

NEW YORK STATE DEPARTMENT OF HEALTH

A Request for Proposal for

The Office of Long Term Care (OLTC)

RFP No. 0802151214

Quality Assurance for
Adult Care Facilities, Home Care Services Agencies, Nursing Homes and Intermediate
Care Facilities, and Complaint Intake

Schedule of Key Events

RFP Release Date	August 6, 2010
Letter of Interest Due (Optional)	August 20, 2010
Written Questions Due	August 20, 2010
Response to Written Questions	September 17, 2010
Proposal Due Date	October 8, 2010

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

DESIGNATED CONTACTS:

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

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Stephanie Heverly / Theresa Nichols

Debriefings:

Stephanie Heverly / Theresa Nichols

Negotiation of Contract Terms after Award:

Stephanie Heverly / Theresa Nichols

Subject Area Experts:

Homecare – Mary Ann Anglin

Nursing Homes – Jacqueline Pappalardi

Assisted Living – Mary Hart

For further information regarding these statutory provisions, see the Lobbying Statute summary in Part F of this solicitation.

Abbreviations and Acronyms Used in this Document

The following table lists definitions for abbreviations used throughout this document.

ACF	Adult Care Facility
ACO	ASPEN Central Office
ACTS	ASPEN Complaint/Incident Tracking System
ADHCP	Adult Day Health Care Program
AH	Adult Home
ALP	Assisted Living Program
ALR	Assisted Living Residence
APS	Adult Protective Services
ASC	Ambulatory Surgery Center
ASE	ASPEN Surveyor Explorer
BACFQS	DHCBS Bureau of Adult Care Facility Quality & Surveillance
BHHCS	Bureau of Home Health Care Services
BIA	Brain Injury Association
BID	Twice A Day
ASPEN	Automated Survey Processing Environment
CAH	Care at Home
CCIP	Centralized Complaint Intake Procedure
CFR	Code of Federal Regulations
CHHA	Certified Home Health Agency
CMS	Centers for Medicaid and Medicare Services
CPAP	Continuous Positive Airway Pressure
CPI-W	Consumer Price Index for urban Wage Earners and Clerical Workers
CPR	Cardio Pulmonary Resuscitation
CPS	Child Protective Services
CPB	Consumer Protection Board
CSCIC	Cyber Security and Critical Infrastructure Coordination
DAL	Dear Administrator Letter
DBA	Doing Business As
DLA	DOH Division of Legal Affairs
DNR	Do Not Resuscitate
DD	Developmentally Disabled
DHCBS	OLTC Division of Home & Community Based Services
DOH	New York State Department of Health
DOHM	Department of Health Memorandum
DSS	New York State Department of Social Services
DTF	New York State Department of Taxation & Finance
EALR	Enhanced Assisted Living Residence
ECU	DOH Executive Clearance Unit

EHP	Enriched Housing Program
FOIL	Freedom of Information Law
FSES/BC	Fire Safety Evaluation System/Board and Care
FSES/HC	Fire Safety Evaluation System/Health Care
FTE	Full Time Equivalent
GBL	New York State General Business Law
HCBS	Home and Community Based Services
HCC	Home Care Curriculum
HCCC	Home Care Core Curriculum
HCSA	Home Care Services Agency
HHATP	Home Health Aide Training Program
HIV	Human Immunodeficiency Virus
HRA	New York City Human Resource Administration
HIPAA	Health Insurance Portability and Accountability Act
H P N	Health Provider Network
ICF	Intermediate Care Facility
ICF/DD	Intermediate Care Facility for the Developmentally Disabled
ICF/MR	Intermediate Care Facility for the Mentally Retarded
IPPB	Intermittent Positive Pressure Breathing
LDSS	Local Department of Social Services
LHCSA	Licensed Home Care Services Agency
LLHCSA	Limited Licensed Home Care Services Agency
LPN	Licensed Practical Nurse
LTHHCP	Long Term Home Health Care Program
M/C	Management/Confidential
MARO	DOH Metropolitan Area Regional Office
MOU	Memorandum of Understanding
N/POC	Notice/Plan of Correction
MR	Mentally Retarded
MSW	Masters Degree Social Worker
NFPA	National Fire Protection Association
NHTD	Nursing Home Transition and Diversion
NOC	Notice of Correction
NYCRR	Official Compilation of New York State Codes, Rules and Regulations
NYSED	New York State Education Department
OBQI	Outcome Based Quality Improvement
OBQM	Outcome Based Quality Management
ODIE	Online Data Input and Edit Subsystem
OFCS	New York State Office of Family and Children Services
OHIP	DOH Office of Health Insurance Programs
OHSM	DOH Office of Health Systems Management
OLTC	DOH Office of Long Term Care
OMH	New York State Office of Mental Health

OMM	DOH Office of Medicaid Management
OMRDD	New York State Office of Mental Retardation and Developmental Disabilities
OSC	New York State Office of the State Controller
PCA	Personal Care Aide
PHC	Public Health Council
PHL	New York State Public Health Law
POC	Plan of Correction
QA	Quality Assurance
Q&S	Quality & Surveillance
PSR	Program Survey Report
QAP	Quality Assurance Plan
QD	Once A Day
QIP	Quality Improvement Project
Q-OP	Questionable Operations
QUIP	Quality Incentive Payment Program
RA	Residence for Adults
RCA	Resident Care Aide
RFP	Request for Proposals
RHCF	Residential Health Care Facility
RO	DOH Regional Office
RN	Registered Professional Nurse
S&C	Survey and Certification
SED	New York State Education Department
SDSS	New York State Department of Social Services
SFL	New York State Finance Law
SMQT	Surveyor Minimum Qualification Test
SNALR	Special Needs Assisted Living Residence
SOD	Statement of Deficiencies
SSI	Supplemental Security Income
SOM	State Operations Manual
SSL	New York State Social Services Law
STL	New York State Technology Law
TBI	Traumatic Brain Injury
TENS	Transcutaneous Electrical Nerve Stimulator
TPN	Total Parenteral Nutrition
UCTS	Uniform Complaint Tracking System
UCA	Under Contract Arrangement
UR	Utilization Review
VRE	Vancomycin-Resistant Enterococcus
VRA	Vendor Responsibility Attestation
VRQ	Vendor Responsibility Questionnaire

Definitions of Terms Used in this Document

The following definitions and descriptions apply to this RFP and to any contract awarded pursuant to this RFP. If a different definition to a term described in this section appears in some other section of this RFP, or a term described in this section has some other meaning in general usage, the definition in this section shall control.

“Bid.” A Proposal under this RFP.

“Bidder.” A person or entity which has submitted a bid or Proposal to the Department in response to this RFP.

“Component.” One of the separate and distinct parts of this RFP. Details of the Components are in Part C of this RFP.

“Contractor.” A person or entity to which a contract under this or another RFP has been awarded and signed.

“Department.” The New York State Department of Health.

“Full time equivalent (FTE).” A year of work effort. For purposes of bidding on this RFP, 1 FTE = 1800 hours. (37.5 hours per week x 52 weeks, minus a total of 150 hours per calendar year for vacation, holidays, illness and other reasons.)

“Home Care.” When used in this RFP this term includes the services provided by a licensed home care services agency, a certified home health agency, a long term home health care program, a hospice, a limited licensed home care services agency, and any provider providing services under a Medicaid waiver related to home and community based care.

“Official Compilation of Codes, Rules and Regulations (NYCRR).” The compilation of New York State Department and agency codes, rules and regulations maintained by the Secretary of State and published by the Department of State of the State of New York, pursuant to the New York State Constitution and the authority of Section 103 of the Executive Law of the State of New York.

The Official version of the NYCRR is maintained by the Department of State. Information may be obtained at the Department of State NYCRR page at <http://www.dos.state.ny.us/info/nycrr.htm>.

An unofficial version of Title 10 of the NYCRR may be found at the Department’s website at <http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm>.

An unofficial version of Title 18 of the NYCRR may be found at the Department's website at <http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm>.

"Proposal." A bid submitted by a Bidder for one of the Components described in this RFP.

"Public Health Law (PHL)." The official text of the New York State Public Health Law as certified by the Speaker of the Assembly and the Temporary President of the Senate as the text of such law entitled to be read into evidence, and as of the date of the release of this RFP, published by Thomson/West.

A public text of the PHL is maintained by the New York State Legislature and may be accessed by connecting to the following website: <http://public.leginfo.state.ny.us/menuf.cgi> and selecting "Laws of New York" and then "PBH Public Health."

"Quality improvement plan." The detailed written plan to be implemented by a Contractor selected pursuant to this RFP, for monitoring, measuring and improving the quality, timeliness, and effectiveness of the Contractor's performance with regard to the quality, quantity and timeliness of deliverables under its contract. See Section D of this RFP for additional details.

"RFP." As used in this document "RFP" means a New York State request for Proposal bearing RFP No. 0802151214 and for which Proposals are due to the Department on August 26, 2010 at 4:00 pm.

"Social Services Law (SSL)." The official text of the New York State Social Services Law as certified by the Speaker of the Assembly and the Temporary President of the Senate as the text of such law entitled to be read into evidence, and as of the date of the release of this RFP, published by Thomson/West.

A public text of the SSL is maintained by the New York State Legislature and may be accessed by connecting to the following website: <http://public.leginfo.state.ny.us/menuf.cgi> and selecting "Laws of New York" and then "SOS Social Services".

"State." The State of New York.

"State Finance Law (S FL)." The official text of the New York State Finance Law as certified by the Speaker of the Assembly and the Temporary President of the Senate as the text of such law entitled to be read into evidence, and as of the date of the release of this RFP, published by Thomson/West.

“Unit, Unit Activity, Unit of Service.” The individual tasks and activities comprising each of the Components of this RFP. The Bidder shall submit a bid price for each of the Units in any Component upon which the Bidder submits a Proposal. The Units are detailed in Part C of this RFP.

A. INTRODUCTION

This document is a request by the New York State Department of Health (hereafter referred to as the Department) for Proposals from qualified organizations to conduct quality assurance activities, including but not limited to, surveillance and complaint intake and investigation.

This Request for Proposal (RFP) seeks one or more Contractors to conduct the quality assurance Components described below. The Contract for each Component is to be awarded for a term of one year and will be renewable on an annual basis for up to four additional years, subject to the Department's need for the services, acceptable performance by the Contractor and the availability of funds for each additional year. The Contract will have an anticipated start date of July 1, 2011.

The four Components of this RFP are:

COMPONENTS – Quality Assurance for: 1) Adult Care Facilities (Units #1 to #8), 2) Home Care Services Agencies (Units #9 - #11), 3) Nursing Homes and Intermediate Care Facilities (Units #12- #31) and 4) Complaint Intake (Units #32 - #44).

The following activities and program areas are included in the Components. The Bidder should note while a contract will be awarded that includes all of the following activities, the Department may choose not to require the successful Contractor to perform all of these activities. The award of a contract for these activities does not include a right for the successful Contractor to be the exclusive provider of the services described below.

- **Adult Care Facility Quality Activities (Component 1)**
 - Complete Inspection – ACF, ALR, SNALR (unit #1)
 - Complete Inspection EALR (unit #2)
 - Partial ACF Inspection, including ALR, EALR, SNARL (unit #3)
 - ACF Complaint Investigation Survey, including ALR, EALR, SNALR, ALP (unit #4)
 - ACF Pre-opening Survey, including ALR and ALP (unit #5)
 - Questionable Operations (Q-Op) Investigation (unit #6)
 - ACF Death Investigations (unit #7)
 - Monitoring Facility Closure (unit #8)

- **Home Care Services Agency Quality Activities (Component 2)**
 - LHCSA Routine Operational Survey (unit #9)
 - LHCSA Pre-opening Survey (unit #10)
 - LHCSA Policy and Procedure Manual Review (unit #11)

- **Nursing Homes and Intermediate Care Facilities (Component 3)**
 - Desk Audit (unit #12)
 - Survey (unit #13)
 - Complaint Investigation (unit #14)
 - ICF/MR Federal Standard Survey (unit #15)
 - ICF/MR Life Safety Code Review (unit #16)
 - ICF/MR Extended Survey (unit #17)
 - On-Site Complaint Survey (unit #18)
 - Federal Revisit – Health (unit # 19)
 - ICF/DD Certification Review (unit #20)
- **Nursing Homes Quality Activities**
 - Federal Standard Survey (unit #21)
 - Extended Survey (unit #22)
 - Staggered Survey (unit #23)
 - On-Site Complaint Survey (unit #24)
 - Partial Extended Survey (unit #25)
 - Off-site Complaint Investigation (unit #26)
 - Federal Initial Survey (unit #27)
 - Federal Revisit- Health (unit #28)
 - Federal Revisit – Complaint (unit #29)
 - State Monitoring Visit (unit #30)
 - Federal Revisit – Life Safety Code (unit #31)
- **Complaint Intake (Component 4)**
 - Random Quality Assurance Audits (unit #32)
 - Enforcements (unit #33)
 - Adult Day Health Care Program Complaint Intake (unit #34)
 - Home Care and Hospice Complaint Intake (unit #35)
 - Home Care and Hospice Complaint Investigation (unit #36)
 - Complaint Intake Related to Care At Home Waivers (unit #37)
 - Complaint Intake Related to LTHHC Waiver Program (unit #38)
 - Complaint Intake Related to NHTD Waiver (unit #39)
 - Complaint Intake Related to TBI Waiver (unit #40)
 - Nursing Home Quality Activities Complaint Intake (unit #41)
 - Nursing Home Informal Dispute Resolution (unit #42)
 - ICF/MR Complaint Intake and Investigation (unit #43)
 - ACF Complaint Intake, including ALR, EALR, SNALR and ALP (unit #44)

Bidders may bid on one or all of these quality assurance Components. Bidders must bid on an entire Component. Each Component will be bid on a Unit price basis. The various Units for each Component are described in detail in Part C of this RFP. A bid on each Component must include a price

on all of the Units listed in the detailed specifications for that Component in Part C, Section 3, of this RFP. The components include Unit #s 1 through 44 inclusive.

The specific quality assurance activities associated with each of the above general program areas are described in detail in Part C, Detailed Specifications, of this RFP. Specifics on Proposal requirements, instructions to Bidders and criteria to be used to choose the selected Bidder are outlined in Part D, Proposal Requirements and Part E, Method of Award.

The Department maintains oversight for compliance with State and (under contract with the Centers for Medicare and Medicaid Services (CMS)) Federal Medicare health and safety standards for continuing care providers (including nursing homes, certified health care agencies (CHHAs), hospices, and other facilities serving Medicare and Medicaid beneficiaries. The Department also maintains oversight for compliance with State standards for adult care facilities (ACFs), including assisted living residences (ALR) and assisted living programs (ALP), and licensed home care services agencies (LHCSAs) not requiring federal certification. The Department also makes information about all of these activities available to beneficiaries, providers/suppliers, researchers and State surveyors.

New York State completes survey inspections on every nursing home on an annual basis. Other providers are surveyed on schedules that range from once annually to once every three years. Each of these surveys, whether mandated by the Department's contract with CMS for Medicare and Medicaid compliance or by State regulation of facilities that are not subject to federal requirements, involves the following four issues:

Identifying Potential Participants – Identifying those facilities that require a Federal or State survey and on what schedule the survey is required.

Conducting Investigations and Fact-Finding Surveys – Verifying how well the health care entities and residential facilities comply with the Federal and / or State requirements.

Certification and Recertification – Determining whether entities meet federal and or State standards for participation in the programs and certifying and recertifying such programs to the appropriate Federal or State agencies.

Explaining Requirements – Advising providers, suppliers, and potential providers and suppliers about applicable Federal and State requirements to enable them to qualify for participation in the programs and to maintain standards of health care and residential services consistent with State and federal regulations and other requirements.

Bidders are required to bid on all the quality assurance activities described in a Component of this RFP. Each Bidder must submit a single Proposal addressing each Unit of the Component and including Unit prices for all of the Units described in a Component. Notwithstanding that Bidders must bid on every Unit of a Component of this RFP in order to be eligible for a contract, the Department reserves the right not to use the Contractor's staff to conduct one or more of the Unit activities described in this RFP.

B. BACKGROUND.

State and federal law and State regulations impose a variety of standards on how the State assures quality care and outcomes for residents of adult care facilities and patients of a variety of health care providers.

The following programs are included in the services for which the Department seeks a Proposal for the Components under this RFP. Detailed descriptions of the Units are in Part C, Detailed Specifications, Section 3, of this RFP.

Adult Day Health Care Programs

Adult day health care programs (ADHCP) are operated by a nursing home and located onsite at the nursing home or at an approved extension site. ADHCP provides health care services and activities to a group of persons, who are not residents of a residential health care facility, but are functionally impaired and not homebound, require supervision, monitoring, preventive, diagnostic, therapeutic, rehabilitative or palliative care services but do not require continuous 24-hour-a-day inpatient care. ADHCP services maintain participants' health status and enable them to remain in the community. Required services include nutrition, ongoing resident health assessment, coordinated care planning, case management and other health care services.

There are 168 ADHCPs operating in New York. ADHCPs are governed by regulations at 10 NYCRR Parts 425 and 759, and the relevant portions of regulations in 10 NYCRR Part 415.

The Department is responsible for quality assurance through onsite surveys and complaint investigations.

Adult Care Facilities

Adult care facilities (ACFs) provide long-term, non-medical, residential care and services to adults who are unable to live independently. Three types of ACFs are regulated by the Department. These are adult homes (AHs), enriched housing programs (EHPs) and residences for adults (RAs), which are operated for the purpose of providing long-term residential care to five or more adults, including, room, board, housekeeping, personal care and supervision (adult homes). EHPs more closely resemble independent housing Units, including kitchenettes, while AHs provide three congregate meals a day. RAs are generally smaller facilities and serve a population that is primarily younger adults generally in need of an array of services, including mental health services.

There are approximately 500 ACFs operating in New York State. They are governed by regulations at 18 NYCRR Subpart D, Parts 485-490, and are defined in Social Services Law (SSL) Section 2, and governed by Article 7 of the SSL.

The Department is responsible for quality assurance of ACFs through onsite surveys and complaint investigations.

Assisted Living Program

The Assisted Living Program (ALP) was established to serve individuals who are medically eligible for nursing home placement, but who are not in need of the highly structured, medical environment of a nursing facility and whose needs could be met in a less restrictive and lower cost residential setting.

ALPs are responsible for providing residents with long-term residential care, room, board, housekeeping, personal care, supervision, and providing or arranging for home health services. ALPs are required to hold dual licenses/certification as an adult home or enriched housing program and as a licensed home care services agency (LHCSA), long term home health care program (LTHHCP), or certified home health care agency (CHHA). If the ALP is licensed as a LHCSA it must contract with a CHHA for provision of skilled services (nursing, therapies) to ALP residents.

The Department is responsible for quality assurance of ALP through onsite surveys and complaint investigations.

There are 85 ALP programs providing 4,693 ALP beds in New York. ALP is governed by Social Services Law (SSL) § 461-I, the provisions of Article 36 of the Public Health Law (PHL) and 10 NYCRR Part 494.

Assisted Living Residences

Assisted living residences (ALRs) are entities which provide or arrange for housing, twenty-four hour on-site monitoring, and personal care services and/or home care services (either directly or indirectly) in a home-like setting to five or more adult residents. ALRs must also provide daily food service, case management services, and the development of an individualized service plan. In order to operate as an ALR, an operator must also be certified as an ACF (i.e., adult home or enriched housing program). Additional certifications for “enhanced assisted living” (EALR) and “special needs assisted living” (SNALR) are also available to approved ALRs. EALRs are authorized to provide for “aging in place”, while SNALR certification allows an operator to advertise/market as serving individuals with special needs (e.g., dementia, cognitive impairments).

Currently, there are 25 certified assisted living residences. The regulation creating the regulatory framework necessary to implement PHL Article 46-B, was promulgated on March 28, 2008.

There are approximately 275 applications pending for ALR certification. ALR is governed by Article 46-B of the PHL and regulations at 10 NYCRR Part 1001.

Licensure of the initial rounds of ALR applicants, as well as routine surveillance of approved facilities are included in the quality assurance activities provided by the Department directly through regional offices (ROs) and central office staff.

Certified Home Health Agency Quality

A Certified Home Health Agency (CHHA) is an organization primarily engaged in arranging and/or providing, directly or through contract arrangements, one or more

of the following: nursing services, home health or personal care aide services and may also provide other therapeutic and related services which are preventive, therapeutic, rehabilitative, health guidance and/or supportive in nature to persons at home.

There are approximately 194 CHHAs in the State of New York. They are governed by Article 36 of the PHL and 10 NYCRR Parts 760 through 763 governs them.

The Department oversees the certification of CHHAs for Medicare. Only complaint intake related to CHHAs is included in this RFP.

Hospice Quality

Hospice is a coordinated program of home and inpatient care that treats the terminally ill patient and family as a Unit, employing interdisciplinary team approach under the direction of an autonomous hospice administration. Services may be provided in the home, a nursing home, health related facility, assisted living facility, freestanding hospice, hospital, or a hospice residence. Patients and their families receive medical, psychological and social services, bereavement and pastoral care related to the patient's terminal diagnosis, including: nursing and physician services, medical social services, nutrition counseling, and spiritual and bereavement counseling. Hospice can also provide physical, occupational and speech therapy, home health aide and homemaker services, medical supplies and appliances, and short-term inpatient care.

There are 48 hospices operating in New York State. They are governed by Article 40 of the PHL and 10 NYCRR Parts 790-794.

The Department is responsible for quality assurance through onsite surveys and complaint investigations. Only complaint intake is included in this RFP.

Intermediate Care Facility for Developmental Disabled Certification

The Department is responsible for certifying the provider agreements for 564 community-based ICFs/DD facilities, in which almost 8,200 individuals reside. Most are operated by voluntary agencies and all are licensed by the Office for Mental Retardation and Developmental Disability (OMRDD). ICFs/DD are certified for Medicaid participation by the Department of Health. Activities include evaluating certification recommendations proposed by OMRDD and monitoring Federal data systems. This program is regulated by the Code of Federal Regulations (42 CFR Part 483).

The certification of provider agreements activity is included in this RFP.

Intermediate Care Facility for Mentally Retarded (Quality)

The Department is responsible for surveying and certifying large ICFs/MR operated by OMRDD. They are often referred to as developmental centers to differentiate them from the smaller, community-based ICFs/DD.

There are 15 developmental centers that provide programs and services to approximately 1,700 individuals. The operation of these programs is generally governed by the Mental Hygiene Law, and the Department surveys these facilities under a Memorandum of Understanding (MOU) with OMRDD. The Department is responsible for quality assurance through onsite surveys and complaint

investigation. Both activities are included in this RFP.

Licensed Home Care Services Agency Quality

A Licensed Home Care Services Agency (LHCSA) is an organization primarily engaged in arranging and/or providing one or more of the following: nursing services, home health or personal care aide services and may also provide other therapeutic and related services which are preventive, therapeutic, rehabilitative, health guidance and/or supportive in nature to persons at home.

There are approximately 731 LHCSAs operating out of 1041 sites in the State of New York. They are governed by Article 36 of the PHL and 10 NYCRR Parts 760, 765 and 766 and more specifically Subpart 765-2.

The Department oversees the licensure and continued the quality of services provided by LHCSAs. The pre-opening survey and the review of a LHCSA Policy and Procedure Manual are part of the Department licensing functions that will be included in this RFP, as are surveys to determine whether a LHCSA continues to operate in compliance with Department rules and regulations.

Medicaid Waiver Programs

There are four Medicaid waiver programs for which this RFP will seek assistance in quality assurance. This RFP seeks assistance only with Complaint Intake.

