gov) with the subject line “NYS MIF VMOD RFI”.

**Responses must be received by the Department no later than the RFI Response Due Date specified in Section D.1 Schedule of Events.**

Information in addition to the prescribed questions is welcome. However, pre-printed marketing material and cost information **should not** be included in your response and will not be considered if provided.