Care at Home I and II: The Care At Home Medicaid Waiver Program (CAH), operates through a 1915c Home and Community Based Services (HCBS) waiver, to give children access to Medicaid who would not be eligible otherwise and who can be cared for at home safely and at no greater cost than in the appropriate facility. CAH enrollees have access to all medically necessary Medicaid State Plan services in addition to 3 waiver services: case management, respite and home/vehicle adaptations.

The CAH Waiver currently serves 800 children. This is expected to increase to 4000 children over the next five years.

Nursing Home Transition and Diversion: The nursing home transition and diversion (NHTD) waiver provides persons with disabilities and seniors a wide array of health and other supportive community based services that complement those services available through the Medicaid State Plan, informal supports and other services, pursuant to an individual service plan. Participants must be 18 years or older and be assessed to require nursing home level of care. Their needs must be in the community with the assistance of Medicaid State Plan and waiver services, informal supports and other services.

The NHTD waiver currently has 500 participants and will serve at least 4,200 individuals statewide.

Long Term Home Health Care Program: The Long Term Home Health Care Program (LTHHCP), through a coordinated plan of care, provides services at home for individuals who are medically eligible for placement in a nursing home. This program diverts persons from placement in nursing homes by providing home care and waiver services that allow individuals to remain in their homes.

The LTHHCP provides services to more than 27,000 individuals Statewide.

Traumatic Brain Injury: The federal Home and Community-Based Services Medicaid Waiver for Individuals with Traumatic Brain Injury (TBI) provides the necessary services to allow persons with TBI, who would otherwise require care in a nursing home, to live in community-based settings with maximum independence. The TBI program services approximately 2100 individuals Statewide.

The Department conducts a retrospective review of a sample of all service plans, maintains a comprehensive incident reporting system and conducts on-site surveillance of TBI waiver providers.

Nursing Home Quality

Nursing homes provide 24-hour nursing care and supervision outside of a hospital. All nursing homes must provide certain basic services and some homes provide special care for certain types of clients.

Although most nursing home residents are age 65 and over, these facilities are being used more often to care for younger individuals who require a level of care that nursing homes can provide, and may not be available elsewhere. Nursing homes now care for individuals with aggressive or threatening behaviors, HIV/AIDS, substance abuse problems, conditions that require the use of a ventilator, TBIs, and other conditions.

Most nursing homes now provide some level of short-term rehabilitation services for individuals who have recently had surgery in a hospital or have experienced a health episode that requires rehab within a 21-day timeframe. Some facilities have implemented specialized programs and Units to address specific populations. In addition, several facilities in the state now provide services to pediatric individuals (age 21 and under). Seven pediatric specialty facilities exist in New York State. There are approximately 650 nursing homes in New York. These facilities are governed by Article 28 of the PHL and Department regulations at 10 NYCRR Part 415.

Pursuant to Title XVIII and Title XIX of the Federal Social Security Act and Article 28 of the PHL (§ 2803) the Department is responsible for administering the nursing home surveillance and certification program, which includes nursing home complaint investigation.

C. DETAILED SPECIFICATIONS

1. Overview

On the following pages are detailed descriptions of the Components of this RFP and of the Units of service for each Component for which the Department is seeking a bid. On each "Unit Page" (in Sections 3 of this Part) the Bidder will find the following information:

- a. The Number of the Unit of Service (hereafter "Unit");
- b. The Program of which the Unit is a part;
- c. Name of the Unit;
- d. Statutes and/or regulations governing the program of which the Unit is a part;
- e. Brief description of the Unit;
- f. Type of Contractor staff required to complete the Unit;
- g. Minimum qualifications of Contractor staff required;
- h. Preferred qualifications of Contractor staff, if any;
- i. Required Contractor staff certifications, if any;
- j. Location(s) where the Unit will be performed;
- k. The standard of performance for completing the Unit. The Bidder must consult the standard in developing the Unit price because the Contractor will be held to the standard in order to be paid for any Units claimed;
- l. Any additional requirements related to the specific Unit;
- m. A summary of Contractor staff training requirements specific to the Unit and that are in addition to the training requirements of Part C.2.a;
- n. At what point in the process the Unit is considered complete; the time at which the Contractor may bill the Department for the Unit; and
- o. Historical information about the number of Units, the estimated number of FTEs and estimated amount of time required to complete each Unit.

In addition to the specific requirements listed on each "Unit Page" the Bidder **must use the chart in Attachment E** for information about the average number of Units of each type of service to be delivered in each year, the average number of FTEs required to complete each Unit of a particular type, and the average total hours of time the Department expects the Contractor to need to complete each Unit. The Bidder must bid each Unit in a Component as if the Bidder is fielding the complete team as described in the Chart, with no State staff participating in the activity. Payment terms for teams that contain fewer than a full complement of Contractor staff are described in Part F, Section 7 of this RFP.

2. General Specifications.

All of the terms of this Section (C.2) apply to all Components and must be taken into account by all Bidders.

a. Training

All Contractor staff performing Units under any contract resulting from this RFP will be required to undergo any and all training required by the Department, including training required by the CMS, and may not bill separately for training activities, whether or not such training is listed in the details below. Contractor must provide documentation of the possession or completion of required training to the Department. **Bid prices per Unit shall take into account the cost of the required training and the time and travel expenses to attend required training. The contractor may not bill separately for any of the costs of training for the Contractor's staff to perform Unit activities.**

CMS training is conducted in Baltimore, MD, and other locations around the country as designated by CMS. Web-based training may be conducted during the work day at any workstation to which the Contractor's staff are assigned. Department training is held in regions around the State as designated.

- i. All Contractor staff must complete the following training within six months of the contract start date or have proof of having completed such training at the time of the contract start date by the Contractor:
 - ; Web-based Principles of Documentation (12 hours) (CMS Requirement for federal surveys);
- ii. All Contractor staff performing federal surveys must complete the following training within six months of the contract start date or have proof of having completed such training at the time of the contract start date by the Contractor:
 - ; Web-based Orientation for Newly Employed Survey and Certification (S&C) Staff (2.5 hours) (CMS Requirement);
 - ; CMS mandated ad-hoc training opportunities, as required (approximately 10 hours annually plus travel time).
- iii. All Contractor staff performing federal surveys, if they have not completed this training at the time of the contract start date, must complete the following training not later than twelve months after the contract start date by the Contractor:
 - ; CMS Basic Surveyor Training (SMQT) for the type of survey being conducted by the Contractor. If a member of Contractor staff is performing more than one kind of survey, e.g., nursing home and hospital, the Contractor staff must have taken CMS Basic Surveyor Training.

- iv. All Contractor staff specializing in Life Safety Code are required to complete the following training within six months of the contract start date or have proof of having completed such training at the time of the contract start date by the Contractor:
 - ; Web-based Basic Life Safety Code – 60 hours;
 - ; Fire Safety Evaluation System / Health Care (FSES/HC) – 3 days;
 - ; Fire Safety Evaluation System / Board and Care (FSES/BC) – 3 days;
 - ; National Fire Protection Association (NFPA) 99 Course – 2 days

- v. All Contractor staff conducting surveys, complaint intake, complaint investigation and any tasks relating to data entry into Automated Survey Processing Environment (ASPEN), or any other database, must complete the following training annually:
 - ; Department mandated training opportunities (approximately 75 hours annually, plus travel time if any);
 - ; Department and any federal training related to Health Insurance Portability and Accountability Act (HIPAA) confidentiality and compliance;
 - ; Department meetings (approximately 50 hours annually, plus travel time if any) as required.

b. Quality Assurance and Other Meetings

Contractor staff is required to attend quality assurance meetings at monthly or other intervals in various parts of the state as scheduled by the Department. The Department will determine the frequency and location of these meetings and will designate which Contractor staff must attend which meetings. Currently each survey activity has regular recurrent quality assurance meetings to review statements of deficiency (SODs), hot topics, surveyor alerts, Dear Administrator Letters (DALs) and revisions to policies and procedures. These meetings may be for other reasons as well and need not be limited to these topics.

c. Data Reporting

Each Unit for which a bid is provided must include the costs of all data entry required by the State to complete reporting, uploading and recording all data related to the activities of the Unit. No Unit will be considered complete and eligible for billing until all required data entry is completed.

All Units completed by the Contractor must be data-entered into ASPEN and any other data recording system specified by the Department, in accordance with the instructions and within the timeframes contained in the versions of the ASPEN manuals in effect when the data is entered. As of the date of the release of this RFP, the following procedures are in effect (ASPEN Manuals Version 9.5):

- i. ASPEN Central Office (ACO) Procedures Guide;
- ii. ASPEN Complaint / Incident Tracking System (ACTS) Procedures Guide;
- iii. ASPEN Survey Explorer (ASE) Procedures Guide; and
- iv. Relevant CMS and Department program-specific procedures.

The Contractor is required to learn and use these procedures for all surveillance and complaint intake activities under any contract issued pursuant to this RFP. The ASPEN manuals (in PDF format) are available on this website.

d. Administrative Activities

Each quality assurance Unit that will be purchased pursuant to this RFP includes activities that may be characterized as "administration." Administration includes activities that may not be billed separately, and the costs for certain support and supervisory personnel of the Contractor.

Typical administrative activities are described below. In calculating the cost Proposal for each of the Units in a Component, the Bidder MUST INCLUDE an allowance for administrative costs, overhead and profit. The cost Proposal for each Unit is the total payment the State will make for each Unit provided by the Contractor, including costs for administration.

The State will not make any additional payments on account of any other activities performed by the Contractor, unless (i) these activities are specifically listed in Part C. of this RFP relating to hourly Units of service or (ii) an addendum to any contract resulting from this RFP is negotiated and approved by the Office of the State Comptroller to specifically include such additional activities.

All administrative support and supervisory support staff must have experience with telephone intake, have the ability to interact with a wide spectrum of persons and must be skilled writers.

Use of Support Staff:

Many Units will require the Contractor to use support staff to perform some of the functions of the Unit. Some of the Units require support staff to perform the non-professional functions of the Unit and others do not require this distinction. **The Contractor may not use Professional staff to perform non-professional functions for those Units that require the use of support staff.** Professional staff includes nurses, physicians, social workers and any other Contractor staff required to possess a State license in order to perform Unit functions. The Bidder must list in the Staffing Summary documents portion of the Technical Proposal

(see Part D below) the titles, FTEs and staff qualifications of all Contractor staff who will be performing administrative activities under any contract awarded pursuant to this RFP. The costs for support staff must be included in administrative costs and taken into account in the Unit price bids.

Use of Supervisory Staff:

While the Department will provide supervision for most Units, there are Units that will require the Contractor to provide supervision of Contractor staff. The costs of supervision must be included in administrative costs and may not be separately billed to the Department. This does not mean that the Contractor may not bill the Department for Unit activities performed by supervisory staff. The Bidder must list in the Staffing Summary documents portion of the Technical Proposal (see Part D below) the titles, FTEs and staff qualifications of all Contractor staff who will be performing supervisory activities under any contract awarded pursuant to this RFP.

All of the activities described below are exemplary, but these and any other similar activities are considered "administration" and must be included in the Contractor's Unit price bid for each of the relevant quality assurance Units and may not be billed separately. This list is not intended to be comprehensive or all-inclusive but a demonstration of the types of activities for which the Contractor may not bill outside the Unit price:

For Complaints, some of these activities are:

- Receiving, processing and closing a complaint;
- Recording a complaint in ASPEN Complaint/Incident Tracking System (ACTS), Uniform Complaint Tracking System (UCTS) or other systems;
- Receiving information from a complainant;
- Sending an acknowledgement letter to a complainant;
- Assigning a due date to a complaint;
- Assigning and scheduling an investigation;
- Assigning a complaint investigation to Contractor staff for investigation;
- Linking the intake to an existing survey event record;
- Creating a new event record;
- Mailing cover letter and SOD, if any, to a facility;
- Recording required data, including Contractor staff time on the CMS-670;
- Performing 'Upload' investigation kit (Form CMS-562);
- Closing Investigation event record;
- Scheduling and assigning a Follow-up (Revisit) survey to ensure the POC has been implemented;
- Recording Findings;
- Sending a letter with findings to the complainant and facility, if appropriate;

- Closing an intake record;
- Ensuring that all required fields are completed;
- Answering miscellaneous correspondence requests, such as responding to the Department's Executive Correspondence Unit requests;
- Answering questions from providers and consumers of long term care services, the Department's ROs, and the Department's Public Affairs Group;
- Attendance and participation in monthly Quality Assurance meetings, including preparation and research;
- Handling special projects deemed necessary by the Department as they relate to the complaint process;

For Surveys, some of these activities are:

- Scheduling, processing and closing a licensure or recertification survey;
- Recording in ASPEN Central Office (ACO), ASPEN Surveyor Explorer (ASE) or other required systems;
- Scheduling a survey event, assigning Contractor staff, and specifying the scope of survey;
- Creating a survey event record;
- Creating a certification kit for a federal survey;
- Reviewing and issuing SOD;
- Mailing cover letter and SOD, if any, to the facility;
- Completing the certification kit / survey forms;
- Recording required data, including staff time on the Form CMS-670;
- Receiving and logging receipt of POC;
- Reviewing and approving POC;
- Uploading Certification Kit to the Online Data Input and Edit Subsystem (ODIE) system at CMS;
- Assuring all required Cert Kit fields are completed;
- Closing a survey event;
- Determining and recording a Follow-up status;
- Uploading federal certification kit;
- Closing survey event record;
- Scheduling and assigning a Follow-up (Revisit) survey to ensure the POC has been implemented;
- Answering miscellaneous correspondence requests, as requested,
- Answering questions from providers and consumers of long term care services, the Department's ROs, and the Department's Public Affairs Group;
- Attendance and participation in monthly Quality Assurance meetings, including preparation and research;
- Handle special projects deemed necessary by the Department as they relate to the surveillance process;

For management of a Contract, some of the activities are:

- Creating a claim or voucher under the contract;
- Attending meetings with the Department related to the contract; Travel expenses related to the contract or any Unit under the contract;
- Telephone calls, photocopies, postage or any other expenses related to the contract.

e. Work Load Projections and Work Requirements

An estimate of the number of surveys, complaint investigations and complaint intake activities that must be completed annually is provided in the chart attached (Attachment E). To assure consistency in the preparation of the Technical and Cost Proposals, please refer to the chart, as well as the detailed specifications in Section C.3 of this RFP, for information necessary to complete the bid on each Unit of each Component.

These workload projections are based upon information available at the time of the RFP issuance. These may change based upon review findings, changes in priorities, changes in the health care system, etc. The workload estimates are being provided to assist the Bidder in the development of its Technical and Cost Proposal for each Component and should be used by the Bidder to:

- i. estimate the personal resources necessary to meet the State deliverable requirements (see Part D below and Attachment F: Technical Proposal Forms);
- ii. complete an annual work plan which will be incorporated into a "schedule of deliverables" to be included in the Technical Proposal;
- iii. set a price for each Unit and complete cost reports as requested in the cost section of the RFP (see Attachment G: Cost Proposal Forms).

The bid for the first year of the contract for each Component will be used to determine the total final bid for the competition under this RFP. See Part D, Section 3 for an explanation of how the competitive bid price will be calculated. There will be no "start up" costs associated with or allowed under this RFP. If the Bidder will need to make expenditures for start up activities, the costs for those activities must be reflected in the various Unit prices. The Contractor will not be paid separately from the Unit prices for any start up costs. The Unit prices, subject to any inflationary increase as described in Part F of this RFP, will be the same for each year of the contract.

f. Quality Improvement Project

For each year in which a Contract resulting from this RFP is in effect, the Contractor, jointly with the Department, will develop a Quality Improvement Project (QIP) and a work plan and deliverable schedule for implementing such project. The QIP is designed to improve performance in one or more of the areas in which the Contractor is providing services, such as

surveys, complaint investigations or document reviews. The annual QIP should be designed to improve efficiency, timely performance and/or cost savings and may be designed to improve outcomes for residents/patients/consumers. The QIP is different from the Quality Assurance Plan described Part D, Section 2, Paragraph J.

The Department, in consultation with the Contractor will determine the subject of each year's QIP, as part of that year's schedule of deliverables. The QIP could focus on one or more of the following activities:

Ensure staff have appropriate credentials and possess the prerequisite knowledge and skills to effectively work as part of a team and/or independently;

Produce cost savings for the State by identifying and introducing efficiencies into Contract processes; or

Improve resident outcome through the use of the quality processes under the Contract.

Among the activities expected of the Contractor will be a timeline to implement and maintain the annual QIP. The timeline must include performance standards, measures and interventions for monitoring staff and QIP progress and accomplishments.

The selected Contractor will not receive additional payment for the development and implementation of these QIPs, and the cost must be included in the Unit prices provided.

g. Start-Up Plan

A detailed start-up plan is required as part of the Technical Proposal for each Component. The start-up plan for each Component shall include all activities the Contractor will undertake to implement the quality assurance activities within 90 days of the award. This could include notifying providers, hiring staff, and establishing an office in New York State where necessary. The Contractor may not charge additional costs in connection with start up activities.

h. Travel expense

The Contractor must include in its Unit prices for each Component the cost of travel, including routine commutation if the Bidder reimburses its staff for such expenses, such as for training and/or offsite meetings required by the Department, or other travel required by the terms of any contract awarded pursuant to this RFP.

The Contractor should account for the costs of travel and mileage based on the allowable costs of reimbursement as apply to New York State

Management/Confidential (M/C) employees. These limitations, including the current available rates, may be found by accessing the following web site: <http://osc.state.ny.us/agencies/travel/travel.htm>. Per diem rates are established by the federal government and must be in accordance with Office of State Comptroller rates. Mileage allowances should be calculated at the standard rates published by the Office of the State Comptroller at the same web site.

i. Other Information

- i. In order to facilitate the provision of the services purchased under each Component of this RFP, the Department will provide the following at no charge to the successful Contractor for each Component:

Office space for Contractor staff at the Department's appropriate RO's or in the Central Office in the Capital Region of New York;
Office furniture;
Office supplies;
Communications equipment and services, including telephones, fax machines, personal computers and printers; and Computer support services.

- ii. The Bidder must supply the requested information about all who will be performing activities under any contract awarded under this RFP. The successful Contractor will coordinate with the Department for the assignment of such staff to functions and locations throughout the State. The final decision about the location and function to which Contractor staff are assigned is with the Department, in consultation with the Contractor.

3. COMPONENTS – Quality Assurance for: 1) Adult Care Facilities (Units #1 to #8), 2) Home Care Services Agencies (Units #9 - #11), 3) Nursing Homes and Intermediate Care Facilities (Units #12- #31) and 4) Complaint Intake (Units #32 - #44).

The Bidder submitting a Proposal for the Components must provide a price for each Unit within the component bid. The prices are to be entered on Cost Proposal Forms for the Components. See Attachment G. Further instructions for how to submit a Proposal for this Component are contained in Part D of this RFP. Please note that for each Unit and the Data Chart (Attachment E), the hours listed are the total hours the Department estimates are needed to complete the activity, not the number of hours each staff member assigned to the activity will need to commit to the activity.

Each of the teams described in each of the Units may include one or more State staff as a Component. The Bidder must bid a price for the complete Unit as if all of the activities were performed by Contractor staff and none of the activities by State staff. Information about how the Contractor will be paid for Units that use both Contractor and

State staff, are included in Part F, Administration, Section 7, Payment. In addition, each Unit lists the type and qualifications of Contractor staff that will perform the activity of the Unit, however, the Unit activity may not require the involvement of all the staff listed. Bidder should examine the requirements for each Unit and submit a bid that is a fair price for the activity, while understanding that the final composition of all teams performing Unit activities is subject to the approval and needs of the Department.

The Contractor must also provide all of the information described in Part D of this RFP for each Unit.

UNIT DESCRIPTIONS BEGIN ON THE NEXT PAGE OF THIS RFP. THE REST OF THIS PAGE IS INTENTIONALLY BLANK

A. Units of Service 1 through 44

Unit # 1

Adult Care Facility Quality Activities

Name of the Unit	Complete Inspection – ACF, ALR, SNALR				
Statutes and/or Regulations -- General Governance	Social Services Law (SSL) Section 2 (ACF) http://public.leginfo.state.ny.us/menuegtf.cgi Social Services Law Article 7 (ACF) http://public.leginfo.state.ny.us/menuegtf.cgi 18 NYCRR Subpart D, Parts 485-490 (ACF) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm 18 NYCRR Part 494 (ALP) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm Public Health Law Article 46-B (ALR) http://public.leginfo.state.ny.us/menuegtf.cgi 10 NYCRR Part 1001 (ALR) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
Description	Survey of ACF and ALR (including ALP beds, but not EALR). The scope generally includes a comprehensive review of resident rights, resident financial accounts, dietary, medication and case management activities, maintenance, and a review of compliance with sanitary and safety codes, and will be the same for all these facilities.				
Type of Staff	Survey teams are multidisciplinary and include a nurse and / or other trained surveyor, dietitian and sanitarian. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.				
Minimum Qualifications	Nurse (RN) Currently registered; One year survey experience.	Nutritionist Currently Registered dietitian; 3 years experience; 1 year public health experience.	Sanitarian 30 credit hours natural sciences; 2 years field inspection experience.	Surveyor/MSW Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Surveyor/BA Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.

Unit # 1					
Adult Care Facility Quality Activities					
Name of the Unit	Complete Inspection – ACF, ALR, SNALR				
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	Generally in the Metropolitan Area RO (MARO) (specifically New York City, Long Island, Westchester and Rockland) but the Contractor may be asked to perform quality activities in other areas of the state as needed by the Department.				
Reference Location to the Standard for the Unit	Adult Care Facility Quality and Surveillance Operations Manual – Inspection Process.				
Additional Requirements	None additional.				
Staff Training Requirements	None additional.				
Unit is Complete When	<p>The first of the following events occurs:</p> <p>(1) The facility is found to be in substantial compliance at the time of the survey; OR</p> <p>(2) An SOD not requiring a POC is issued to the facility; OR</p> <p>(3) An acceptable POC is received by the Department; OR</p> <p>(4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC.</p> <p>If a revisit survey is required, this unit is complete when the revisit survey is scheduled.</p>				
Historical Information	200 Surveys per year combined; 96 total hours per inspection; Team of 4 surveyors per inspection.				

Unit # 2 Adult Care Facility Quality Activities					
Name of the Unit	Complete Inspection EALR				
Statutes and/or Regulations -- General Governance	Social Services Law (SSL) Section 2 (ACF) http://public.leginfo.state.ny.us/menugetf.cgi Social Services Law Article 7 (ACF)				
Description	http://public.leginfo.state.ny.us/menugetf.cgi 18 NYCRR Subpart D, Parts 485-490 (ACF) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm 18 NYCRR Part 494 (ALP) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm Public Health Law Article 46-B (ALR) http://public.leginfo.state.ny.us/menugetf.cgi 10 NYCRR Part 1001 (ALR) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
Type of Staff	Survey teams are multidisciplinary and include a nurse and / or other trained surveyor, dietitian and sanitarian.				
	Nurse (RN)	Nutritionist	Sanitarian	Surveyor/MSW	Surveyor/BA
Minimum Qualifications	Currently registered; One year survey experience.	Currently Registered dietitian; 3 years experience; 1 year public health experience.	30 credit hours natural sciences; 2 years field inspection experience.	Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.

Unit # 2					
Adult Care Facility Quality Activities					
Name of the Unit	Complete Inspection EALR				
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	Generally in MARO (specifically New York City, Long Island, Westchester and Rockland) but the Contractor may be asked to perform quality activities in other areas of the state as needed by the Department.				
Reference Location to the Standard for the Unit	The standard is under development. Contractor shall use the same standard as is applied to the survey of an ACF with ALP beds (Unit 5) in developing its bid for this Unit.				
Additional Requirements	See Historical Information below.				
Staff Training Requirements	None additional.				
Unit is Complete When	<p>The first of the following events occurs:</p> <p>(5) The facility is found to be in substantial compliance at the time of the survey; OR</p> <p>(6) An SOD not requiring a POC is issued to the facility; OR</p> <p>(7) An acceptable POC is received by the Department; OR</p> <p>(8) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC.</p> <p>If a revisit survey is required, this unit is complete when the revisit survey is scheduled.</p>				
Historical Information	<p>Based on experience with ALP and ACF there will be:</p> <p>25 surveys per year;</p> <p>Each taking approximately 96 hours; and A team of 5 surveyors. At least 2 ACF surveyors will participate in each survey. In addition, at least one Home Care surveyor will participate in EALR surveys.</p>				

Unit # 3					
Adult Care Facility Quality Activities					
Name of the Unit	Partial ACF Inspection, including ALR, EALR, SNALR				
Statutes and/or Regulations -- General Governance	Social Services Law (SSL) Section 2 (ACF) http://public.leginfo.state.ny.us/menuegf.cgi <hr/> Social Services Law Article 7 (ACF) http://public.leginfo.state.ny.us/menuegf.cgi <hr/> 18 NYCRR Subpart D, Parts 485-490 (ACF) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm <hr/> 18 NYCRR Part 494 (ALP) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm <hr/> Public Health Law Article 46-B (ALR) http://public.leginfo.state.ny.us/menuegf.cgi <hr/> 10 NYCRR Part 1001 (ALR) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
Description	Any survey other than a complete survey of a facility. "Partial Inspections" include a review of facility operations in a specific, pre-selected area. Depending on the need, other inspection components may be added at the discretion of the RO. "Summary Inspections" are shortened inspections that focus on key regulatory provisions in all areas of ACF operations. Checklists are utilized only for the specific regulations of concern.				
Type of Staff	Survey teams are multidisciplinary and include one or more surveyors selected from the list below by the Department. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.				
	Nurse (RN)	Nutritionist	Sanitarian	Surveyor/MSW	Surveyor/BA
Minimum Qualifications	Currently registered; One year survey experience.	Currently Registered dietitian; 3 years experience; 1 year public health experience.	30 credit hours natural sciences; 2 years field inspection experience.	Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.

Unit # 3					
Adult Care Facility Quality Activities					
Name of the Unit	Partial ACF Inspection, including ALR, EALR, SNALR				
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	Generally in MARO (specifically New York City, Long Island, Westchester and Rockland) but the Contractor may be asked to perform quality activities in other areas of the state as needed by the Department.				
Reference Location to the Standard for the Unit	Adult Care Facility Quality and Surveillance Operations Manual – Inspection Process.				
Additional Requirements	None additional.				
Staff Training Requirements	None additional.				
Unit is Complete When	<p>The first of the following events occurs:</p> <p>(1) The facility is found to be in substantial compliance at the time of the survey; OR</p> <p>(2) An SOD not requiring a POC is issued to the facility; OR</p> <p>(3) An acceptable POC is received by the Department; OR</p> <p>(4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC.</p> <p>If a revisit survey is required, this unit is complete when the revisit survey is scheduled.</p>				
Historical Information	233 annually; 41 hours each survey; 1 or 2 surveyors per survey, the number to be determined by the Department.				

Unit # 4					
Adult Care Facility Quality Activities					
Name of the Unit	ACF Complaint Investigation Survey, including ALR, EALR, SNALR, ALP				
Statutes and/or Regulations -- General Governance	Social Services Law (SSL) Section 2 (ACF) http://public.leginfo.state.ny.us/menugtf.cgi Social Services Law Article 7 (ACF) http://public.leginfo.state.ny.us/menugtf.cgi 18 NYCRR Subpart D, Parts 485-490 (ACF) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm 18 NYCRR Part 494 (ALP) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm Public Health Law Article 46-B (ALR) http://public.leginfo.state.ny.us/menugtf.cgi 10 NYCRR Part 1001 (ALR) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
Description	Written or verbal complaints to the Department initiate an investigation of the facility to determine the validity of the complaint. Complaint investigations are integrated into normal inspection schedules unless the nature of the complaint warrants a prompt investigation.				
Type of Staff	Survey teams are multidisciplinary and include one or more surveyors selected from the list below by the Department. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.				
Minimum Qualifications	Nurse (RN)	Nutritionist	Sanitarian	Surveyor/MSW	Surveyor/BA
	Currently registered; One year survey experience.	Currently Registered dietitian; 3 years experience; 1 year public health experience.	30 credit hours natural sciences; 2 years field inspection experience.	Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.

Unit # 4					
Adult Care Facility Quality Activities					
Name of the Unit	ACF Complaint Investigation Survey, including ALR, EALR, SNALR, ALP				
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	Generally in MARO (specifically New York City, Long Island, Westchester and Rockland) but the Contractor may be asked to perform quality activities in other areas of the state as needed by the Department.				
Reference Location to the Standard for the Unit	Adult Care Facility Quality and Surveillance Operations Manual – Complaint Process.				
Additional Requirements	None additional.				
Staff Training Requirements	None additional.				
Unit is Complete When	The complaint is closed on UCTS or ACTS (as appropriate), and all data entry is satisfactorily completed.				
Historical Information	817 complaint investigations per year; 34.5 hours each investigation; 1 or 2 investigators per investigation survey, the number to be determined by the Department.				

Unit # 5					
Adult Care Facilities Quality Activities					
Name of the Unit	ACF Pre-opening Survey, including ALR and ALP				
Statutes and/or Regulations -- General Governance	Social Services Law (SSL) Section 2 (ACF) http://public.leginfo.state.ny.us/menugetf.cgi				
	Social Services Law Article 7 (ACF) http://public.leginfo.state.ny.us/menugetf.cgi				
	18 NYCRR Subpart D, Parts 485-490 (ACF) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm				
	18 NYCRR Part 494 (ALP) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm				
	Public Health Law Article 46-B (ALR) http://public.leginfo.state.ny.us/menugetf.cgi				
	10 NYCRR Part 1001 (ALR) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
Description	The pre-opening inspection mirrors a Complete Inspection, however, resident interviews are not conducted as the facility can not admit residents without approval from the Department on this inspection. This inspection determines the facility's compliance with regulatory requirements for the provision of medical, dietary and other resident care services. In addition, compliance with regulatory requirements for records, physical environment, equipment and personnel are reviewed. The inspection includes a complete review of facility operations utilizing the expertise of three disciplines: program, fire/safety and nutrition. Inspectors conduct extensive reviews of all regulations pertaining to a specific type facility in each operational area to ascertain the level of operator compliance with Department standards.				
Type of Staff	Survey teams are multidisciplinary and include a nurse and / or other trained surveyor, dietitian and sanitarian. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.				
	Nurse (RN)	Nutritionist	Sanitarian	Surveyor/MSW	Surveyor/BA
Minimum Qualifications	Currently registered; One year survey experience.	Currently Registered dietitian; 3 years experience; 1 year public health experience.	30 credit hours natural sciences; 2 years field inspection experience.	Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations

Unit # 5					
Adult Care Facilities Quality Activities					
Name of the Unit	ACF Pre-opening Survey, including ALR and ALP				
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	This work may occur in any of the ROs as required by the Department.				
Reference Location to the Standard for the Unit	Adult Care Facility Quality and Surveillance Operations Manual – Inspection Process.				
Additional Requirements	No additional.				
Staff Training Requirements	No additional.				
Unit is Complete When	<p>The first of the following events occurs:</p> <p>(1) The facility is found to be in substantial compliance at the time of the survey; OR</p> <p>(2) An SOD not requiring a POC is issued to the facility; OR</p> <p>(3) An acceptable POC is received by the Department; OR</p> <p>(4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC.</p> <p>If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.</p>				
Historical Information	<p>Approximately 16 applications per year;</p> <p>134.5 total hours per survey;</p> <p>Team of 5 surveyors as described above, including both ACF and Home Care surveyors when the applicant is seeking ALR certification.</p>				

Unit # 6					
Adult Care Facility Quality Activities					
Name of the Unit	Questionable Operations (Q-Op) Investigation				
Statutes and/or Regulations -- General Governance	Social Services Law (SSL) Section 2 (ACF) http://public.leginfo.state.ny.us/menugetf.cgi				
	Social Services Law Article 7 (ACF) 18 NYCRR Subpart D, Parts 485-490 (ACF) http://www.nyhealth.gov/nysdoh/phforum/nycrr18htm				
	18 NYCRR Part 494 (ALP) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm				
	Public Health Law Article 46-B (ALR) 10 NYCRR Part 1001 (ALR) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
Description	The Department responds to complaints regarding alleged unlicensed facilities to determine whether they should be licensed and what, if any, other action to take. Contractor staff may be assigned by regional or central office staff to conduct any or all of the activities related to Q-Ops described in the standard.				
Type of Staff	A nurse and / or other trained surveyor. If more than one surveyor is assigned the team may include State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. For this survey the Contractor shall provide a price for each type of staff to complete the investigation. See Section C.2, General Conditions of this RFP for additional information.				
	Nurse (RN)	Nutritionist	Sanitarian	Surveyor/MSW	Surveyor/BA
Minimum Qualifications	Currently registered; One year survey experience.	Currently Registered dietitian; 3 years experience; 1 year public health experience.	30 credit hours natural sciences; 2 years field inspection experience.	Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.

Unit # 6					
Adult Care Facility Quality Activities					
Name of the Unit	Questionable Operations (Q-Op) Investigation				
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	Generally in MARO (specifically New York City, Long Island, Westchester and Rockland) but the Contractor may be asked to perform Q-Ops investigations in other areas of the state as needed by the Department.				
Reference Location to the Standard for the Unit	Adult Care Facility Quality and Surveillance Operations Manual – Complaint Process.				
Additional Requirements	Contractor may be required to maintain, update and review the log of uncertified facilities quarterly, as assigned by the RO.				
Staff Training Requirements	None additional.				
Unit is Complete When	All reports and inspections required by the Department are completed.				
Historical Information	15 investigations annually 22.50 hours per investigation 1 investigator per investigation				

Unit # 7					
Adult Care Facility Quality Activities					
Name of the Unit	ACF Death Investigations				
Statutes and/or Regulations -- General Governance	Social Services Law (SSL) Section 2 (ACF) http://public.leginfo.state.ny.us/menugtf.cgi <hr/> Social Services Law Article 7 (ACF) http://public.leginfo.state.ny.us/menugtf.cgi <hr/> 18 NYCRR Subpart D, Parts 485-490 (ACF) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm <hr/> 18 NYCRR Part 494 (ALP) http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm <hr/> Public Health Law Article 46-B (ALR) http://public.leginfo.state.ny.us/menugtf.cgi <hr/> 10 NYCRR Part 1001 (ALR) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
Description	The Department inquires into the circumstances surrounding the death or attempted suicide of a resident of ACF, ALP or ALR.				
Type of Staff	A nurse and / or other trained surveyor, selected by the Department. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. For this survey the Contractor shall provide a price for each type of staff to complete the investigation. See Section C.2, General Conditions, of this RFP for additional information.				
Minimum Qualifications	Nurse (RN)	Nutritionist	Sanitarian	Surveyor/MSW	Surveyor/BA
	Currently registered; One year survey experience.	Currently Registered dietitian; 3 years experience; 1 year public health experience.	30 credit hours natural sciences; 2 years field inspection experience.	Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.

Unit # 7					
Adult Care Facility Quality Activities					
Name of the Unit	ACF Death Investigations				
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	Generally in MARO (specifically New York City, Long Island, Westchester and Rockland) but the Contractor may be asked to perform quality activities in other areas of the state as needed by the Department.				
Reference Location to the Standard for the Unit	Adult Care Facility Quality and Surveillance Operations Manual – Death Investigations.				
Additional Requirements	None additional.				
Staff Training Requirements	None additional.				
Unit is Complete When	All reports and inspections required by the Department are completed.				
Historical Information	1012 death investigations in 2007; 12 hours per investigation; 1 investigator per investigation.				

Unit # 8					
Adult Care Facility Quality Activities					
Name of the Unit	Monitoring Facility Closure				
Statutes and/or Regulations -- General Governance	Social Services Law (SSL) Section 2 (ACF) http://public.leginfo.state.ny.us/menugetf.cgi				
	Social Services Law Article 7 (ACF) http://public.leginfo.state.ny.us/menugetf.cgi				
	18 NYCRR Subpart D, Parts 485-490 (ACF) http://www.nyhealth.gov/nysdoh/phforum/nyccr18.htm				
	18 NYCRR Part 494 (ALP) http://www.nyhealth.gov/nysdoh/phforum/nyccr18.htm				
	Public Health Law Article 46-B (ALR) http://public.leginfo.state.ny.us/menugetf.cgi				
	10 NYCRR Part 1001 (ALR) http://www.nyhealth.gov/nysdoh/phforum/nyccr10.htm				
	Description	When the Department either receives a plan of closure from a facility or learns that a facility is about to close without a plan, the closure and placement of residents is monitored to assure resident safety and continuity.			
Type of Staff	Survey teams are multidisciplinary and include a nurse and / or other trained surveyor, dietitian and sanitarian. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. For this survey the Contractor shall provide a price for each type of staff to complete the investigation. See Section C.2, General Conditions, of this RFP for additional information.				
	Nurse (RN)	Nutritionist	Sanitarian	Surveyor/MSW	Surveyor/BA
Minimum Qualifications	Currently registered; One year survey experience.	Currently Registered dietitian; 3 years experience; 1 year public health experience.	30 credit hours natural sciences; 2 years field inspection experience.	Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.

Unit # 8					
Adult Care Facility Quality Activities					
Name of the Unit	Monitoring Facility Closure				
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	Generally in MARO (specifically New York City, Long Island, Westchester and Rockland) but the Contractor may be asked to perform quality activities in other areas of the state as needed by the Department.				
Reference Location to the Standard for the Unit	Facility Closure Plan Guidelines.				
Additional Requirements	This Unit also includes "Facility Closures – Q-Ops." RO may assign any or all of these functions to the Contractor.				
Staff Training Requirements	None additional.				
Unit is Complete When	All reports and inspections required by the Department are completed.				
Historical Information	13 ACF regular closures in 2007; 30 Q-Op Closures in 2007; 81 hours per closure on average. 1 surveyor from the team described above. The exact composition of each closure team will be determined by the Department at the time of the activity.				

Unit # 9	
Home Care Services Agency Quality Activities	
Name of the Unit	LHCSA Routine Operational Survey
Statutes and/or Regulations -- General Governance	Public Health Law Article 36 http://public.leginfo.state.ny.us/menugetf.cgi 10 NYCRR Subparts 760, 765, 766 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Routine surveys include site visit(s) including interviews, observations of home visits, record reviews to assure that personnel, equipment, rules, standards of care, patient rights and grievance procedures, quality improvement processes and home care services meet statutory and regulatory standards. If the agency is the operator of a home health aide or personal care aide training program, the program will be surveyed at the same time as the operational survey.
Type of Staff	Registered professional nurse. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Registered professional nurse currently licensed in NYS with a Bachelors degree in nursing and two years clinical or administrative experience.
Preferred Qualifications	As above with 2 years experience in clinical surveillance; and/or 2 years experience in quality assurance, utilization review or risk management; and/or 2 years clinical experience in long term care, hospital, adult care, home care or hospice programs.
Required Certifications	None additional.
Location(S) of Work	Generally in MARO (specifically New York City, Long Island, and Westchester) but the Contractor may be asked to perform quality activities in other areas of the state as needed by the Department.
Reference Location to the Standard for the Unit	LHCSA Article 36 Surveillance Process; Expansion Activities; Combined Appendix. Home Health Aide Training Program (HHATP) DOHM 92-24: Home Health Aide Scope of Tasks.
Additional Requirements	None additional.
Staff Training Requirements	None additional.
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) SOD is delivered to State staff for review and issuance; AND (3) all required data entry is completed. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	Approximately 200 surveys per year; 30 hours per survey on average; 2 surveyors per survey .

Unit # 10	
Home Care Services Agency Quality Activities	
Name of the Unit	LHCSA Pre-opening Survey
Statutes and/or Regulations -- General Governance	Public Health Law Article 36 http://public.leginfo.state.ny.us/menugetf.cgi 10 NYCRR Subpart 700, 765, 766 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	A pre-opening survey includes site visit(s) including interviews, observations of home visits, record reviews to assure that personnel, equipment, rules, standards of care, patient rights and grievance procedures, quality improvement processes and home care services meet statutory and regulatory standards. The Pre-opening survey Unit does not include policy & procedure Manual Review.
Type of Staff	Registered professional nurse. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Registered professional nurse currently licensed in NYS with a Bachelors degree in nursing and two years clinical or administrative experience.
Preferred Qualifications	As above with 2 years experience in clinical surveillance; and/or 2 years experience in quality assurance, utilization review or risk management; and/or 2 years clinical experience in long term care, hospital, adult care, home care or hospice programs.
Required Certifications	None additional.
Location(S) of Work	Generally in MARO (specifically New York City, Long Island, and Westchester) but the Contractor may be asked to perform quality activities in other areas of the state as needed by the Department.
Reference Location to the Standard for the Unit	LHCSA Article 36 Surveillance Process; Expansion Activities; Combined Appendix. HHATP DOHM 92-24 Home Health Aide Scope of Tasks.
Additional Requirements	None additional.
Staff Training Requirements	None additional.
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) SOD is delivered to State staff for review and issuance; AND (3) all required data entry is completed. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	35-40 per year; 22.5 – 37.5 hours per survey; 2 surveyors per survey.

Unit # 11	
Home Care Services Agency Quality Activities	
Name of the Unit	LHCSA Policy and Procedure Manual Review
Statutes and/or Regulations -- General Governance	Public Health Law Article 36 http://public.leginfo.state.ny.us/menugetf.cgi 10 NYCRR Subparts 700, 765, 766 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Every applicant must submit its policies and procedure for compliance with Article 36 and the regulations before it can open
Type of Staff	Registered professional nurse. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Registered professional nurse currently licensed in NYS with a Bachelors degree in nursing and two years clinical or administrative experience.
Preferred Qualifications	As above with 2 years experience in clinical surveillance; and/or 2 years experience in quality assurance, utilization review or risk management; and/or 2 years clinical experience in long term care, hospital, adult care, home care or hospice programs..
Required Certifications	None additional.
Location(S) of Work	Reviews will be conducted in the Department's New York City offices for agencies located in MARO but the Contractor may be asked to perform quality activities in other areas of the state as needed by the Department.
Reference Location to the Standard for the Unit	LHCSA Article 36 Surveillance Process; Expansion Activities; Combined Appendix. HHATP DOHM 92-24 Home Health Aide Scope of Tasks.
Additional Requirements	This Unit is comprised of the initial review of the manual as submitted by the agency and up to two revised manual reviews, together with all correspondence between the Contractor, the applicant and the Department related to three manual reviews, and all necessary data entry into Department systems.
Staff Training Requirements	None additional.
Unit is Complete When	Initial review is complete when (1) Manual is approved or (2) Correspondence is sent to the applicant requesting additional information, and all required data entry is completed. First and second follow-up reviews are complete when (1) Manual is approved or (2) Correspondence is sent to the applicant requesting additional information, and all required data entry is completed. This Unit is also complete when an applicant has been non-responsive to three letter inquiries from the Contractor, and the Department agrees that closure of the application is appropriate.
Historical Information	80 manual reviews per year on average: 30 initial manual reviews per year; 60-80 hours per manual; 1 reviewer; 50 follow-up reviews per year; 45-50 hours per review; 1 reviewer.

Unit # 12					
Adult Day Health Care Program Quality Activities					
Name of the Unit	Desk Audit				
Statutes and/or Regulations -- General Governance	10 NYCRR Part 425 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
	10 NYCRR Part 759 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
	10 NYCRR Part 415 – long term care sections http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
Description	Desk audit annually, utilizing the PSR (Program Survey Report); Full on-site survey once every three years.				
Type of Staff	Survey teams are multidisciplinary and include a nurse and / or other trained surveyor, dietitian or sanitarian. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.				
Minimum Qualifications	Nurse (RN)	Nutritionist	Sanitarian	Surveyor/MSW	Surveyor/BA
	Currently registered; One year survey experience.	Currently Registered dietitian; 3 years experience; 1 year public health experience.	30 credit hours natural sciences; 2 years field inspection experience.	Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	Throughout New York State. Current Contractor operates out of New York City and Syracuse.				
Reference Location to the Standard for the Unit	10 NYCRR Parts 425 and 759; Relevant portions of 10 NYCRR Part 415.				
Additional Requirements	SMQT certification required within 12 months after date of hire.				
Staff Training Requirements	No additional.				
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR				

Unit # 12	
Adult Day Health Care Program Quality Activities	
Name of the Unit	Desk Audit
	(4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC.
Historical Information	168 per year; One surveyor per audit; 10 hours per audit on average.

Unit # 13					
Adult Day Health Care Program Quality Activities					
Name of the Unit	Survey				
Statutes and/or Regulations -- General Governance	10 NYCRR Part 425 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
	10 NYCRR Part 759 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
	10 NYCRR Part 415 – long term care sections http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
Description	Desk audit annually, utilizing the PSR (Program Survey Report); Full on-site survey once every three years.				
Type of Staff	Survey teams are multidisciplinary and include a nurse and / or other trained surveyor, dietitian and sanitarian. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.				
Minimum Qualifications	Nurse (RN)	Nutritionist	Sanitarian	Surveyor/MSW	Surveyor/BA
	Currently registered; One year survey experience.	Currently Registered dietitian; 3 years experience; 1 year public health experience.	30 credit hours natural sciences; 2 years field inspection experience.	Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	Throughout New York State. Current Contractor operates out of New York City and Syracuse.				

Unit # 13	
Adult Day Health Care Program Quality Activities	
Name of the Unit	Survey
Reference Location to the Standard for the Unit	10 NYCRR Parts 425 and 759; Relevant portions of 10 NYCRR Part 415
Additional Requirements	SMQT certification required within 12 months after date of hire
Staff Training Requirements	No additional.
Unit is Complete When	<p>The first of the following events occurs:</p> <p>(1) The facility is found to be in substantial compliance at the time of the survey; OR</p> <p>(2) An SOD not requiring a POC is issued to the facility; OR</p> <p>(3) An acceptable POC is received by the Department; OR</p> <p>(4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC.</p> <p>If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.</p>
Historical Information	<p>Approximately 60 on-site surveys per year</p> <p>1 or 2 surveyors per survey</p> <p>75 hours per survey on average</p>

Unit # 14					
Adult Day Health Care Program Quality Activities					
Name of the Unit	Complaint Investigation				
Statutes and/or Regulations -- General Governance	1 0 N Y C R R P a r t 4 2 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
	1 0 N Y C R R P a r t 7 5 9 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
	10 NYCRR Part 415 – long term care sections http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm				
Description	Contractor will be responsible for investigating complaints against adult day health care programs.				
Type of Staff	Survey teams are multidisciplinary and include a nurse and / or other trained surveyor, dietitian and sanitarian. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.				
Minimum Qualifications	Nurse (RN) Currently registered; One year survey experience.	Nutritionist Currently Registered dietitian; 3 years experience; 1 year public health experience.	Sanitarian 30 credit hours natural sciences; 2 years field inspection experience.	Surveyor/MSW Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Surveyor/BA Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				
Location(S) of Work	Throughout New York State. Current Contractor operates out of New York City and Syracuse.				

Unit # 14	
Adult Day Health Care Program Quality Activities	
Name of the Unit	Complaint Investigation
Reference Location to the Standard for the Unit	10 NYCRR Parts 425 and 759; Relevant portions of 10 NYCRR Part 415.
Additional Requirements	SMQT certification required within 12 months after date of hire.
Staff Training Requirements	No additional.
Unit is Complete When	The complaint is closed on UCTS or ACTS (as appropriate), and all data entry is satisfactorily completed.
Historical Information	No more than 12 complaints requiring investigation are anticipated per year Bidder shall assume the same number of investigators and time frames as are assumed for nursing home complaint investigation

Unit # 15	
ICF/MR Quality Activities	
Name of the Unit	ICF/MR Federal Standard Survey
Statutes and/or Regulations -- General Governance	Title 1864 agreement between the State and CMS New York State Plan for Title XIX of the Social Security Act (Medicaid Agreement) 42 CFR Part 483 http://www.access.gpo.gov/nara/cfr/waisidx_07/42cfr483_07.html
Description	The Contractor will survey ICFs/MR in accordance with the federal standard below.
Type of Staff	Registered nurse, social worker or other qualified professional staff. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Recent clinical experience with mental retardation (MR) or developmental disability (DD) facilities; Current NYS license in the profession.
Preferred Qualifications	License and current registration in a clinical career or certification in healthcare administration; survey experience; MR/DD service system experience.
Required Certifications	No additional.
Location(S) of Work	Throughout New York State. Contractor will use Central Office in the Capital Region for a home base.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendix J.
Additional Requirements	None additional.
Staff Training Requirements	None additional.
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	15 surveys per year; 240.5 hours on average; 4.75 surveyors per survey.

Unit # 16	
ICF/MR Quality Activities	
Name of the Unit	ICF/MR Life Safety Code Review
Statutes and/or Regulations -- General Governance	42 CFR Part 483 http://www.access.gpo.gov/nara/cfr/waisidx_07/42cfr483_07.html
Description	The Contractor will survey ICFs/MR in accordance with the federal standard below.
Type of Staff	Life Safety Code Specialist or Sanitarian. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Training and/or experience in review or implementation of Life Safety Code Requirements.
Preferred Qualifications	Sanitarian; CMS Certification in Life Safety Code Review; 1 year survey experience in ICF/MR life safety code.
Required Certifications	No additional.
Location(S) of Work	Throughout New York State. Contractor will use Central Office in the Capital Region for a home base.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendix J.
Additional Requirements	No additional.
Staff Training Requirements	No additional.
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	15 reviews per year; 35.5 hours on average; 1 surveyor per review.

Unit # 17	
ICF/MR Quality Activities	
Name of the Unit	ICF/MR Extended Survey
Statutes and/or Regulations -- General Governance	CMS State Operations Manual, Appendix J. http://www.cms.hhs.gov/manuals/Downloads/som107ap j intermcare.pdf42
	CFR Part 483 http://www.access.gpo.gov/nara/cfr/waisidx_07/42cfr483_07.html
Description	The Contractor will survey ICFs/MR in accordance with the federal standard below.
Type of Staff	Registered nurse, social worker or other qualified professional staff. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Recent clinical experience with MR or DD facilities; Current NYS license in the profession.
Preferred Qualifications	One year survey experience of ICF/MR facilities; license and current registration in a clinical career or certification in healthcare administration.
Required Certifications	No additional.
Location(S) of Work	Throughout New York State. Contractor will use Central Office in the Capital Region for a home base.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendix J.
Additional Requirements	No additional.
Staff Training Requirements	No additional.
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	2 surveys per year; 121.75 hours on average per survey; 3 surveyors per survey.

Unit # 18	
ICF/MR Quality Activities	
Name of the Unit	On-Site Complaint Survey
Statutes and/or Regulations -- General Governance	42 CFR Part 483 http://www.access.gpo.gov/nara/cfr/waisidx_07/42cfr483_07.html
Description	The Contractor will survey ICFs/MR in accordance with the federal standard below.
Type of Staff	Registered nurse, social worker or other qualified professional staff. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Recent clinical experience with MR or DD facilities; Current NYS license in the profession.
Preferred Qualifications	One year survey experience of ICF/MR facilities; license and current registration in a clinical career or certification in healthcare administration.
Required Certifications	No additional.
Location(S) of Work	Throughout New York State. Contractor will use Central Office in the Capital Region for a home base.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendix J.
Additional Requirements	No additional.
Staff Training Requirements	No additional.
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	10 surveys per year; 36 hours on average per complaint survey; 1 or 2 surveyors per complaint survey.

Unit # 19	
ICF/MR Quality Activities	
Name of the Unit	Federal Revisit – Health
Statutes and/or Regulations -- General Governance	42 CFR Part 483 http://www.access.gpo.gov/nara/cfr/waisidx_07/42cfr483_07.html
Description	The Contractor will survey ICFs/MR in accordance with the federal standard below.
Type of Staff	Registered nurse, social worker or other qualified professional staff. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Recent clinical experience with MR or DD facilities; Current NYS license in the profession.
Preferred Qualifications	One year survey experience of ICF/MR facilities; license and current registration in a clinical career or certification in healthcare administration.
Required Certifications	No additional.
Location(S) of Work	Throughout New York State. Contractor will use Central Office in the Capital Region for a home base.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendix J.
Additional Requirements	No additional.
Staff Training Requirements	No additional.
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	20 health revisit surveys per year; 37.5 hours per health revisit survey on average; 2 surveyors per health revisit survey.

Unit # 20	
ICF/MR Quality Activities	
Name of the Unit	ICF/DD Certification Review
Statutes and/or Regulations -- General Governance	42 CFR Part 483 http://www.access.gpo.gov/nara/cfr/waisidx_07/42cfr483_07.html
	42 CFR Part 442 http://www.access.gpo.gov/nara/cfr/waisidx_07/42cfr442_07.html
Description	The Department certifies provider agreements for community based ICFs/DD licensed by OMRDD.
Type of Staff	Registered nurse, social worker or other qualified professional staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Recent clinical experience with MR or DD facilities; Current NYS license in the profession.
Preferred Qualifications	One year survey experience of ICF/MR facilities; license and current registration in a clinical career or certification in healthcare administration.
Required Certifications	No additional.
Location(S) of Work	Central Office in the Capital Region of New York State.
Reference Location to the Standard for the Unit	42 CFR Part 483; 42 CFR Part 442;
Additional Requirements	No additional.
Staff Training Requirements	No additional.
Unit is Complete When	When a provider agreement is issued or denied and all data has been transmitted to CMS through ACO.
Historical Information	650 per year; 1 person; 1.25 hours each review.

Unit # 21	
Nursing Home Quality Activities	
Name of the Unit	Federal Standard Survey
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugtf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to perform an annual survey each nursing home licensed by the State. The Contractor is responsible for all aspects of the survey process, including conducting the survey, producing written documentation, drafting SODs, assessing compliance with POCs, and monitoring facilities with immediate jeopardy or other serious concerns. Contractor is responsible for data entry as required into all federal and State reporting databases.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Throughout New York State. Contractor staff will be deployed in all four ROs and in Central Office.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	630 per year; 4.5 surveyors one or more of which may be State staff; 220.25 hours each survey. NOTE: 10% of all surveys must be staggered.

Unit # 22	
Nursing Home Quality Activities	
Name of the Unit	Extended Survey
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugetf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to perform an annual survey each nursing home licensed by the State. Each year there will be a need for extended surveys. The Contractor is responsible for all aspects of the survey process, including conducting the survey, producing written documentation, drafting SODs, assessing compliance with POCs, and monitoring facilities with immediate jeopardy or other serious concerns. Contractor is responsible for data entry as required into all federal and State reporting databases.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Throughout New York State. Contractor staff will be deployed in all four ROs and in Central Office.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	31 per year; 121.75 hours each survey; 4.5 surveyors for each survey.

Unit # 23	
Nursing Home Quality Activities	
Name of the Unit	Staggered Survey
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugetf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to perform an annual survey each nursing home licensed by the State. Staggered surveys are done outside of normal business hours, i.e. conducted on weekends and evenings. These surveys will be conducted in accordance with the federal standards below. Ten percent of all nursing home surveys must be staggered. The Contractor is responsible for all aspects of the survey process, including conducting the survey, producing written documentation, drafting SODs, assessing compliance with POCs, and monitoring facilities with immediate jeopardy or other serious concerns. Contractor is responsible for data entry as required into all federal and State reporting databases.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Throughout New York State. Contractor staff will be deployed in all four ROs and in Central Office.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	10% of all surveys must be staggered:

Unit # 23	
Nursing Home Quality Activities	
Name of the Unit	Staggered Survey
	63 per year; 4.5 surveyors per survey; 14.25 hours each survey.

Unit # 24	
Nursing Home Quality Activities	
Name of the Unit	On-site Complaint Survey
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menuegtf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to investigate complaints against nursing homes licensed by the State. On-site complaint investigation includes observation, interviews with patients, staff or family members, review of documents and medical records and review of quality data and facility policy and procedures. If during the investigative process the Contractor identifies a portion of the complaint that should be reviewed by another Unit within the Department, or by another State agency, the Contractor will make the referral according to the Unit policies and procedures. Contractor may issue SOD's and will be responsible for reviewing and accepting POC's. Additionally, Contractor, at the request of the Department, may participate in other surveillance activities as deemed necessary; i.e., surveys, pre-opening policy review, etc.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Throughout New York State. Contractor staff will be deployed in all four ROs and in Central Office. The current Contractor is assigned primarily to the MARO, but assignments may change as needs arise.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours.
Unit is Complete When	The complaint is closed on UCTS or ACTS (as appropriate), and all data entry is satisfactorily completed.
Historical Information	3624 per year; 1 to 2 surveyors which may be divided between State and Contractor; 18.75 hours each survey.

Unit # 25	
Nursing Home Quality Activities	
Name of the Unit	Partial Extended Survey
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugtf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Partial Extended Surveys are always conducted after substandard quality of care is found during an abbreviated standard survey or during a revisit. An abbreviated survey is a complaint survey that can also be extended and expanded into a partial extended survey if there is reasonable cause and increasing evidence of immediate jeopardy and or substandard quality of care. Contractor may issue SOD's and will be responsible for reviewing and accepting POC's. Additionally, Contractor, at the request of the Department, may participate in other surveillance activities as deemed necessary; i.e., surveys, pre-opening policy review, etc.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Throughout New York State. Contractor staff will be deployed in all four ROs and in Central Office.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	23 per year; 2 surveyors which may be divided between State and Contractor; 107.25 hours each survey.

Unit # 26	
Nursing Home Quality Activities	
Name of the Unit	Off-site Complaint Investigation
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugetf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to investigate complaints against nursing homes licensed by the State. Off-site complaint investigation includes telephone interviews and medical record reviews. Complaints may be closed by the Contractor or referred to a RO. If during the investigative process the Contractor identifies a portion of the complaint that should be reviewed by another Unit within the Department, or by another State agency, the Contractor will make the referral according to the Unit policies and procedures.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Contractor staff will be assigned to the Central Office but will be deployed throughout New York State to assist with on-site complaint investigations as needs arise.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The complaint is closed on UCTS or ACTS (as appropriate), and all data entry is satisfactorily completed.
Historical Information	3000 per year; 1 investigator for each complaint; 4.0 hours each complaint.

Unit # 27	
Nursing Home Quality Activities	
Name of the Unit	Federal Initial Survey
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugtf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to survey nursing homes licensed by the State. Initial surveys are conducted for the initial certification of skilled nursing facilities or nursing facilities. The tasks of both the traditional standard survey and the extended survey are performed. Contractor may issue SOD's and will be responsible for reviewing and accepting POC's. Additionally, Contractor, at the request of the Department, may participate in other surveillance activities as deemed necessary; i.e., surveys, pre-opening policy review, etc.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Throughout New York State. Contractor staff will be deployed in all four ROs and in Central Office.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	2 per year; 2 surveyors per survey; 85.25 hours each survey.

Unit # 28	
Nursing Home Quality Activities	
Name of the Unit	Federal Revisit -- Health
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugetf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to survey nursing homes licensed by the State. These surveys will be conducted in accordance with the federal standards below. Post survey-revisit: In accordance with State Operations Manual (SOM) §7317, the State agency conducts a revisit, as applicable, to confirm that the facility is in compliance and has the ability to remain in compliance. On-site revisits are generally necessary to ascertain whether the deficient practices have been corrected. The nature of the noncompliance dictates the scope of the revisit. Contractor may issue SOD's and will be responsible for reviewing and accepting POC's. Additionally, Contractor, at the request of the Department, may participate in other surveillance activities as deemed necessary; i.e., surveys, pre-opening policy review, etc.
Type of Staff	Registered professional nurse. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Throughout New York State. Contractor staff will be deployed in all four ROs and in Central Office.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.

Unit # 28	
Nursing Home Quality Activities	
Name of the Unit	Federal Revisit -- Health
Historical Information	680 per year; 4.5 surveyors per survey on average; 13.25 hours each survey.

Unit # 29	
Nursing Home Quality Activities	
Name of the Unit	Federal Revisit - Complaint
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugtf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to survey nursing homes licensed by the State. Federal Revisit for complaints are follow-up on-site visits intended to verify correction of deficiencies cited in a prior survey. Contractor may issue SOD's and will be responsible for reviewing and accepting POC's. Additionally, Contractor, at the request of the Department, may participate in other surveillance activities as deemed necessary; i.e., surveys, pre-opening policy review, etc.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Throughout New York State. Contractor staff will be deployed in all four ROs and in Central Office.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	355 per year; 1 to 2 surveyors which may be divided between State and Contractor; 11.25 hours each survey.

Unit # 30	
Nursing Home Quality Activities	
Name of the Unit	State Monitoring Visit
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugtf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to survey nursing homes licensed by the State. State Monitoring Visits are on-site visits conducted to ascertain compliance and quality of care for multiple reasons including but not limited to: Immediate Jeopardy situations, the occurrence of a disaster situation, facility closings, significant change in the size of the resident population and strikes. Strike Monitoring: A facility under strike is monitored for compliance of federal requirements, quality of care, and provision of care and services. The facility may be monitored as frequently as daily for the duration of the strike. Strikes are highly variable in their duration and specific to the facility's situation.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Throughout New York State. Contractor staff will be deployed in all four ROs and in Central Office.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.
Historical Information	43 monitoring visits per year; 1 surveyor except for strike monitoring;

Unit # 30	
Nursing Home Quality Activities	
Name of the Unit	State Monitoring Visit
	32.25 hours each survey. Historically, there have been one or two strikes per year; 2 surveyors for each strike; On average 35-40 hours per strike.

Unit # 31	
Nursing Home Quality Activities	
Name of the Unit	Federal Revisit -- Life Safety Code
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugtf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to survey nursing homes licensed by the State. Life safety code-revisit: In accordance with SOM §7317, the State agency conducts a revisit, as applicable, to confirm that the facility is in compliance and has the ability to remain in compliance with Life Safety Code. On-site revisits are generally necessary to ascertain whether the deficient practices have been corrected. The nature of the noncompliance dictates the scope of the revisit. Contractor may issue SOD's and will be responsible for reviewing and accepting POC's. Additionally, Contractor, at the request of the Department, may participate in other surveillance activities as deemed necessary; i.e., surveys, pre-opening policy review, etc.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Throughout New York State. Contractor staff will be deployed in all four ROs and in Central Office.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The first of the following events occurs: (1) The facility is found to be in substantial compliance at the time of the survey; OR (2) An SOD not requiring a POC is issued to the facility; OR (3) An acceptable POC is received by the Department; OR (4) Thirty days have passed since an SOD requiring a POC was issued and the facility has not responded, or has failed to produce an acceptable POC. If a revisit survey is required, this Unit is complete when the revisit survey is scheduled.

Unit # 31	
Nursing Home Quality Activities	
Name of the Unit	Federal Revisit -- Life Safety Code
Historical Information	476 per year; 1 to 2 surveyors each survey; 5.5 hours each survey.

Unit # 32	
Nursing Home Quality Activities	
Name of the Unit	Random Quality Assurance Audits
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugtf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Offsite Investigations.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Central Office in the NYS Capital Region
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	Review of documentation is completed, required reports are prepared and all required data are entered.
Historical Information	180 per year; 15 per month; 5.5 hours per investigation; 1 investigator.

Unit # 33	
Nursing Home Quality Activities	
Name of the Unit	Enforcements
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugetf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Related to completed surveys. Identification, referral and preparation and processing of NYS Section 12 enforcements. Includes maintenance of the enforcement database and timely reports to the Program Directors, Quality Assurance members, Office of Long Term Care, governor and Division of Residential Services director.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Central Office in the NYS Capital Region.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	The first of the following occurs: The matter is referred to the Division of Legal Affairs for action, or when a determination is made that referral is not appropriate.
Historical Information	100 per year; 6 hours each enforcement; 1 surveyor each enforcement.

Unit # 34	
Adult Day Health Care Program Quality Activities	
Name of the Unit	Complaint Intake
Statutes and/or Regulations -- General Governance	1 0 N Y C R R P a r t 4 2 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
	1 0 N Y C R R P a r t 7 5 9 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
	10 NYCRR Part 415 – long term care sections http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Receive complaints by telephone, by regular mail, by email, or by any other means. Prioritize and monitor complaint investigation and resolution.
Type of Staff	Nurse or other trained person.
Minimum Qualifications	High school graduate.
Preferred Qualifications	None.
Required Certifications	No additional.
Location(S) of Work	Throughout New York State. Current Contractor operates out of New York City and Syracuse.
Reference Location to the Standard for the Unit	10 NYCRR Parts 425 and 759; Relevant portions of 10 NYCRR Part 415.
Additional Requirements	No additional.
Staff Training Requirements	No additional.
Unit is Complete When	The complaint is opened on UCTS or ACTS (as appropriate), all required data are entered and the complaint is assigned for investigation.
Historical Information	Fewer than 12 complaints per year are anticipated. One Complaint Intake Surveyor per complaint. Bidder shall assume the time estimates for nursing home complaint intake when bidding this Unit.

Unit # 35	
Home Care Services Agency Quality Activities	
Name of the Unit	Home Care and Hospice Complaint Intake
Statutes and/or Regulations -- General Governance	Public Health Law Article 36 (Home Care Agencies) http://public.leginfo.state.ny.us/menugetf.cgi
	10 NYCRR Part 700 and Parts 760-766 (Home Care Agencies) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
	Public Health Law Article 40 (Hospice) http://public.leginfo.state.ny.us/menugetf.cgi
	10 NYCRR Parts 790-794 (Hospice) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	The Department licenses home care agencies including CHHAs, LHCSAs, limited LHCSAs and hospices. The Department licenses and certifies CHHAs and hospices for Medicare and Medicaid under contract with CMS. Contractor will be responsible for reviewing, triaging and processing complaints received by the Department against any home care agency licensed or certified by the Department.
Type of Staff	RN or MSW. One or more members of the team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Registered professional nurse currently licensed in NYS with a Bachelors degree in nursing and two years clinical or administrative experience.
Preferred Qualifications	As above with 2 years experience in clinical surveillance; and/or 2 years experience in quality assurance, utilization review or risk management; and/or 2 years clinical experience in long term care, hospital, adult care, home care or hospice programs.
Required Certifications	No additional.
Location(S) of Work	Contractor staff will be based in the Capital Region at Central Office.
Reference Location to the Standard for the Unit	Home Health Care Complaint Investigation Policies And Procedures, Complaint Manual Draft. Home Health Hotline Orientation Document.
Additional Requirements	Complaints may be received at complaint intake by telephone, by letter, by e-mail, through an intermediary, or by any other means. All complaints must be processed as described regardless of source.
Staff Training Requirements	No additional.
Unit is Complete When	The complaint is opened on UCTS or ACTS (as appropriate), all required data are entered and the complaint is assigned for investigation.
Historical Information	Estimated 300 complaints per year; On average 1 hour per complaint intake; 1 complaint intake worker per complaint.

Unit # 36	
Home Care Services Agency Quality Activities	
Name of the Unit	Home Care and Hospice Complaint Investigation
Statutes and/or Regulations -- General Governance	Public Health Law Article 36 (Home Care Agencies) http://public.leginfo.state.ny.us/menugtf.cgi
	10 NYCRR Part 700 and Parts 760-766 (Home Care Agencies) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
	Public Health Law Article 40 (Hospice) http://public.leginfo.state.ny.us/menugtf.cgi
	10 NYCRR Parts 790-794 (Hospice) http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Contractor may issue SOD's and will be responsible for reviewing and accepting POC's. Additionally, Contractor, at the request of the Department, may participate in other surveillance activities as deemed necessary; i.e., surveys, pre-opening policy review, etc.
Type of Staff	Registered professional nurse. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Registered professional nurse currently licensed in NYS with a Bachelors degree in nursing and two years clinical or administrative experience.
Preferred Qualifications	As above with 2 years experience in clinical surveillance; and/or 2 years experience in quality assurance, utilization review or risk management; and/or 2 years clinical experience in long term care, hospital, adult care, home care or hospice programs.
Required Certifications	None additional.
Location(s) of Work	Complaints are investigated by Contractor staff assigned to the various ROs, or dispatched from Central Office. Most of this activity takes place in MARO.
Reference Location to the Standard for the Unit	Home Health Care Complaint Investigation Policies And Procedures, Complaint Manual Draft. Home Health Hotline Orientation Document.
Additional Requirements	None additional.
Staff Training Requirements	None additional.
Unit is Complete When	The complaint is closed on UCTS or ACTS (as appropriate), and all data entry is satisfactorily completed.
Historical Information	Approximately 300 complaints per year: 150 off-site investigations (generally performed in Central Office); 6 hours per investigation; 1 investigator per complaint; 150 on-site investigations (issued from the ROs); 10-12 hours per investigation; 1 investigator per complaint.

Unit # 37	
Medicaid Waiver Related Quality Activities	
Name of the Unit	Complaint Intake Related to Care At Home Waivers
Statutes and/or Regulations -- General Governance	1915c of the Federal Social Security Act (42 USC § 1396n) http://uscode.house.gov/pdf/2005/2005usc42pt1.pdf
	NYS Social Service Law 52A; http://public.leginfo.state.ny.us/menuetf.cgi
	18 NYCRR (Medicaid); http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm
	NYS Public Health Law Article 36 http://public.leginfo.state.ny.us/menuetf.cgi
	10 NYCRR Part 415 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Contractor will be responsible for reviewing, triaging and processing complaints received by the Department on behalf of any waiver participant in accordance with standards set forth in the waiver application.
Type of Staff	Registered professional nurse currently licensed in NYS with a Bachelors degree in nursing and two years clinical or administrative experience. MSW
Minimum Qualifications	Registered professional nurse with a bachelor's degree in nursing or a registered professional nurse with a minimum of 2 years of home care experience; Master Degree Social Worker with one year of experience with a home and community based population.
Preferred Qualifications	As above with 2 years experience in clinical surveillance; and/or 2 years experience in quality assurance, utilization review or risk management; and/or 2 years clinical experience in long term care, hospital, adult care, home care or hospice programs.
Required Certifications	No additional.
Location(S) of Work	Complaint intake will generally occur at Central Office in the capital region of New York, but may occur at any location to which the Department assigns Contractor staff to work.
Reference Location to the Standard for the Unit	There is no specific procedure associated with complaint intake for CAH waivers. Contractor staff receiving complaints related to CAH waiver services will use the home care complaint intake procedures.
Additional Requirements	Complaints may be received by telephone, by letter, by e-mail, through an intermediary, or by any other means. All complaints must be processed as described regardless of source. Staff must adhere to all NYS laws pertinent to mandated abuse reporting.
Staff Training Requirements	As offered by the Department pertinent to the waiver.
Unit is Complete When	The complaint is opened, all required data are entered into the appropriate system and the complaint is assigned for investigation.
Historical Information	Anticipated 50 per year. Each intake is estimated to need 1.0 hours including any required data entry; 1 complaint intake worker per complaint.

Unit # 38	
Medicaid Waiver Related Quality Activities	
Name of the Unit	Complaint Intake Related to Long Term Home Health Care Waiver Program
Statutes and/or Regulations -- General Governance	1915c of the Federal Social Security Act (42 USC § 1396n) http://uscode.house.gov/pdf/2005/2005usc42pt1.pdf
	NYS Social Service Law 52A; http://public.leginfo.state.ny.us/menugetf.cgi
	18 NYCRR (Medicaid); http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm
	NYS Public Health Law Article 36 http://public.leginfo.state.ny.us/menugetf.cgi
	10 NYCRR Part 415 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Contractor will be responsible for reviewing, triaging and processing complaints received by the Department on behalf of any waiver participant in accordance with standards set forth in the waiver application.
Type of Staff	RN or MSW. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	RN with a bachelor's degree in nursing;
Preferred Qualifications	RN with a bachelor's degree in nursing and a minimum of 2 years of home care experience; MSW with one year of experience with a home and community based population.
Required Certifications	No additional.
Location(S) of Work	Complaint intake will generally occur at Central Office in The Capital Region, NY, but may occur at any location to which the Department assigns Contractor staff to work.
Reference Location to the Standard for the Unit	Long Term Home Health Care Program Complaint Process.
Additional Requirements	Complaints may be received at complaint intake by telephone, by letter, by e-mail, through an intermediary, or by any other means. All complaints must be processed as described regardless of source. Staff must adhere to all NYS laws pertinent to mandated abuse reporting.
Staff Training Requirements	As offered by the Department pertinent to the waiver.
Unit is Complete When	The complaint is opened, all required data are entered into the appropriate system and the complaint is assigned for investigation.
Historical Information	Anticipated to be up to 25% of the waiver population of 27,000; Each intake is estimated to need 1.0 hours including any required data entry; 1 complaint intake worker per complaint.

Unit # 39	
Medicaid Waiver Related Quality Activities	
Name of the Unit	Complaint Intake Related to Nursing Home Transition and Diversion Waiver
Statutes and/or Regulations -- General Governance	1915c of the Federal Social Security Act (42 USC § 1396n) http://uscode.house.gov/pdf/2005/2005usc42pt1.pdf
	NYS Social Service Law 52A; http://public.leginfo.state.ny.us/menugetf.cgi
	18 NYCRR (Medicaid); http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm
	NYS Public Health Law Article 36 http://public.leginfo.state.ny.us/menugetf.cgi
	10 NYCRR Part 415 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Contractor will be responsible for reviewing, triaging and processing complaints received by the Department on behalf of any waiver participant in accordance with standards set forth in the waiver application.
Type of Staff	RN or MSW. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	RN with a bachelor's degree in nursing; MSW
Preferred Qualifications	RN with a bachelor's degree in nursing and a minimum of 2 years of home care experience; MSW with one year of experience with a home and community based population.
Required Certifications	No additional.
Location(S) of Work	Complaint intake will generally occur at Central Office in The Capital Region, NY, but may occur at any location to which the Department assigns Contractor staff to work.
Reference Location to the Standard for the Unit	There is no specific procedure associated with complaint intake for NHTD waivers. Contractor staff receiving complaints related to NHTD waiver services will use the TBI complaint intake procedures.
Additional Requirements	Complaints may be received at complaint intake by telephone, by letter, by e-mail, through an intermediary, or by any other means. All complaints must be processed as described regardless of source. Staff must adhere to all NYS laws pertinent to mandated abuse reporting.
Staff Training Requirements	As offered by the Department pertinent to the waiver.
Unit is Complete When	The complaint is opened, all required data are entered into the appropriate system and the complaint is assigned for investigation.
Historical Information	Anticipated 100 per year; Each intake is estimated to need 1.0 hours including any required data entry; 1 complaint intake worker per complaint.

Unit # 40	
Medicaid Waiver Related Quality Activities	
Name of the Unit	Complaint Intake Related to Traumatic Brain Injury Waiver
Statutes and/or Regulations -- General Governance	1915c of the Federal Social Security Act (42 USC § 1396n) http://uscode.house.gov/pdf/2005/2005usc42pt1.pdf
	NYS Social Service Law 52A; http://public.leginfo.state.ny.us/menugetf.cgi
	18 NYCRR (Medicaid); http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm
	NYS Public Health Law Article 36 http://public.leginfo.state.ny.us/menugetf.cgi
	10 NYCRR Part 415 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Contractor will be responsible for reviewing, triaging and processing complaints received by the Department on behalf of any waiver participant in accordance with standards set forth in the waiver application.
Type of Staff	RN or MSW.. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	RN with a bachelor's degree in nursing; or MSW
Preferred Qualifications	RN with a bachelor's degree in nursing or with a minimum of 2 years of home care experience; MSW with one year of experience with a home and community based population.
Required Certifications	No additional.
Location(S) of Work	Complaint intake will generally occur at Central Office in the Capital Region of NY, but may occur at any location to which the Department assigns Contractor staff to work.
Reference Location to the Standard for the Unit	TBI Medicaid Waiver Complaint Line Protocol
Additional Requirements	Complaints may be received at complaint intake by telephone, by letter, by e-mail, through an intermediary, or by any other means. All complaints must be processed as described regardless of source. Staff must adhere to all NYS laws pertinent to mandated abuse reporting.
Staff Training Requirements	As offered by the Department pertinent to the waiver.
Unit is Complete When	The complaint is opened, all required data are entered into the appropriate system and the complaint is assigned for investigation.
Historical Information	Anticipated 300 per year; Each intake is estimated to need 1.0 hours including any required data entry; 1 complaint intake worker per complaint.

Unit # 41	
Nursing Home Quality Activities	
Name of the Unit	Complaint Intake
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menugtf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Pursuant to the State's agreement with CMS, the Department is required to investigate complaints against nursing homes licensed by the State. Complaint intake will be conducted in accordance with the federal standards below. After intake complaints will be referred to the ROs or other Contractor staff as appropriate for investigation. In addition the Contractor Staff assigned to the Complaint Intake Program will be responsible for written responses to consumer requests and concerns related to the delivery of care and services provided by nursing homes. This bid Unit should cover both complaint intake and other consumer concerns.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Contractor complaint intake staff will be assigned to Central Office and will be responsible for the intake of nursing home complaints for all of New York State, as well as consumer requests and concerns related to the delivery of care and services provided by nursing homes.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours
Unit is Complete When	For Complaints: The complaint is opened on UCTS or ACTS (as appropriate), all required data are entered and the complaint is assigned for investigation. For Consumer Concerns: All required data are entered in the appropriate system and the concern has been assigned to the appropriate person for action.
Historical Information	8800 complaints per year; 1 surveyor per intake. Some intake may be performed by State staff; 1.25 hours each complaint. Consumer concerns will be received in the same manner and subject to the same procedure as complaints. These activities are estimated to be less 100 per year, and should take 1 surveyor, on average 1.25 hours to resolve.

Unit # 42	
Nursing Home Quality Activities	
Name of the Unit	Informal Dispute Resolution
Statutes and/or Regulations -- General Governance	Public Health Law Article 28 http://public.leginfo.state.ny.us/menusetf.cgi
	1 0 N Y C R R P a r t 4 1 5 http://www.nyhealth.gov/nysdoh/phforum/nycrr10.htm
Description	Related to completed surveys. In accordance with SOM §7212 the State must offer facilities an informal opportunity to dispute cited deficiencies. Disputes are reviewed, and in the process, the State makes a determination of non-compliance or recommends changes to the deficiency, based on facility information submitted and regulatory review.
Type of Staff	RN. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Current license in NYS; and 2 years experience performing utilization review, claims adjudication, medical review, fraud investigation; surveillance or monitoring activities; OR 3 years clinical or administrative experience in a medical facility; OR Bachelors degree in nursing and two years of clinical or administrative experience in a medical facility.
Preferred Qualifications	2 years experience in clinical surveillance; and 2 years experience in quality assurance, utilization review or risk management; and 2 years clinical experience in long term care, hospital, ICF/MR, adult care or home health care; and SMQT certification.
Required Certifications	All Contractor staff performing this function must obtain SMQT certification within 12 months after employment by the Contractor. Contractor must be able to document each employee's appropriate certification.
Location(S) of Work	Central Office in the NYS Capital Region
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendices P, PP, Q, and R.
Additional Requirements	No additional.
Staff Training Requirements	Web-based Basic Health Facility Surveyor Training – approximately 15 hours.
Unit is Complete When	When the informal dispute resolution procedure is finished and all required documentation has been prepared and recorded.
Historical Information	Approximately 175 reviews per year: 75 in the ROs annually; 7.5 hours each; Each review requires 1 surveyor per resolution' 100 in central office; 3.5 hours each; Each review requires 1 surveyor per resolution.

Unit # 43	
ICF/MR Quality Activities	
Name of the Unit	ICF/MR Complaint Intake and Investigation
Statutes and/or Regulations -- General Governance	42 CFR Part 483 http://www.access.gpo.gov/nara/cfr/waisidx_07/42cfr483_07.html
Description	Contractor will be responsible for reviewing, triaging and processing consumer care and environmental complaints received by the Department against any ICF/MR, in accordance with the standard below.
Type of Staff	Registered nurse, social worker or other qualified professional staff. One or more members of a survey team may be State staff. Bidder must prepare the Unit price as if ALL members of the survey team are Contractor staff. See Section C.2, General Conditions, of this RFP for additional information.
Minimum Qualifications	Recent clinical experience with MR or DD facilities; Current NYS license in the profession.
Preferred Qualifications	One year survey experience of ICF/MR facilities; license and current registration in a clinical career or certification in healthcare administration
Required Certifications	No additional.
Location(S) of Work	Central Office in the Capital Region of New York State.
Reference Location to the Standard for the Unit	CMS State Operations Manual, Appendix J
Additional Requirements	No additional.
Staff Training Requirements	No additional.
Unit is Complete When	The complaint is timely opened on UCTS or ACTS (as appropriate), all required data are entered and the complaint is assigned for investigation and the complaint is closed on UCTS or ACTS (as appropriate), and all data entry is satisfactorily completed.
Historical Information	Approximately 25 complaints investigated annually; 18 hours per complaint intake and investigation; 1 surveyor per complaint investigation.

Unit # 44					
Adult Care Facility Quality Activities					
Name of the Unit	ACF Complaint Intake, including ALR, EALR, SNALR and ALP				
Statutes and/or Regulations -- General Governance	Social Services Law (SSL) Section 2 (ACF) http://public.leginfo.state.ny.us/menugetf.cgi				
	Social Services Law Article 7 (ACF) http://public.leginfo.state.ny.us/menugetf.cgi				
	18 NYCRR Subpart D, Parts 485-490 (ACF) http://www.nyhealth.gov/nysdoh/phforum/nyccr18.htm				
	18 NYCRR Part 494 (ALP) http://www.nyhealth.gov/nysdoh/phforum/nyccr18.htm				
	Public Health Law Article 46-B (ALR) http://public.leginfo.state.ny.us/menugetf.cgi				
	10 NYCRR Part 1001 (ALR) http://www.nyhealth.gov/nysdoh/phforum/nyccr10.htm				
Description	Receive complaints by telephone, by regular mail, by email, or by any other means. Prioritize and monitor complaint investigation and resolution.				
Type of Staff	Nurse or any other trained person from the list below as selected by the Department.				
	Nurse (RN)	Nutritionist	Sanitarian	Surveyor/MSW	Surveyor/BA
Minimum Qualifications	Currently registered; One year survey experience.	Currently Registered dietitian; 3 years experience; 1 year public health experience.	30 credit hours natural sciences; 2 years field inspection experience.	Bachelors degree in social work plus 30 graduate credits; OR Bachelors degree in guidance plus 2 years social work experience; OR Masters degree in guidance plus 1 year social work experience.	Bachelor's degree and 2 years experience in: a regulated health care facility; OR regulatory compliance and/or QA in a health care delivery system; OR supervision of staff that provide health related services; OR evaluating the quality of care and compliance with regulations.
Preferred Qualifications	2 years clinical experience; Bachelors degree.			Masters degree in social work.	Master's degree in health care administration, hospital administration, or health care finance.
Required Certifications	No additional.				

Unit # 44	
Adult Care Facility Quality Activities	
Name of the Unit	ACF Complaint Intake, including ALR, EALR, SNALR and ALP
Location(S) of Work	Complaint intake will generally occur at Central Office in the Capital Region of New York, but may occur at any location to which the Department assigns Contractor staff to work.
Reference Location to the Standard for the Unit	Adult Care Facility Quality and Surveillance Operations Manual – Complaint Process.
Additional Requirements	None additional.
Staff Training Requirements	None additional.
Unit is Complete When	The complaint is opened on UCTS or ACTS (as appropriate), all required data are entered and the complaint is assigned for investigation.
Historical Information	1058 Complaints received in 2007; 1.0 hour each complaint on average; 1 complaint intake surveyor per complaint.

D. PROPOSAL REQUIREMENTS

1. Overview

Bidders are alerted to read all of the instructions in Part D before attempting to complete any Proposal under this RFP.

This section provides directions to Bidders in preparing Proposals in response to the Components of this RFP. The Requirements for all Components are set forth in Part C: Detailed Specifications, Section 3. The following material provides requirements for the contents of the Technical Proposal and Cost Proposal for each Component.

BIDDERS MAY NOT PLACE ANY CONDITIONS, RESERVATIONS, LIMITATIONS, OR SUBSTITUTIONS IN THEIR PROPOSAL WITH REGARD TO THE CONTRACT LANGUAGE.

2. Technical Proposal

These instructions apply to all Components. Forms for each Component are provided in the various attachments to this RFP and are different for each Component. See Attachments F and G for the required forms for each Component. The Forms in Attachment F include an optional checklist that Bidders may use to help organize their Proposals. Each form is labeled for the Component(s) to which it applies. If there are any inconsistencies between Section D and any other part of this RFP, the instructions in Section D will control.

Bidders are to develop and include in their Technical Proposals for all Components a detailed start-up plan, a deliverable schedule and ongoing plan for implementing the quality assurance activities, as applicable to the Component bid, and detailed in this Part of this RFP. The Proposal must address all requirements set forth in Section C.3, as applicable, and the requirements of this Part. The Bidder is required to provide evidence to support and demonstrate the effectiveness of the specific approaches it will use to conduct the defined quality assurance activities of the Component bid. The Bidder must demonstrate its ability to meet the program requirements and goals and objectives of the Component bid.

Bidders are to develop and include in their Proposal a plan for implementing the quality assurance activities and data security responsibilities as set forth in the RFP, related to the Component bid. The Proposal should address all aspects of the Scope of Work for each Component bid and reflect an understanding of the scope and purpose of the Department's quality assurance activities and of the need for the various tasks required under the contract for each Component.

The Technical Proposal for each Component bid should include separate

tabbed sections, presented in the order below:

Bidders bidding on all Components should submit a separate, complete Proposal for each Component.

Required materials:

- Transmittal Letter
- Table of Contents
- Executive Summary
- Goals and Objectives
- Scope of Work and Quality Assurance Process
- Work plan and deliverable schedule
- Organizational Experience and Personnel
- Specific Skills and Experience
- Data Security and Reporting
- Quality Assurance Plan
- Technical Proposal Forms (Attachment F)
 - TP 1 – Direct Staffing
 - TP 2 – Indirect Staffing
 - TP 3 – Quality Assurance Plan
- Units Proposal (Forms TP 4)
- SubContractor Letter of Intent.

This section should also include the following documents, which may be included in a separate binder from the previous parts, but should still be separately tabbed and the pages separately numbered. If applicable, the bidder may submit one set of documents covering multiple components in this section.

Curricula Vitae, Licenses and Certifications

- HIPAA Procedures and Medicaid Confidentiality (Attachments O and P)
- Financial Statements
- Vendor Responsibility materials
- Proof of incorporation or other organizational documents
- References.

Each section in the Technical Proposal for each Component must include, at a minimum, the items listed in this Section in the order presented. Proposals shall be direct, clear, and concise. No reference to, or inclusion of, pricing information shall appear in any section of the Technical Proposal. Each Technical Proposal (including all copies thereof) should meet the following general format requirements:

- Use letter size paper (8.5 x 11 inch), single sided text;
- Submit in three (3) ring binders, unless otherwise specified;
- Use tab dividers for each section of the Proposal;
- Clearly number pages of the Proposal, with each section of the Proposal separately numbered and identified in the Table of Contents.

Submit three copies on separate Flash Drives. These electronically readable Flash Drives must include a complete copy of the application to proposal, readable in Adobe's pdf format.

a. Transmittal Letter

The transmittal letter should be submitted on the official business letterhead of the Bidder proposing to be the prime Contractor and must be signed by an individual legally authorized to bind the Bidder to the Proposal and to a contract. There is no set form for the Transmittal Letter, but it should include the following:

- The name and number of the Component bid as described in Part A of this RFP;
- A statement that the Bidder accepts the terms and conditions as stated in the RFP for the Component bid; and
- A statement that the Bidder will be responsible to the Department for performance of all work specified in the RFP for the Component bid, including work assigned to subContractors.
- In addition to the Transmittal Letter, the Bidder must include the Bidder's Assurance Form (Attachment D), signed on behalf of the Bidder by an authorized individual who attests that the assurances are true and accurate.

If the use of sub Contractors is proposed, a letter from each proposed sub Contractor, on the subContractor's company letterhead, should be included with the Transmittal Letter and should be signed by an individual authorized to legally bind the proposed sub Contractor, stating:

- The general scope of work to be performed by the subContractor and the subContractor's willingness to perform the work;
- The willingness of the subContractor to accept and abide by the terms and conditions of the RFP for the Component bid, including all confidentiality required; and
- The subContractor has no conflict of interest with respect to conducting the duties and responsibilities of the RFP for the Component bid.

b. Table of Contents

The Technical Proposal should contain a Table of Contents that includes beginning page numbers for each section and subsection of the Proposal.

c. Executive Summary

The Executive Summary will condense and highlight the contents of the Bidder's Technical Proposal to provide the Department with a broad understanding of the entire Technical Proposal for the Component bid, and summarize the Bidder's understanding of the goals and objectives of the Component bid.

The Executive Summary will include a clear and concise summary of the proposed approach to the Scope of Work, the proposed staffing structure and overall organization experience. The Executive Summary should generally describe the capabilities and planned roles of any proposed subcontractor(s).

The Executive Summary should not exceed three (3) printed pages, single spaced, font size no smaller than 10 point. Pages in addition to 3 will be removed before the Proposal is reviewed by the Department.

d. Goals and Objectives

The Department's overall quality assurance goals and objectives for the activities covered by the Component bid are discussed in Part C: Detailed Specifications, Section 3 for the Components in this Part, and generally throughout the RFP. In summary, the Department is interested in operating an effective quality assurance system to assure that the health care providers covered operate in conformity with State and federal law and Department regulations, and that complaint intake and investigation and information referral is conducted efficiently and timely in a seamless manner, benefiting the consumer, the providers and the Department.

e. Understanding of Work

The Proposal should reflect an understanding of the scope and purpose of the Department's quality assurance activities and of the need for the various tasks required under each Component of the contract including access to and understanding the environment in which the surveillance, complaint, and information referral programs function, including an understanding of HIPAA requirements and Medicaid privacy and confidentiality as they apply to each Component this RFP.

f. Work Plan and Deliverable Schedule

The Bidder will be required to set forth a detailed work plan which describes how it proposes to implement and manage the activities of the Component bid. The Workplan is a general and comprehensive document, distinguished from the specific requirements that the Bidder is required to address for each of the Units.

For **Component 1, 2, 3, 4, (Units # 1 through #44)**, inclusive, and comprising activities in the following programs:

- **Adult Care Facility Quality Activities (Component 1)**
 - Complete Inspection – ACF, ALR, SNALR (unit #1)
 - Complete Inspection EALR (unit #2)
 - Partial ACF Inspection, including ALR, EALR, SNARL (unit #3)
 - ACF Complaint Investigation Survey, including ALR, EALR, SNALR, ALP (unit #4)
 - ACF Pre-opening Survey, including ALR and ALP (unit #5)
 - Questionable Operations (Q-Op) Investigation (unit #6)
 - ACF Death Investigations (unit #7)
 - Monitoring Facility Closure (unit #8)

- **Home Care Services Agency Quality Activities (Component 2)**
 - LHCSA Routine Operational Survey (unit #9)
 - LHCSA Pre-opening Survey (unit #10)
 - LHCSA Policy and Procedure Manual Review (unit #11)

- **Adult Day Health Care Program and Nursing Homes Quality Activities (Component 3)**
 - Desk Audit (unit #12)
 - Survey (unit #13)
 - Complaint Investigation (unit #14)
 - ICF/MR Federal Standard Survey (unit #15)
 - ICF/MR Life Safety Code Review (unit #16)
 - ICF/MR Extended Survey (unit #17)
 - On-Site Complaint Survey (unit #18)
 - Federal Revisit – Health (unit # 19)
 - ICF/DD Certification Review (unit #20)

- **Nursing Homes Quality Activities**
 - Federal Standard Survey (unit #21)
 - Extended Survey (unit #22)
 - Staggered Survey (unit #23)
 - On-Site Complaint Survey (unit #24)
 - Partial Extended Survey (unit #25)
 - Off-site Complaint Investigation (unit #26)
 - Federal Initial Survey (unit #27)
 - Federal Revisit- Health (unit #28)
 - Federal Revisit – Complaint (unit #29)
 - State Monitoring Visit (unit #30)
 - Federal Revisit – Life Safety Code (unit #31)

- **Complaint Intake (Component 4)**
 - Random Quality Assurance Audits (unit #32)
 - Enforcements (unit #33)
 - Adult Day Health Care Program Complaint Intake (unit #34)
 - Home Care and Hospice Complaint Intake (unit #35)
 - Home Care and Hospice Complaint Investigation (unit #36)

- Complaint Intake Related to Care At Home Waivers (unit #37)
- Complaint Intake Related to LTHHC Waiver Program (unit #38)
- Complaint Intake Related to NHTD Waiver (unit #39)
- Complaint Intake Related to TBI Waiver (unit #40)
- Nursing Home Quality Activities Complaint Intake (unit #41)
- Nursing Home Informal Dispute Resolution (unit #42)
- ICF/MR Complaint Intake and Investigation (unit #43)
- ACF Complaint Intake, including ALR, EALR, SNALR and ALP (unit #44)

The work plan for the Component bid should fully describe how the Bidder will carry out the required reviews set forth in Part C: Detailed Specifications, Section 3. This should include at a minimum separately numbered Workplan sections following the numbered sections below:

- i. Start up activities. If no start-up activities are anticipated, the Bidder must so state in this section;
- ii. An effective system for undertaking and timely completion of all survey, complaint investigation, complaint intake and information and referral activities described in the Component bid of this RFP;
- iii. Methods, policies and procedures, etc., for conducting these activities. Where appropriate, provide data and/or evidence based on past experience, published data, or other appropriate information, etc. to justify a specific approach or decision on the conduct of specific activities;
- iv. Copies of forms (other than those provided by the Department) that the Bidder proposes to use in completing the survey, complaint investigation, complaint intake and information and referral for recording decisions, findings, data input documents/formats, etc.;
- v. Description of the roles and responsibilities, by title, for Contractor staff carrying out the survey, complaint investigation, complaint intake and information and referral functions. Indicate which Contractor staff are responsible for what tasks and decisions, including the proposals for the provision of supervision of those activities for which the Department requires the Contractor to provide supervision. See forms in Attachment F for the purpose of reporting this information;
- vi. Copies of formats for reporting findings to the Department other than those provided by and required by the Department;
- vii. Description of how the Contractor will develop and maintain

links and communication with the Department including a system for transmitting ongoing review activity and required periodic reports, feedback changes in policy and procedures, etc.;

- viii. Each Unit includes a description of the location within the State where the Unit activities will occur. Describe how the Contractor will assure the availability of staff to perform activities in diverse parts of the State;
- ix. Description of internal control program including oversight and monitoring of any subcontractors, if applicable, of the Component bid;
- x. A time line for projected annual activities over the life of the contract;

g. Organization, Experience and Personnel

The Bidder should describe in detail their organizational structure including an organizational chart and the background and experience of its officers and executive staff as well as key staff assigned to the specific Component bid of this RFP.

The Proposal should describe and demonstrate the Bidder's experience in conducting the activities described in the Component bid of the RFP, and other relevant activities. Moreover, the Bidder should demonstrate that the personnel have extensive experience and expertise in the activities which they will be performing.

All evidence used in the Proposal for the Component bid regarding the Bidder's experience should be documented and justified. Evidence based on current or past performance should be substantiated. Proven success in conducting activities relevant to the requirements set forth in Part C, Detailed Specifications, Section 3 for the Components should be discussed.

The Bidder's experience should be evaluated. Experience gained within the last five year period should be included and will be considered most relevant. The Bidder is required to provide a list of current contracts for similar work.

In addition to being evaluated as part of the General Technical Review, experience and capability will be evaluated in the context of each individual Unit response as described in Part C and in paragraph h.ii of this Part.

h. Specific Skills and Experience That Must Be Demonstrated

i. *General Requirements*

The Bidder's reported experience shall be evaluated based on how relevant this experience is to the Scope of Work to be performed in the

Component bid. Experience gained within five years should be included and will be considered most relevant. This information may be used by the Department as part of an overall evaluation of the Bidder's capabilities and experience for the Component to which such contracts relate.

The Bidder's Proposal shall contain a section that describes the educational background, professional experience, and special qualifications of the key personnel to be involved in each Unit included in the Components of the contract resulting from each Component bid. The Proposal shall specify how the personnel will be utilized and the percentage of time they will devote to each Unit of each Component of the contract.

The Bidder's Proposal shall describe the types and specialties of nurses and social workers who will be performing surveys and complaint intake, investigation and resolution and their availability to perform such reviews. The Proposal must describe the educational background, experience and special qualifications of supervisory staff to be involved in each Unit of the Component requiring supervisory staff. The Proposal must include a plan for the distribution of Contractor staff among the various Units of the Component bid. If the Bidder is bidding on the Components of this RFP, this distribution plan must demonstrate how the Contractor staff will be allocated across Components.

The Proposal must include the educational background, experience and special qualifications of consultants to be involved in each Unit of the contract as well as those of any proposed subcontractor.

ii. *Requirements for All Units of Service.*

In preparing this section, the discussion and documentation of the Bidder's skills and experience as described above must explicitly address the Bidder's experience with appropriate provider types and Unit requirements. Ambiguity or vagueness will not be interpreted in the Bidder's favor and may result in a lower score for the Proposal.

For each Unit in each Component (1,2,3,and/or 4) the Bidder must discuss and document its skills and experience with the following during the previous five year period. If a particular skill or experience is applicable to more than one Unit, the Bidder need not repeat the demonstration for each applicable Unit, but must list in its demonstration all the Units to which the skill applied and upon which the Bidder expects the Department to rely in assessing the Bidders qualifications related to each particular Unit. Bidder must use Attachment F, Form TP-4, for each Unit to provide this information.

- > Interpreting and applying statutes, rules, regulations, and policies and procedures appropriate to the Unit(s) and

representative of the appropriate provider types located in New York State and/or elsewhere. For example, when bidding on Unit 1 ACF Survey, discuss and document experience with ACFs and/or other similar providers appropriate to the Unit; and

- > Performing survey, inspection, and other quality assurance activities as appropriate to the Unit in New York State and/or elsewhere.

Relevant skills and experience could include, for example:

- Performing accreditation surveys and determinations;
- Providing consultant services on maintaining compliance with statutes, rules and regulations;
- Providing advice and/or representation on survey, licensure, certification and recertification processes and issues;
- Providing consulting services on quality assurance processes to those local, State or federal governmental agencies responsible for licensure and/or certification of health care providers;
- Contracting with local, State and/or federal licensure or certification agencies to conduct statutorily or regulatory required quality assurance activities;
- Answering questions and responding to more complex inquiries over the telephone;
- Interviewing persons with questions or complaints about quality of care;
- Establishing priorities when triaging calls.

The Bidder must provide the following information relative to each Unit of service. Please use Form TP-4, Attachment F. For example, for nursing home surveillance activities the Bidder must show past experience with nursing home surveillance, etc. The Bidder must document:

- That the Bidder has at least three years' experience in conducting each of the Units of service by describing the Bidders experience with each activity in the Unit;
- That, in the absence of direct New York State experience in any of the activities, Bidder demonstrates success in providing similar services in Government programs with survey and investigation responsibilities for each Unit of service activity for which the Bidder lacks New York experience. The Bidder shall describe the relevance of out of state experience to New York State's requirements, rules and regulations;
- Bidder's ability to recruit and hire professional health care staff with the qualifications required by the various Units of service in the Component bid.

iii. *Requirements for Federal Quality Activities.*

For Units involving federally required survey, complaint or referral activities, Bidder must document (using Form TP-4, Attachment F):

- The percentage of Contractor staff to be dedicated to survey and complaint investigation activities who are or will be SMQT certified and ready to conduct surveys, certifications and complaint investigations at the time the contract is effective on July 1, 2011;
- Bidder's history of ability to provide for such certification for all Contractor staff not certified as of July 1, 2011, during the period between 6 and 12 months after hire for each Contractor staff member;
- Bidder must include a description of strategy to assure SMQT staff availability during the term of the contract, so that a sufficient number of such staff will be available to perform federal Unit services throughout each contract year.

iv. *Other Contracts in which the Bidder is a Participant.*

For each client or organization with whom the Bidder has contracted to perform work related or similar to that described in this RFP, including CMS, please provide:

- The name, address and telephone number of the client or organization;
- The name, title and telephone number of an employee at this organization familiar with Bidder's performance. Please provide current and correct information, as reviewers may contact such organizations to verify and collect additional information about the Bidder. Providing incorrect information may result in disqualification of the Bidder's Proposal(s);
- A statement whether the client or organization is a local, state or federal government entity;
- A description of the work that the Bidder contracted to perform related to the Units of work described above;
- The term of such contract including the specific start and end dates; and
- Information regarding any litigation that arose concerning the work described in such contract. Please identify the litigants, the issues in dispute, the current status of any pending litigation, and the outcome of any concluded litigation.

v. *Requirements Related to Organizations that Accredite Health Care Providers.*

If the Bidder is an organization that accredits health care providers, list the types of providers accredited and explain if the experience with accreditation of these providers is relevant to the subject of each of the Units in the Component. For each provider type accredited, provide the following:

- A description of the levels of accreditation and frequency of different types of surveys;
- A description of the accreditation process and associated activities;
- The number of providers surveyed annually and the number accredited by the Bidder at various levels of accreditation in the three-year period ending December 31, 2009;
- A table showing the number of all providers, by provider type, surveyed in each State for accreditation in the three year period ending December 31, 2009;
- A statement explaining whether providers were evaluated for compliance with local, State and/or federal statutes, rules and regulations.
- A summary of the qualifications of the staff that conducted the surveys and determined accreditation status;
- The length of time, including start and end dates, that the Bidder continuously performed accreditation activities; and

If the Bidder is not an organization that accredits health care providers, state whether the Bidder is or was within the past five years a Professional Review Organization for CMS.

vi. *Penalties.*

Any contracts awarded pursuant to this RFP will contain penalty provisions for failures of performance. These are described in detail in Part F: Administrative, Section 7, Penalties, of this RFP. Bidder should consider this section when developing Proposals for this RFP.

i. Data Security and Reporting

The Technical Proposal will detail the approved method and formats for collecting, monitoring, and reporting data, conducting data analysis and

generating reports required by the Component of this RFP for which the Bidder submits a Proposal. System Abbreviations used in this section are included on the list of acronyms at the beginning of this RFP.

- o The Bidder will demonstrate its ability to meet the following protocol:

All complaint and survey processes to be performed in accordance with the instructions and timeframes contained in the current versions of the ASPEN manuals:

ACO Procedures Guide;
ACTS Procedures Guide;
ASE Procedures Guide;
Other relevant CMS and Department program-specific procedures.

These, and other manuals, are available at:
<https://www.gtso.com/aspemanguide.html>

- o The Bidder will provide data confidentiality plans and procedures as well as its plan for meeting HIPAA requirements as they relate to the RFP and the Component bid, including all subContractors. See paragraph k. below.

j. Quality Assurance Plan

Describe the plan to be implemented by the Bidder to monitor, measure and improve the quality, timeliness and effectiveness of the Contractor's deliverables and performance under its contract. Include the following information:

- i. Describe the key quality indicators of the Bidder's Proposal that the Bidder has identified and will monitor during the contract;
- ii. Describe the benchmarks and any other monitoring criteria the Bidder has identified for each of the key quality indicators and will use to measure its performance of each key quality indicator during the contract;
- iii. Describe the frequency with which monitoring activities will be conducted;
- iv. Describe the approaches and methodologies that the Bidder will use for remediation and to improve quality of contract performance in the event monitoring shows that benchmarks of key quality indicators are not being met.

- v. Describe how the Bidder will report the result of its monitoring activities to the Department.

Additional quality assurance must be done for each Unit of service provided under the contract to be awarded. The Department will decide what to do and how often for these additional activities. The Contractor must participate in these activities and show continuous evaluation and improvement activities as required by the Department.

The quality assurance plan shall include Bidder's plan to supervise, monitor and evaluate individual staff and monitor and evaluate program performance to ensure federal and state timelines and standards are met; and to monitor and ensure that all staff are compliant with SOM § 7202 concerning Conflicts of Interest and Reporting Investigation of Improper Acts at www.cms.hss.gov/manuals/downloads/som107c07.pdf

The Bidder should note that this Quality Assurance Plan is different from the QIP required by Part C, Section 2, Paragraph f. of this RFP. Each plan seeks different information and will be used by the Department for different purposes. Ambiguities in the quality assurance plan will not be interpreted in favor of a Bidder.

k. HIPAA Procedures and Medicaid Confidentiality

Describe procedures, including but not limited to HIPAA procedures, the Bidder will use to ensure the confidentiality of all information collected by the Bidder's or any sub-Contractors' staff, and the confidentiality of information to which these staff have access. See Attachments O: HIPAA Business Associate Agreement, and P: Medicaid Confidential Data/Protected Health Information Privacy Language, which will be incorporated into the successful Bidder's contract for each Component of this RFP as Appendices H and I respectively.

l. Curricula Vitae, Resumes, Licenses and Certifications

Include resumes for key project staff. Include copies of current New York State licenses and registration documents for all nurses and social workers who will be responsible for performing the surveillance, quality assurance and supervisory functions. Include similar information for any other licensed professionals who will be used to perform any activities of any contract awarded for the Component of this RFP. You may also include any additional documentation related to staff qualifications which will assist the Department in assessing the Bidder's capability of performing the requirements of the Component which is being reviewed.

m. Independently Audited Financial Statement

The Department requires audited financial statements in order to conduct its review of the Bidder's financial stability and ability to perform a contract for any of the Components of this RFP. These financial statements must be included in the Bidder's technical Proposal, as part of the Project Narrative. Do not include this information in the Financial Information package.

Include a complete copy of the Bidder's independently audited financial statements or Dunn and Bradstreet Business Information Reports for the last three years. If not included as part of the independently audited annual financial statements, the Bidder must also include in this section full disclosure of all significant litigation affecting the Bidder, whether as defendant or plaintiff, the status of any pending litigation, and the outcome of any litigation concluded within the same three-year period.

If the Bidder proposes to subcontract any portion of the work required under the contract for the Component bid, and the proposed sub-Contractor will be paid more than \$100,000.00 of the bid price, include the same financial information for each such proposed subcontractor as is required in this section for the Bidder. Include the percentage of the total contract which will be performed by each proposed sub-Contractor. Do not include any other bid information with the proposed subcontractors' financial information. Inclusion of bid information other than the percentage of effort to be performed by a proposed sub-Contractor may result in disqualification of the Proposal.

n. References

Include contact information for three organizations with which the Bidder has contracted in the three year period ending December 31, 2009. "Contact information" is the name and title of the person most familiar with the Bidder's performance who is still employed by the organization, his or her telephone number at the organization, and the organization's name, address and general telephone number, if different. Each reference should describe the work performed by the Bidder for the organization, including start and end dates.

o. Technical Proposal Forms (Attachment F)

The Bidder must complete the four Technical Proposal Forms for each Component bid. Some of the forms may be used for the Component; others may only be used for the Component designated in the title of the form. Failure to use the correct form may result in the bidders' proposal deemed non-responsive. Form TP-4 is to be used for all Components. Additional instructions for completing these forms are included on the forms themselves.

Direct Staffing Summary - Forms TP-1

- Indirect Staffing Summary – Forms TP-2
- Quality Assurance Plan – Forms TP-3
- Format for Required Information for Each Unit of Service – Form TP-4
- Optional Bidder Checklist

The information provided will be used in evaluating the Bidder's Technical Proposal.

3. Cost Proposal

The Bidder must submit the Cost Proposal for each Component bid separately from the Technical Proposal. The Cost Proposal must be provided in a separately sealed envelope labeled in bold "Cost Proposal" and the name and number of the Component bid from Part A: Introduction, of this RFP. All financial information is to be included in the Cost Proposal, including audited financial statements. The Cost Proposal must be fully supported by cost data adequate to justify the proposed bid for each Component of this RFP. Price will be a significant consideration in the selection of qualifying Proposals for each Component of the RFP, but the award will not necessarily be made to the Bidder with the lowest price for a Component

The Cost Proposal for each Component must include three (3) separate sections, presented in the order below. Each Component has separate forms for each section. Bidders must use the forms for the Component bid. **Failure to use the correct form may result in the bidders' proposal deemed non-responsive.** Each section of the Cost Proposal must include at a minimum, the items listed below. Proposals should be direct, clear and concise. Proposals will be reviewed for the mathematical accuracy of the submitted Cost Proposal forms. The Department reserves the right to reject any Proposal with discrepancies in the Cost Proposal.

a. Bid Form – Attachment B

This form must accompany the Cost Proposal for the Component bid. It presents a calculation of the total bid price for the Unit bids for the first year of the contract and includes questions on prior non-responsibility, procurement terminations or withholds of the Bidder and certifies that all information is complete and accurate. To calculate the bid price for Line A of the Bid Form, the Bidder must first complete Form CP-1 (in attachment G) for the Component bid. Line A on the Bid Form is the sum of all entries in Column C. See Paragraph c. below for details of how to complete Form CP-1.

b. Proof of Incorporation and Financial Viability

The section must include proof of incorporation or other organizational structure. If the Bidder is a New York corporation, please include a copy of your certificate of incorporation. If a New York not-for-profit corporation, include proof of filing with the Division of Charities Registration. If a foreign corporation or other foreign entity, please include proof of authority to do business in New York. Partnerships, both general and limited, should provide a copy of their organizational documents, together with proof of filing, if required. Entities doing business under an assumed name shall provide a copy of their assumed name certification and proof that it has been filed in all required jurisdictions.

The independently audited financial statements and / or Dunn and Bradstreet reports, submitted in support of the Technical Proposal (Part D.2.m) will be reviewed to assess financial viability, capacity and responsibility. While three years of financial statements are required, it is the Bidder's responsibility to demonstrate financial capability to the satisfaction of the State. If additional financial information is necessary to make this showing the Bidder should include such information in its Proposal.

Bidders must pass an evaluation of financial strength to be determined "qualified" for further considerations. A Bidder's financial strength and stability, along with that of any proposed subContractors, will be examined to ensure sufficient assets are available to perform the magnitude of services required.

The Bidder must complete and submit, either on-line or in paper, the appropriate VRQ for the Bidder type. Instructions for on-line submission of vendor responsibility information are in Part F, Section 11. of this RFP.

c. Cost Proposal Forms – Attachment G

Based upon the projected workload outlined in Part C: Detailed Specifications, Section 3, the Bidder must complete and supply any narrative explanation considered necessary and appropriate to assist the Department in its understanding and evaluation of the financial data provided in the Cost Proposal Forms set forth in Attachment G. This narrative should not exceed three (3) single spaced type written pages. These forms are used to present the Bidder's fixed Unit price bid for the required deliverables. NYS M/WBE procurement forms (attachment M) must be included as part of the cost proposal.

i. Form CP-1 – Annual Price Schedule

This form contains a list of all of the Units of service that must be bid for each of the Components. There are separate Forms CP-1 for each Component. The Bidder must enter a Unit price bid for EVERY Unit in the Component bid. **Failure to provide a bid for every Unit may result in disqualification of the Bidder.** The Bidder must complete Column C of Form CP-1 for the Component bid by multiplying the Unit price for each Unit by the projected number of occurrences of the Unit as provided by the Department on the form. The sum of Column C is then entered on Line A of the Bid Form. This number will be used in the competitive evaluation of the bid.

E. METHOD OF AWARD

At the discretion of the Department of Health, all bids may be rejected. The evaluation of the bids will include, but not be limited to the following considerations:

1. **Criteria for Selection**

a. Overview

This section of the RFP sets forth the criteria to be used by the Department for evaluation of the Technical and Cost Proposals submitted in response to the Department's RFP for the Components for assistance with quality assurance activities. All bids must contain two separate Proposals: a Technical Proposal (70 percent of total score) and a Cost Proposal (30 percent of total score).

b. Preliminary Review (Pass/Fail Criteria)

The Bidder is responsible to meet and pass the following provisions:

- submit the Proposal for the Component bid by the time and date on the schedule of events required by the RFP;
- submit two separate Components for each Component bid: a Technical and a Cost Proposal;
- submit the cost Proposal for a Component in a separate and sealed envelope from the Technical Proposal
- if bidding on more than one Component, submit the Components and their Technical and Cost parts in separate sealed envelopes
- submit signed Bidder's Assurances (Attachment D) for each Component bid.

If the Bidder fails to include these provisions the proposal will be considered non-responsive.

c. Proposal Formatting Requirements

Formatting and submission requirements for each Component bid of the Proposal are as follows:

- i. For each Component bid, submit an original and five (5) printed or typed copies of the Technical Proposal and the original and five (5) printed or typed copies of the Cost Proposal;

- ii. For each Component bid submit three (3) Flash Drives each for both the Technical and Cost proposals. The Department prefers that the Proposal be readable in PDF format;
- iii. Submit separate Proposals clearly marked on the outside cover with the name of the Bidder, the title and number of the procurement as stated on the first page of this RFP, the title and number of the Component bid, as stated in Part A: Introduction, of the RFP and notation whether the package contains the "Technical Proposal" or the "Cost Proposal;"
- iv. Prepare Proposals on letter size (8.5 x 11) paper, single sided text with a font size no smaller than 11;
- v. For each Component bid, submit Technical Proposals in a three ring binder;
- vi. For each Component bid, organize the Proposal with tab dividers identifying each section;
- vii. Clearly number pages of the Proposal, with each section of the Proposal separately numbered and identified in the Table of Contents;
- viii. Prepare and format the Technical Proposal with the following sections: Transmittal Letter; Table of Contents; Executive Summary; Goals and Objectives; Scope of Work and Quality Assurance Plan; Work plan and deliverable schedule;; Organization, Experience and Personnel; Specific Skills and Experience; Data Security and Reporting; Quality Assurance Plan; Technical Proposal Forms from Attachment F; Unit Bids (Forms TP-4 for each Unit); all other SubContractor Letters of Intent, if any;
- ix. Curricula Vitae, Licenses and Certifications, Financial Statements, Vendor Responsibility materials, proof of incorporation or other organizational document, and References, may be submitted in a Separate binder, from the rest of the Technical Proposal;
- xii. Submit the Cost Proposal either in a binder or stapled or otherwise fastened together;
- xiii. Prepare and format the Cost Proposal with the following sections: Bid Form (Attachment B) or No Bid Form (Attachment C), Bidders Assurances (Attachment D), any documentation necessary to prove Bidder's financial viability and responsibility, including the NYS M/WBE forms, VRQ and VRA, fiscal information regarding subContractors, if any, and all Cost Forms from Attachment G.

d. Understanding of survey, complaint investigation, complaint intake and information referral Programs

Bidders will be evaluated on how well they demonstrate scope of knowledge and ability to translate the goals and requirements contained in the RFP into an effective and efficient quality assurance program pursuant to Federal/State statutes, regulations, policies and practices.

e. Technical Approach

The Bidder's overall annual and five year work plans will be evaluated on the quality of task with respect to conducting all required review activities set forth in Part C, Section 3, and in Part D of the RFP, meeting the data security requirements, and the overall project management plan. Specific attention will be given to the Bidder's understanding and demonstrated ability to develop, implement, and manage an effective quality assurance program, which will include both surveillance and complaint intake and investigation programs for each Component.

The Technical Proposal will be evaluated on the completion and timeliness of its deliverable schedule.

The appropriateness of the staffing levels and qualifications for each task will be evaluated with respect to their feasibility/adequacy to complete the required work in a successful manner and fully support the Bidder's work plan. The Bidder needs to provide rationale/justification i.e. workload estimates to demonstrate the feasibility of their staffing model. If the Bidder is submitting a bid for the Components, it will be evaluated on its plan for providing sufficient Contractor or subcontractor staff to meet all deliverables for the Component(s) bid.

f. Personnel

The credentials and expertise of the personnel involved (including sub-Contractors and consultants, if applicable) in the Units included in the Component bid will be evaluated. The Bidder's Proposal will be judged on the skills, type, and length of experience of the individuals proposed as well as the extent to which the appropriate disciplines are adequately represented. Evidence of staff experience may include résumés, publications and work references, etc.

g. Organization, Experience, and Capability

- i. Evidence of the organization's experience and ability to implement the survey and complaint intake and investigation program of the Component bid within the specified time frame will be reviewed and evaluated. Experience over the three year period ending December 31, 2009, will be considered as most

relevant. Evidence which demonstrates this experience and ability may include published reports; programmatic data; and documentation of past experience. Evidence of experience working with large state and federal data files will be reviewed and evaluated.

- ii. The Bidder will also be judged on the extent to which their Proposal for a particular Component reflects experience in the subject area.
- iii. Bidder's will also be evaluated on staff stabilization plans as requested in Part D.2.h of this RFP for the Component. The successful Bidder for each Component will be required to maintain experienced staff as included in the schedule of deliverables to be attached to the contract and will be penalized if such standards are not met during the term of the contract. See Part F.8. for additional information about penalties.

Bidders must provide the names, addresses, telephone numbers and contact persons for contracts within the past two years which the Bidder feels are relevant to the Component upon bid. These references will be contacted by the Department as a means of confirming representation made in the Proposal for the Component. The references listed should be recent, i.e. someone the Bidder has engaged in business with within the most recent two-year period. This information will be used by the Department as part of an overall evaluation of the Bidder's capabilities and experience.

h. Cost Proposal

The Bidder is expected to submit a bid for each of the Units in a Component of this Proposal for which the Bidder submits a Proposal. The Department will use these Unit price bids to compile a comprehensive cost Proposal which will be used as a foundation for evaluating competing Proposals for that Component. The Cost Proposal of each Bidder will be evaluated separately from the Technical Proposal. The pricing information must be correlated to the schedule of deliverables and projected workload described in the RFP for the Component bid and outlined in the Bidder's deliverable schedule for the Component bid. Price will be a major consideration in the selection of a Contractor from qualifying Proposals for each Component, but the award will not necessarily be made to the Bidder with the lowest bid in each Component.

The Cost Proposal must include proof of incorporation and financial viability. This information should include a minimum of the most recent three years of audited financial statements or other appropriate documentation including credit report, Dunn & Bradstreet Reports, etc. If the Bidder has been in business for less than three years, the Bidder should provide audited financial statements for its entire business history. The Bidder is required to demonstrate financial viability to the satisfaction of the State.

i. Vendor Responsibility Review (VRR)

The Bidder with the highest scoring Proposal in a Component will then proceed to VRR.

i. *Financial Viability and Stability Review*

The highest Bidder in each Component will be reviewed for financial viability and stability first. The purpose of this phase of the review is to determine whether the Bidder has sufficient current and sustained financial capacity, with minimal negative indicators, to perform the terms of the contract for the Component successfully. Reviewers will use the information from the independently audited financial statements and any other information deemed appropriate and relevant to this review to determine this criterion. If the Bidder fails this review and is deemed not eligible to be awarded the contract, its proposal will be eliminated from further review.

As part of this review, the Bidder will be responsible for demonstrating the ability to cover 20% of the annual value of the Component bid to ensure its capacity to provide the activities needed for the surveillance and investigation coverage of all of the Units of the Component bid in this RFP.

ii. *Responsibility Review*

If the highest Bidder for a Component is successful in the Financial Viability and Stability Review, it will also be reviewed for responsibility. Reviewers will use the VRQ and any other information submitted in the bid Proposal or otherwise available to or obtained by the Department of Health to complete this process.

An unfavorable determination in one or more of these areas may result in a non-responsibility determination by the Department. Such determination means that the Bidder is not eligible to be awarded the contract for either Component of this RFP and will be eliminated from further review. The Committee will then submit the next highest Bidder in the Component to VRR. This process will continue until a Bidder for each Component passes VRR or all Bidders for a Component are eliminated.

j. Reference Review

The highest scoring Bidder from each Component to pass Vendor Responsibility Review will proceed to reference check. If the Bidder passes the reference check, the Bidder will be awarded the contract for that specific Component.

F. ADMINISTRATIVE**1. Issuing Agency**

This RFP is a solicitation issued by the New York State Department of Health. The Department is responsible for the requirements specified herein and for the evaluation of all Proposals.

2. Qualified Organizations

The Department will accept Proposals from health care review organizations, health care organizations with the potential to initiate the quality assurance programs described in the Components of this RFP; business groups and councils interested in conducting the functions described in this RFP, health care insurers and other existing or potential proprietary or private review organizations. In order to qualify, an organization must be composed of, or have available to it, the services of licensed health care professionals and other professionals with the experience and training necessary to conduct the required review activities.

A Contractor must not be a health care facility provider, an association of health care facilities, or a health care facility affiliate in New York State. The potential Contractor must provide assurance that it has no conflict of interest with respect to conducting the duties and responsibilities of the Component of this RFP bid.

It is preferred that the Contractor for each Component establish an office in or near New York State for the purpose of carrying out the activities and responsibilities of each Component of this RFP. The Bidder should also be available for face-to-face meetings with Department staff in NYS Capital Region or New York City on a quarterly or more frequent basis.

The Bidder must include as part of the Technical Proposal for each Component bid, the assurances listed in Attachment D. The assurances must be signed on behalf of the Bidder by an authorized individual who attests that the assurances are true and accurate.

3. Inquiries

Any questions concerning this solicitation must be directed to:

Stephanie A. Heverly
Office of Long Term Care
NYS Department of Health
161 Delaware Ave
Delmar, NY 12054
(518) 408-1133
SurveyRFP2010@health.state.ny.us

Theresa M. Nichols
Office of Long Term Care
NYS Department of Health
Empire State Plaza
16th Floor, Rm 1602
Albany, NY 12237
(518) 474-1988
SurveyRFP2010@health.state.ny.us

Questions and answers, as well as any RFP updates and/or modifications, will be posted on the Department of Health's website at <http://www.nyhealth.gov/funding/> by the date listed in the Schedule of Events at the beginning of this RFP. Bidders wishing to receive a paper copy of these documents must send a request, in writing, to the Department at the address above. Due to the printed size of this RFP and the accompanying documentation, the Department will be unable to provide copies by mail. Bidders who do not have access to the Internet must arrange to pick up a copy of the RFP at Department offices at, between the hours of 10:00 am and 4:00 pm. Because of the size of the printed RFP, Bidders wishing to obtain a paper copy must allow the Department at least five (5) business days for printing a paper copy of the RFP.

4. **Submission of Proposals**

a. Separate Submissions.

Bid Proposals for each Component shall be prepared in two (2) parts: a Technical Proposal and a Cost Proposal, prepared in accordance with the requirements stated in this RFP. The Technical Proposal and the Cost Proposal must be submitted under separate sealed cover. One (1) copy each of the Technical and Cost Proposals for each Component bid must be unbound. One copy of the Technical and Cost Proposal must also be submitted on a flash drive in Adobe Acrobat (PDF) format.

The outside cover of the separate, sealed package containing each Technical Proposal shall be clearly marked by Proposal Name and RFP # 0802151214, the Component number and Title and Proposal type (Technical Proposal), followed by the Bidder's Name.

Example: New York State Department of Health
 Quality Assurance for Adult Care Facilities, Home Care Services
 Agencies, Nursing Homes and Intermediate Care Facilities and
 Complaint Intake
 RFP #
 Component ["1", "2", "3", "4" and Name of Component]
 Technical Proposal
 (Bidder's Name)

The outside cover of the separate, sealed package containing the Cost Proposal shall be clearly marked by Proposal Name and Proposal type (Cost Proposal), followed by the Bidder's Name

Example: New York State Department of Health
 Quality Assurance for Adult Care Facilities, Home Care Services
 Agencies, Nursing Homes and Intermediate Care Facilities and
 Complaint Intake
 RFP #
 Component ["1", "2", "3", "4" and Name of Component]
 Cost Proposal
 (Bidder's Name)

b. Delivery of Proposals

Responses to this solicitation should be directed to:

Stephanie A. Heverly
 Office of Long Term Care
 NYS Department of Health
 161 Delaware Ave
 Delmar, NY 12054
SurveryRFP2010@health.state.ny.us

It is the Bidders' responsibility to see that bids are delivered to the above address no later than 4:00 pm on the due date. Late bids due to delay by the carrier or any other reason will not be considered.

c. Other Requirements

- i. The Bid Form must be filled out in its entirety.
- ii. The responsible corporate officer for contract negotiation must be listed. This document must be signed by the responsible corporate officer.
- iii. All evidence and documentation requested under Part D: Proposal Requirements – Instructions to Bidders must be provided at the time the Proposal is submitted.

The Department will evaluate the Proposals for each Component according to the criteria set forth in this RFP. Only those Bidders who furnish a complete Proposal for a Component will be considered for evaluation for that Component.

5. **The Department reserves the right to:**

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

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

6. **Payment**

If awarded a contract, the Contractor shall submit invoices to the State's payment office as designated at the time the contracts are awarded for each of the Components of this RFP.

a. General Payment Information

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

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

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

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit

110 State Street, 9th Floor
Albany, NY 12236

b. Payment for Units of Service

In all circumstances, the Bidder must bid on the entire Unit of service as described in Part C of this RFP. In some instances the team described in the Unit will be filled in part by Contractor staff and in part by State staff. The ratio of Contractor to State staff and the selection of which positions will be State staff and which will be Contractor staff is entirely within the discretion of the Department, although the Department contract managers will consult with the Contractor about these assignments. In some instances fewer personnel will be assigned to a specific Unit than are anticipated in the Unit description.

If the Contractor fields fewer than the full complement of staff for any Unit, whether because some of the staff are State employees, or because the Department has determined that fewer than the full complement of staff are needed to perform the task, the Contractor will be paid a proportionate amount of the Unit price bid.

Example I. If the Contractor were to have bid \$1,000 for the completion of a Unit which requires 5 staff to execute, and the Contractor fields only 3 of the five staff, the Contractor may bill and be paid for 3/5 of the Unit price or \$600.

Example II. If the Contractor were to have bid \$100 for a Unit described as needing 1 or 2 staff and the Department determines that the assignment can be completed by one Contractor staff, the Contractor may bill and be paid for 50% of the Unit price or \$50.

Example III. If the Contractor were to have bid \$500 for a Unit described as needing "at least" 2 staff and the State assigns three Contractor staff to the activity, the Contractor may bill and be paid 50% more than the Unit price or \$750. However, in this scenario, if the third staff member assigned is State staff, the Contractor will not be paid the additional \$250. Furthermore, in this scenario, if the Department assigns 2 State staff and one Contractor staff to the activity, the Contractor may bill and will be paid 50% of the Unit price or \$250.

The Contractor may not bill the Department for a Unit until the Unit is complete. The information about when each Unit is complete for the purposes of billing for the Unit is included in the charts in Part C of this RFP for each Unit. The time at which the Contractor may bill for a Unit is not necessarily the point in the process where all activities related to a Unit have been completed. Nevertheless, the Contractor must complete all the activities required for the Unit within the required time frames, or face a penalty. **Bidders should note that the Contractor may continue incurring costs for a Unit even after it is complete, billed to the Department and paid for in full.**

7. Penalties

The contracts awarded for the Components of this RFP are subject to a variety of penalties based on performance standards as determined by the Department. The Bidder must take these penalties into account and understand that there will be no exceptions to the enforcement of these penalties if the performance standards are not met. Penalties described in this section are cumulative unless they are described below as being alternative.

a. Competent Statements of Deficiencies (SOD).

For Units of service that require the Contractor to complete and submit an SOD to State staff for review, the Bidder must assure that Contractor staff are properly trained and able to prepare competent and professional SOD. If Department staff rejects more than 20% of the Contractor's SODs for a Unit during any month in which the contract is in effect, the Bidder's payment for those Units with rejected SODs will be reduced by 10% in the nature of a penalty for failure of performance.

In addition, should the Department reject more than 20% of a Contractor's SODs for a Unit during any month, the Contractor must submit a written plan to the Department by the 15th day of the following month, showing how the Contractor will cure this deficiency within 60 days. Failure to submit the remediation plan in a timely manner will result in a penalty to the Contractor of 1% of all billings for the Unit to which the plan applies in the month during which the remediation plan was due. Failure to implement the plan will result in a penalty of 1% of all billings for Unit until the plan is implemented.

The penalties in this paragraph are cumulative, not alternative.

b. Timely closing of complaints.

Complaints must be closed within 180 days of assignment for nursing homes and within 120 days for ACF and Home Care complaints. Other periods for timely closure of complaints will be included in the contracts resulting from this RFP. Any failure to meet closing dates for any complaint type will invoke the penalties described below.

For any complaint investigation for which the Contractor is paid prior to closure, 10% of the amount billed will be held by the Department to assure timely closure. If the complaint has not been closed within 180 days of assignment, or 120 days, as applicable, the Contractor will be penalized 10% of the billing for that complaint Unit.

For any complaint which is not billed until after closure, the Contractor is subject to a penalty of 10% of the billing for that complaint if the complaint was not closed within 180 days of assignment, or 120 days, as applicable.

c. Failure to replace terminated staff.

The Contractor must have a plan in place for replacing Contractor staff assigned to the contracts awarded pursuant to the RFP who resign or are terminated. These staff must be replaced within 45 days of the last day worked on the contract. Failure of the Contractor to implement this plan will result in a penalty of \$1,000 per week for each week that the plan is not implemented.

For each Contractor staff member not replaced within 45 days of last day of work, the Contractor will be subject to a penalty of \$100 per day for which the staff line remains unfilled.

d. Failure to meet monthly, quarterly, and annual deliverables.

The schedule in the Chart in Attachment E, describes the maximum number of each of the Units which the Department anticipates to complete during a calendar year. For each year of the contract, a specific deliverables schedule will be developed between the Contractor and the Department and included as Appendix D-2 to the contract. This schedule will indicate how many of each Unit is to be completed by the Contractor on a monthly, quarterly and annual basis. Failure to complete Units as required in each annual Appendix D-2, will subject the Contractor to a penalty.

For each monthly deliverable not met, the penalty will be 10% of the value of the uncompleted Units for the month. For each quarterly deliverable not met, the penalty will be 25% of the value of the uncompleted Units for the quarter. For each annual deliverable not met, the penalty will be 100% of the value of the uncompleted Units for the year, plus the amount of any federal financial participation disallowed by CMS as a result of the failure to comply with federal standards.

e. Failure to field qualified staff

Each Unit lists required qualifications for the Contractor staff who will be performing the activities of that Unit. If the Contractor fails to provide sufficient qualified staff to perform Unit functions as required by the Department, a penalty will be imposed.

For each staff function listed on Forms TP-1 and TP-2, for which staff is not provided for more than 15 consecutive days in any period, there will be a penalty of \$100.

f. Failure to file required reports on time.

If the Contractor fails to submit any report required by the Contracts issued pursuant to this RFP by the date such report is due, there will be a penalty for each late report of \$250. This penalty may be waived if the late filing of the report was not due to the fault of the Contractor.

- g. Failure to complete required processes within the required time frames, e.g. reports, follow-up inspections, reviews, etc.

Each of the Units includes a description of the standards under which the quality activity will be conducted. These standards, federal and State law and federal, State and Department regulations include time constraints within which certain activities must be performed. Whenever, under any of these standards, Contractor staff has a duty, obligation or charge to take action within a particular time frame and does not do so within that time frame, there will be a penalty of 10% of the value of the Unit for which time frames were not met. This penalty does not apply to a failure to close a complaint on a timely basis.

- h. Violations of HIPAA or Medicaid confidentiality or privacy; breach of information security (see Section 14 below); breach of any other confidentiality or privacy requirement of law or regulation.

Any violation by a Contractor of these requirements which violation results in a fine or penalty being imposed on the State of New York, will subject the Contractor to a penalty equal to twice the amount of the fine imposed on the State. In addition, the Contractor will hold the State harmless and reimburse the State for any damages or other costs to which the State may be subject as a result of the Contractor's violation of these requirements.

8. **Term of Contract**

A contract awarded under this RFP shall be effective upon approval of the NYS Office of the State Comptroller. The expected contract term is for one year, renewable annually for four additional years, starting on July 1, 2011 and continuing through June 30, 2014, subject to availability of funds, the needs of the Department, approval by the Office of the State Comptroller, and successful performance by the Contractor.

It is intended that the Proposal's bid price for each Unit of service will remain fixed for the five possible years of the agreement. However, the Contractor may request a cost increase annually. Cost increase requests may be considered at the time of each annual renewal if the contract is extended. In general, the maximum permitted cost increase will be the percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the twelve month period ending in June before the end of the contract period. The increase in the CPI-W will be based on that issued by the United States Department of Labor for New York - Northern New Jersey for "All Items", and applied to each Unit of the contract. Requests for price increases greater than that amount, such as minimum wage increase, must include an explanation of the special circumstances, along with complete documentation of the increased cost. In any case, rate increases may not exceed five percent (5%). Any increase will be subject to availability of funds and the needs of the Department and must have the approval of the Office of the State Comptroller.

A contract awarded under this RFP may be canceled at any time by the

Department giving to the Contractor not less than thirty (30) days written notice that on or after a date specified in the notice, the contract shall be deemed terminated and canceled.

Liquidated Damages. In the event the Department needs to cancel any contract awarded under this RFP, due to the fault or failure of performance of the Contractor, or if the Contractor terminates this agreement for any reason, the Department will be entitled to damages from the Contractor. These damages will include the costs of completing the current year of the contract with another Contractor or other staff. The damages will also include any losses of federal financial participation attributable to a failure to meet federal standards for the year in which the contract is terminated. The damages will also include the costs of reprocurring the services provided under the Contract. The damages will also include any other losses by the Department that can be shown to be consequential to the fault or failure of the Contractor resulting in the termination of the contract.

9. **Debriefing**

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

10. **Protest Procedures**

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of State Comptroller (OSC). These procedures can be found on the OSC website at: http://www.osc.state.ny.us/agencies/gbull/g_232.htm.

11. **Vendor Responsibility Questionnaire (VRQ)**

New York State procurement law requires that state agencies award contracts only to responsible vendors. Bidders are invited to file the required VRQ online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Office of the State Comptroller for a copy of the paper form. Bidders must also complete and submit the VRA (Attachment H to this RFP).

12. **State Consultant Services Reporting**

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

The winning Bidders for procurements involving consultant services, i.e., the winning Bidders for Components 1 and 2 under this RFP, 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.

Winning Bidders 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.

Both of these forms are included in this RFP as Attachment I.

13. **Lobbying Statute**

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

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

procurement contracts;

- modifies the governance of the Temporary State Commission on lobbying;
- provides that opinions of the Commission shall be binding only on the person to whom such opinion is rendered;
- increases the monetary threshold which triggers a lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- establishes the Advisory Council on Procurement Lobbying.

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

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

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

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

Any web-based intranet and internet information and applications development or programming delivered pursuant to the contract or procurement will comply with NYS Office for Technology Policy P04-002, "Accessibility of New York State Web-based Intranet and Internet Information and Applications", and NYS Mandatory Technology Standard S04-001, as such policy or standard may be amended, modified or superseded, which requires that state agency web-based intranet and internet information and applications are accessible to persons with disabilities. Web content must conform to NYS Mandatory Technology Standard S04-00, as determined by quality assurance testing. Such quality assurance testing will be conducted by the Department, Contractor or other, and the results of such testing must be satisfactory to the Department before web content will be considered a qualified deliverable under the contract or procurement.

15. Information Security Breach and Notification Act

Section 208 of the State Technology Law (STL) and Section 899-aa of the General Business Law (GBL) require that State entities and persons or businesses conducting business in New York who own or license computerized data which includes private information including an individual's unencrypted personal information plus one or more of the following: social security number, driver's license number or non-driver ID, account number, credit or debit card number plus security code, access code or password which permits access to an individual's financial account, must disclose to a New York resident when their private information was, or is reasonably believed to have been, acquired by a person without valid authorization. Notification of breach of that private information to all individuals affected or potentially affected must occur in the most expedient time possible without unreasonable delay, after measures are taken to determine the scope of the breach and to restore integrity; provided, however, that notification may be delayed if law enforcement determines that expedient notification would impede a criminal investigation. When notification is necessary, the State entity or person or business conducting business in New York must also notify the following New York State agencies: the Attorney General, the Office of Cyber Security & Critical Infrastructure Coordination (CSCIC) and the Consumer Protection Board (CPB). Information relative to the law and the notification process is available at: <http://www.cscic.state.ny.us/security/securitybreach/>

16. New York State Tax Law Section 5-a

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

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

Contractor must complete and submit directly to DTF, Contractor Certification Form ST-220-TD (Attachment J to this RFP). Unless there are changes in information upon which the ST-220-TD is based, this form only needs to be filed once with DTF. If the information changes for the Contractor, its affiliate(s), or its subContractor(s), a new form ST-220-TD must be filed with DTF.

Contractor must complete and submit to the Department the form ST-220-CA (Attachment K to this RFP), certifying that the Contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render a Bidder nonresponsive and non-responsible in the

financial responsibility review. Bidders shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

G. APPENDICES

The following will be incorporated as appendices into any contract resulting from this RFP. This RFP will, itself, be referenced as an appendix of the contract.

APPENDIX A - Standard Clauses for All New York State Contracts

APPENDIX B - Request for Proposal

APPENDIX C – Proposal. The Bidder's Proposal (if selected for award), including any Bid Forms and all Proposal requirements.

APPENDIX D - General Specifications

APPENDIX D-2 – Annual Schedule of Deliverables

APPENDIX E – Workers' Compensation and Disability

APPENDIX G – Notices

APPENDIX X – Changes and amendments

Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

CE-200 – Affidavit For New York Entities And Any Out-Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; *OR*

C-105.2 – Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the *U-26.3*; *OR*

SI-12 – Certificate of Workers' Compensation Self-Insurance, *OR*

GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance.

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

CE-200 – Affidavit For New York Entities And Any Out-Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; *OR*

DB-120. 1 – Certificate of Disability Benefits Insurance, OR

DB-155 – Certificate of Disability Benefits Self-Insurance.

APPENDIX H - Health Insurance Portability and Accountability Act (HIPAA) Agreement

APPENDIX I – Medicaid Confidential Data/Protected Health Information Privacy Language

ATTACHMENTS – Part 1

- A. Letter of Interest
- B. Bid Form
- C. No Bid Form
- D. Bidder's Assurances
- E. Data Chart
- F. Technical Proposal Forms
- G. Cost Proposal Forms
- H. Vendor Responsibility Attestation
- I. State Consultant Services Forms A and B and Instructions for Completion
- J. NYS Taxation and Finance Contractor Certification Form ST-220-TD
- K. NYS Taxation and Finance Contractor Certification Form ST-220-CA
- L. Standard Form of NYS Miscellaneous Services Contract
- M. NYS M/WBE Procurement Forms
- N. Appendix A: Standard Clauses for All New York State Contracts
- O. Appendix D: General Specifications
- P. Appendix H: HIPAA Business Associate Agreement – Confidentiality Agreement
- Q. Appendix I: Medicaid Confidential Data/Protected Health Information Privacy Language
- R. Appendix G: Notices
- S. Appendix X: Changes and amendments

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Attachment A

Letter of Interest to Develop a Proposal in Response to RFP

This is to notify the New York State Department of Health of this Bidder's intention to develop a Proposal in response to this RFP. It is understood that this Letter of Interest is optional and not binding on either party but simply alerts the Department of Health of the Bidder's intentions and assures the Bidder will receive all further correspondence on this RFP.

This Notice should be returned via mail or fax to:

Stephanie A. Heverly
Office of Long Term Care
NYS Department of Health
161 Delaware Ave
Delmar, New York 12054
Tel: (518) 408-1133
Fax: (518) 408-1145

SurveyRFP2010@health.state.ny.us

1. Name of Potential Proposing Organization:

2. Organization Address:

Street: _____

State: _____ Zip: _____

Telephone: () _____ FAX: () _____

Email: _____

Authorized Signature

Date

Attachment B

**NEW YORK STATE
DEPARTMENT OF HEALTH**

BID FORM

PROCUREMENT TITLE:

FAU #0802151214

Bidder Name:

Bidder Address:

Bidder Fed ID No:

A. _____ bids a total first year price for Units ___ through
(Name of Offerer/Bidder)
___ of \$ _____ for Component of this RFP.

B. Affirmations & Disclosures related to State Finance Law §§ 139-j & 139-k:

Bidder affirms that it understands and agrees to comply with the procedures of the Department of Health relative to permissible contacts (provided below) as required by State Finance Law §139-j (3) and §139-j (6) (b).

Pursuant to State Finance Law §§139-j and 139-k, this Invitation for Bid or Request for Proposal includes and imposes certain restrictions on communications between the Department of Health (DOH) and an Offerer during the procurement process. An Offerer/Bidder is restricted from making contacts from the earliest notice of intent to solicit bids/Proposals through final award and approval of the Procurement Contract by the DOH and, if applicable, Office of the State Comptroller (“restricted period”) to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, is/are identified on the first page of this Invitation for Bid, Request for Proposal, or other solicitation document. DOH employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/Bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4 year period, the Offerer/Bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>

2b. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract:

Bases of Termination or Withholding:

(Add additional pages as necessary)

C. Bidder certifies that all information provided to the Department of Health with respect to State Finance Law §139-k is complete, true and accurate.

D. Bidder agrees to provide the following documentation either *with their submitted bid/Proposal or upon award* as indicated below:

With Bid Upon Award

X

1. A completed N.Y.S Taxation and Finance Contractor Certification Form ST-220-CA (for procurements greater than or equal to \$100,000)

X

2. A completed N.Y.S. Office of the State Comptroller Vendor Responsibility Questionnaire either filed electronically or in paper form, together with the Vendor Responsibility Attestation (Attachment H)(for procurements greater than or equal to \$100,000)

X

3. A completed State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term

(Officer Signature)

(Date)

(Officer Title)

(Telephone)

(e-mail Address)

Attachment C

NEW YORK STATE DEPARTMENT OF HEALTH

NO-BID FORM

PROCUREMENT TITLE: FAU # 0802151214

Bidders choosing not to bid are requested to complete the portion of the form below:

~ We do not provide the requested services. Please remove our firm from your mailing list.

~ We are unable to bid at this time because:

~ Please retain our firm on your mailing list.

(Firm Name)

(Officer Signature)

(Date)

(Officer Title)

(Telephone)

(e-mail Address)

FAILURE TO RESPOND TO BID INVITATIONS MAY RESULT IN YOUR FIRM BEING REMOVED FROM OUR MAILING LIST FOR THIS SERVICE.

Attachment D

Bidder's Assurances

The Bidder's Assurances form MUST be signed in ink by an official authorized to bind the organization to the provisions of the RFP and Proposal for the Component bid. **Proposals which do not include this signed form will be considered non-responsive, resulting in rejection of the Proposal for that Component.**

The Bidder accepts the terms and conditions of this Component as stated in the RFP.

- . The bid is valid for a period of two hundred forty (240) calendar days from the date of submission of the Proposal.
- . The Bidder agrees to be responsible to the Department for performance of all work specified in this Component of the RFP, including work assigned to subContractors.
- . The Bidder assures that the detailed work plan and schedule of deliverables set forth by the organization as its Technical Proposal for this Component will fulfill all statewide requirements as described in the RFP and will provide for the dedicated qualified staff, space, expertise and capacity to fulfill contract deliverables for this Component.
- . The Bidder assures that the organization and its employees, subContractors, consultants, volunteers, and subsidiaries, are not and will not be directly or indirectly involved with any provider or parties whose activities would represent a conflict of interest with respect to conducting the duties and responsibilities outlined in this Component of the RFP.
- . The Bidder assures the organization and its employees, subContractors, consultants and volunteers will implement and maintain policies and procedures to assure the confidentiality of personally identifiable data and information or records pertaining to patient care including compliance with all pertinent Health Insurance Portability and Accountability Act (HIPAA) requirements, Article 27F of the Public Health Law, and the privacy and confidentiality requirements of the Medicaid program (Attachment P).
- . The Bidder assures its ability to secure an indemnity (for at least \$5,000,000) to protect the organization and, in turn, the State against any loss of claim incurred as a result of carrying out the duties and responsibilities of this program.
- . The Bidder assures that no funds were paid or will be paid, by or on behalf of the Bidder, to any person for the purpose of influencing or attempting to influence any officer or employee of the federal or state government with regard to obtaining a contract for this Component.
- . The Bidder assures that it conforms to vendor responsibility requirements of State Finance Law. The Bidder has completed the Vendor Responsibility Questionnaire and Attestation (Attachment H).

Signature of Authorized Official _____ Date _____

Printed Name of Authorized Official

Attachment E

Data Chart with Additional Information for Bidders
On Components

Unit #	Survey Type	Average Total Hours Per Survey	FTEs Per Survey	Total Annual Surveys
ADULT CARE FACILITIES				
Facility Inspection				
1	Complete Inspection of ACF, ALR, SNALR	96.00	4.00	200
2	Complete Inspection EALR	96.00	5.00	25
3	Partial ACF Inspection, including ALR,EALR,SNALR	41.00	2.00	233
4	ACF Complaint Investigation Survey, including ALR, EALR, SNARL, ALP	34.50	1.00	817
5	ACF Pre-opening Survey, including ALR and ALP	134.50	5.00	100
Questionable Operations				
6	Questionable Operations Investigation	22.50	1	38
Death Investigations				
7	ACF Death Investigations	12	1.00	1012
Facility Closure				
8	Monitoring Facility Closure	81.00	1.00	13
HOME CARE SERVICES AGENCIES				
Survey				
9	LHCSA Routine Operational Survey	30.00	2.00	200
10	LHCSA Pre-opening Survey	37.50	2.00	40
11	LHCSA Policy and Procedure Manual Review	45.00	1.00	80
ADULT DAY HEALTH CARE PROGRAMS				
Survey				
12	Desk Audit	10.00	1.00	168
13	Survey	75.00	1.00	60
Complaints				
14	Complaint Investigation	18.75	1.00	12
ICF/MR Quality Activities				
Re-Survey				
15	Federal Standard Survey	240.5	4.75	15
16	Life Safety Code Review	35.50	1.00	15
17	Extended Survey	121.75	3.00	2
18	On-Site Complaint Survey	36.00	1.00	10
19	Federal Revisit- Health	37.50	2.00	20
20	ICF/DD Certification Review	1.25	1.00	650
NURSING HOMES				
Re-Survey				
21	Federal Standard Survey	220.25	4.50	630
22	Extended Survey	121.75	4.50	31
23	Staggered Survey	14.25	4.50	63

Complaints				
24	On-site Complaint Surveys	18.75	2.00	3624
25	Partial Extended Surveys (Additional Hrs)	107.25	2.00	23
Off-site Investigations				
26	Off-site Complaint Investigation	4.00	1.00	3000
Initial				
27	Fed Initial Survey	85.25	2.00	2
Follow-up				
28	Fed Revisit-Health	13.25	4.50	680
29	Fed Revisit Complaint	11.25	2.00	355
30	State Monitoring Visit	32.25	1.00	43
31	Federal Revisit- Life Safety Code	5.50	2.00	476
Other				
32	Random Quality Assurance Audits	5.50	1.00	180
33	Enforcements	6.00	1.00	100
Complaint Intake				
34	Complaint Intake	1.25	1.00	12
35	Home Care and Hospice Complaint Intake	1.00	1.00	300
36	Home Care and Hospice Complaint Investigation – on site	12.00	1.00	150
36	Home Care and Hospice Complaint Investigation – off site	6.00	1.00	150
37	Complaint Intake Related to Care At Home Waivers	1.00	1.00	50
38	Complaint Intake Related to LTHHC Waiver Program	1.00	1.00	270
39	Complaint Intake Related to NHTDW	1.00	1.00	100
40	Complaint Intake Related to TBI Waiver	1.00	1.00	300
41	NH Complaint Intake	1.25	1.00	8800
42	Informal Dispute Resolution – Regional Office	7.50	1.00	75
42	Informal Dispute Resolution – Central Office	3.50	1.00	100
43	ICF/MR Complaint Intake and Investigation	18.00	1.00	25
44	ACF Complaint Intake, including ALR,EALR,SNALR, and ALP	1.00	1.00	1058

* Please note that for each unit the hours listed are the total hours the Department estimates are needed to complete the activity, not the number of hours each staff member assigned to the activity will need to commit to the activity.

Attachment F

TECHNICAL PROPOSAL FORMS

The following Technical Proposal Forms are to be used in submitting a Proposal in response to this RFP. Please select and use the forms identified for the Component on which you are submitting a bid. If you are bidding on multiple components, you must submit each set of forms separately:

All forms must be completed.

Form TP-1-1 DIRECT STAFFING SUMMARY, Component 1 (Adult Care Facilities)

Form TP-1-2 DIRECT STAFFING SUMMARY, Component 2 (Home Care Services Agencies)

Form TP-1-3 DIRECT STAFFING SUMMARY, Component 3 (Nursing Homes and Intermediate Care Facilities)

Form TP-1-4 DIRECT STAFFING SUMMARY, Component 4 (Complaint Intake)

Form TP-2 INDIRECT PERSONNEL SERVICES SUMMARY, All Components

Form TP-3 QUALITY ASSURANCE PLAN, all Components

Form TP-4 FORMAT FOR REQUIRED INFORMATION FOR EACH UNIT OF SERVICE, all Components

Checklist for Bidders (Optional)

**FORM TP-1-1
DIRECT STAFFING SUMMARY
COMPONENT 1 Adult Care Facilities**

For each activity, list all position titles that will be utilized for that activity including the percent of full time equivalent of each title and responsibilities and duties of each title. You may use this Word document as a form or use additional pages containing the information requested in a similar format, so long as complete information is provided and that staff titles, FTEs and responsibilities are associated with each of the individual Units listed.

ACTIVITY	UNIT #	TITLES	FTEs	RESPONSIBILITIES/DUTIES
ADULT CARE FACILITY QUALITY ACTIVITIES				
Complete Inspection – ACF, ALR, SNALR	1			
Complete Inspection EALR	2			
Partial Inspection, including ALR, EALR, SNALR	3			
ACF Complaint Investigation Survey, including ALR, EALR, SNALR, ALP	4			
ACF Pre-opening Survey, including ALR and ALP	5			
Questionable Operations Investigation	6			
ACF Death Investigations	7			
Monitoring Facility Closure	8			

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Date Signed: _____

**FORM TP-1-2
DIRECT STAFFING SUMMARY**

COMPONENT 2 Home Care Services Agencies

For each activity, list all position titles that will be utilized for that activity including the percent of full time equivalent of each title and responsibilities and duties of each title. You may use this Word document as a form or use additional pages containing the information requested in a similar format, so long as complete information is provided and that staff titles, FTEs and responsibilities are associated with each of the individual Units listed.

ACTIVITY	UNIT #	TITLES	FTEs	RESPONSIBILITIES/DUTIES
HOME CARE SERVICES AGENCY QUALITY ACTIVITIES				
LHCSA Routine Operational Survey	9			
LHCSA Pre-opening Survey	10			
LHCSA Policy and Procedure	11			

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Date Signed: _____

**FORM TP-1-3
DIRECT STAFFING SUMMARY**

COMPONENT 3 Nursing Homes and Intermediate Care Facilities

For each activity, list all position titles that will be utilized for that activity including the percent of full time equivalent of each title and responsibilities and duties of each title. You may use this Word document as a form or use additional pages containing the information requested in a similar format, so long as complete information is provided and that staff titles, FTEs and responsibilities are associated with each of the individual Units listed.

ACTIVITY	UNIT #	TITLES	FTEs	RESPONSIBILITIES/DUTIES
ADULT DAY HEALTH CARE PROGRAM				
Desk Audit	12			
Survey	13			
Complaint Investigation	14			
ICF/MR Quality Activities				
Federal Standard Survey	15			
Life Safety Code Review	16			
Extended Survey	17			

On Site Complaint Survey	18			
Federal Revisit - Health	19			
ICF/DD Certification Review	20			
NURSING HOME QUALITY ACTIVITIES				
Federal Standard Survey	21			
Extended Survey	22			
Staggered Survey	23			
On-site Complaint Survey	24			
Partial Extended Survey	25			
Off-site Complaint Investigation	26			
Federal Initial Survey	27			

Federal Revisit -- Health	28			
Federal Revisit – Complaint	29			
State Monitoring Visit	30			
Federal Revisit – Life Safety Code	31			

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Date Signed: _____

FORM TP-1-4**DIRECT STAFFING SUMMARY****COMPONENT 4 Complaint Intake**

For each activity, list all position titles that will be utilized for that activity including the percent of full time equivalent of each title and responsibilities and duties of each title. You may use this Word document as a form or use additional pages containing the information requested in a similar format, so long as complete information is provided and that staff titles, FTEs and responsibilities are associated with each of the individual Units listed.

ACTIVITY	UNIT #	TITLES	FTEs	RESPONSIBILITIES/DUTIES
Random Quality Assurance Audits	32			
Enforcements	33			

COMPLAINT INTAKE				
ADHC Complaint Intake	34			
Home Care and Hospice Complaint Intake	35			
Home Care and Hospice Complaint Investigation	36			
Complaint Intake Related to Care At Home Waivers	37			

Complaint Intake Related to LTHHC Waiver Program	38			
Complaint Intake Related to NHTDW	39			
Complaint Intake Related to TBI Waiver	40			
Nursing Home Quality Activities Complaint Intake	41			
Nursing Home Quality Activities Informal Dispute Resolution	42			
ICF/MR Complaint Intake and Investigation	43			
ACF Complaint Intake, including ALR, EALR,SNALR and ALP	44			

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Date Signed: _____

**FORM TP-2
INDIRECT STAFFING SUMMARY**

For all contract deliverables, list all individual titles and the percent of full time equivalent of each title(s) that will be utilized for administrative activities. The Department reserves the right to review and approve the titles and qualifications of Contractor staff performing administrative functions even though the Contractor may not bill directly for these activities. You may use this Word document as a form or use additional pages containing the information requested in a similar format, so long as complete information is provided.

ACTIVITY	TITLES (List individual titles)	% Of FTE FOR EACH TITLE
Administrative Activities		

FORM TP-3**QUALITY ASSURANCE PLAN (PART D, SECTION 2, PARAGRAPH J)**

The Contractor will conduct quality assurance on an ongoing basis during each contract year. Using the form below, provide a description of the quality assurance plan proposed for the selected Component of the RFP for calendar year 2011, including a work plan and schedule of deliverables. The Bidder will be scored on the quality, feasibility and practicability of this Proposal as part of the Technical Proposal for the selected Component. See Part D, Section 2, paragraph j. of this RFP for further information about how to complete this form. Please use additional pages if necessary.

Quality Assurance Plan

Description

Work plan and schedule of deliverables

Form TP-4

Components Format for Required Information for Each Unit of Service

Information Required:	<p>Enter Requested Information Below: Use as many pages as necessary or include required information on attached pages. If using attached pages, identify clearly what information is being provided in each section. Please do not leave any blanks. If a particular requirement is not applicable to this Unit please so indicate.</p> <p>FAILURE TO INCLUDE THE UNIT NUMBER AND NAME WILL RESULT IN DISQUALIFICATION.</p>
Unit # and Name	<p>Example: Unit 1 – Adult Care Facility Quality Activities –Complete Inspection – ACF, ALR, SNALR</p>
<p>Document Bidder's experience in interpreting and applying statutes, rules, regulations, and policies and procedures appropriate to this Unit and representative of the appropriate provider type for this Unit in New York State</p>	
<p>Document Bidder's experience performing survey, inspection, and other quality assurance activities as appropriate to this Unit in New York State</p>	
<p>Document that the Bidder has at least three years' New York experience in conducting the activities required by this Unit of service by describing the Bidder's experience with each activity in this Unit</p>	

<p>Information Required:</p>	<p>Enter Requested Information Below: Use as many pages as necessary or include required information on attached pages. If using attached pages, identify clearly what information is being provided in each section. Please do not leave any blanks. If a particular requirement is not applicable to this Unit please so indicate.</p> <p>FAILURE TO INCLUDE THE UNIT NUMBER AND NAME WILL RESULT IN DISQUALIFICATION.</p>
<p>If the Bidder lacks New York experience with the activities required by this Unit, demonstrate three year's success in providing similar services in Government programs with the survey, investigation and / or intake responsibilities for this Unit</p>	
<p>Demonstrate the Bidder's ability to recruit and hire professional health care staff with the qualifications required by this Unit</p>	
<p>Describe a plan to successfully perform activities of this Unit within 45 days of contract</p>	
<p>If this Unit includes federal quality activities, document percentage of Contractor staff to be dedicated to survey and complaint investigation activities of this Unit who are or will be Surveyor Minimum Qualification Test (SMQT) certified as of January 1, 2009</p>	
<p>If this Unit includes federal quality activities, document Bidder's plan to provide for SMQT certification for all Contractor staff not certified as of July 1, 2011, during the period between 6 and 12 months after hire for each Contractor staff member. This plan must include the Bidder's prior history with obtaining SMQT certification for staff within these timeframes</p>	

<p>Information Required:</p>	<p>Enter Requested Information Below: Use as many pages as necessary or include required information on attached pages. If using attached pages, identify clearly what information is being provided in each section. Please do not leave any blanks. If a particular requirement is not applicable to this Unit please so indicate.</p> <p>FAILURE TO INCLUDE THE UNIT NUMBER AND NAME WILL RESULT IN DISQUALIFICATION.</p>
<p>If this Unit includes federal quality activities, document</p>	
<p>Bidder's strategy to assure availability SMQT-certified</p>	
<p>Staff and/or SMQT-certified consultants</p>	

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Date Signed: _____

OPTIONAL BIDDERS' CHECKLIST

<input type="checkbox"/>	Technical Proposal	Part of RFP
<input type="checkbox"/>	Transmittal Letter	D.2.a
<input type="checkbox"/>	Table of Contents	D.2.b
<input type="checkbox"/>	Executive Summary	D.2.c
<input type="checkbox"/>	Bidder's Assurances	Attachment D
<input type="checkbox"/>	HIPAA and Medicaid Confidentiality Agreements	D.2.k; Attachments P and Q
<input type="checkbox"/>	Statement of Understanding of Department's Goals and Objectives	D.2.d
<input type="checkbox"/>	Statement of Understanding Scope of Work	D.2.e
<input type="checkbox"/>	Bidder's Technical Processes, Policies and Procedures	D.2.f
<input type="checkbox"/>	Bidder's Personnel Organization	D.2.g; Attachment F, Forms TP-1 and TP-2
<input type="checkbox"/>	Bidder's Organization, Experience and Capability	D.2.f
<input type="checkbox"/>	Statement of Data Security Measures	D.2.i
<input type="checkbox"/>	Work Plan and Deliverable Schedule	D.2.f
<input type="checkbox"/>	Units Proposal	D.2.f, D.2.h, C.3
<input type="checkbox"/>	Quality Assurance Plan	Attachment F, Form TP-4
<input type="checkbox"/>	Curricula Vitae, Licenses and Certifications for Staff	D.2.j; Attachment F, Form TP-3
<input type="checkbox"/>	Managing the Contract and Assigned to Contract Functions	D.2.l
<input type="checkbox"/>	Independently Audited Financial Statements	D.2.m
<input type="checkbox"/>	Vendor Responsibility Questionnaire, if applicable	E.1 .i, F.1 1
<input type="checkbox"/>	Vendor Responsibility Attestation	E.1.i, F.11, Attachment H
<input type="checkbox"/>	Proof of Incorporation, Copy of Partnership Agreement, DBA, or Authority to Do Business in New York	D.3
<input type="checkbox"/>	References	D.2.n
<input type="checkbox"/>	Subcontractor Letters of Intent, if any	E.1.c
	Cost Proposal	
<input type="checkbox"/>	Bid Form	Attachment B
<input type="checkbox"/>	Annual Price Schedule – Unit Bids	Attachment G, Form CP-1
<input type="checkbox"/>	NYS DTF Contractor Certification Forms	Attachments J and K
<input type="checkbox"/>	Consultant Services Forms A and B	Attachment I
<input type="checkbox"/>	M/WBE Forms	Attachment M
	Any Other Relevant Financial Information	

Attachment G
COST PROPOSAL FORMS

The following Cost Proposal Forms are to be used in submitting a Proposal in response to this RFP. Please select and use the forms identified for the Component(s) on which you are submitting a bid.

Form CP-1-1 Component 1 **Adult Care Facilities**

Form CP-1-2 Component 2 **Home Care Services Agencies**

Form CP-1-3 Component 3 **Nursing Homes and Intermediate Care Facilities**

Form CP-1-4 Component 4 **Complaint Intake**

FORM CP1-1**COMPONENT 1 - Adult Care Facilities**

SURVEY TYPE	UNIT #	PROJECTED # OF ANNUAL SURVEYS	UNIT PRICE	COLUMN "C"
Complete Inspection – ACF, ALR, SNALR	1	200		
Complete Inspection – EALR	2	25		
Partial Inspection including ALR, EALR, SNALR	3	233		
ACF Compliant Investigation Survey, including ALR, EALR, SNALR, ALP	4	817		
ACF Pre-Opening Survey, including ALR and ALP	5	100		
Questionable Operations Investigation	6	38		
ACF Death Investigations	7	1012		
Monitoring Facility Closure	8	13		
Component Total				

Signature of Organization Official: _____

Print/Type Name: _____

Title: _____

Date Signed: _____

FORM CP1-2**COMPONENT 2 - Home Care Services Agencies**

SURVEY TYPE	UNIT #	PROJECTED # OF ANNUAL SURVEYS	UNIT PRICE	COLUMN "C"
LHSCA Routine Operational Survey	9	200		
LHSCA Pre-Opening Survey	10	40		
LHSCA Policy and Procedure	11	80		
Component Total				

Signature of Organization Official: _____

Print/Type Name: _____

Title: _____

Date Signed: _____

FORM CP 1-3**COMPONENT 3 - Nursing Homes and Intermediate Care Facilities**

SURVEY TYPE	UNIT #	PROJECTED # OF ANNUAL SURVEYS	UNIT PRICE	COLUMN "C"
ADULT DAY HEALTH CARE PROGRAM				
Desk Audit	12	168		
Survey	13	60		
Compliant Investigation	14	12		
ICF/MR QUALITY ACTIVITIES				
Federal Standard Survey	15	15		
Life Safety Code Review	16	15		
Extended Survey	17	2		
On Site Complaint Survey	18	10		
Federal Revisit- Health	19	20		
ICF/DD Certification Review	20	650		
NURSING HOME QUALITY ACTIVITIES				
Federal Standard Survey	21	630		
Extended Survey	22	31		
Staggered Survey	23	63		
On-Site Complaint Survey	24	3624		
Partial Extended Survey	25	23		
Off-Site Complaint Investigation	26	3000		
Federal Initial Survey	27	2		
Federal Revisit- Health	28	680		
Federal Revisit- Complaint	29	355		
State Monitoring Visit	30	43		
Federal Revisit – Life Safety Code	31	476		
Component Total				

Signature of Organization Official: _____

Print/Type Name: _____

Title: _____

Date Signed: _____

FORM CP 1-4**COMPONENT 4 - Complaint Intake**

SURVEY TYPE	UNIT #	PROJECTED # OF ANNUAL SURVEYS	UNIT PRICE	COLUMN "C"
NURSING HOME QUALITY ACTIVITIES				
Random Quality Assurance Audits	32	180		
Survey	33	100		
COMPLAINT INTAKE				
ADHC Complaint Intake	34	12		
Home Care and Hospice Complaint Intake	35	300		
Home Care and Hospice Complaint Investigation on-site and off-site	36	300		
Complaint Intake Related to Care at Home Waivers	37	50		
Complaint Intake Related to LTHHC Waiver Program	38	2700		
Complaint Intake Related to NHTDW	39	100		
Complaint Intake	40	300		
Nursing Home Quality Activities Complaint Intake	41	8800		
Nursing Home Quality Activities Informal Dispute Resolution – Regional and Central Offices	42	175		
ICF/MR Complaint Intake and Investigation	43	25		
ACF Complaint Intake, Including ALR, EALR, SNALR, and ALP	44	1058		
Component Total				

Signature of Organization Official: _____

Print/Type Name: _____

Title: _____

Date Signed: _____

**Attachment H
Vendor Responsibility Attestation**

To comply with the Vendor Responsibility Requirements outlined in Section F, Administrative, 10. Vendor Responsibility, I hereby certify:

Choose one:

An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.

A hard copy Vendor Responsibility Questionnaire is included with this Proposal/bid and is dated within the last six months.

A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations. (Please specify.)

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

Attachment I

Instructions

State Consultant Services
Form A: Contractor's Planned Employment
And
Form B: Contractor's Annual Employment Report

Form A: This report must be completed before work begins on a contract. Typically it is completed as a part of the original bid proposal. The report is submitted only to the soliciting agency who will in turn submit the report to the NYS Office of the State Comptroller.

Form B: This report must be completed annually for the period April 1 through March 31. The report must be submitted by May 15th of each year to the following three addresses:

1. New York State Department of Health
Office of Long Term Care
161 Delaware Ave
Delmar, NY 12054
Attn: Stephanie A. Heverly
2. NYS Office of the State Comptroller
Bureau of Contracts
110 State Street, 11th Floor
Albany, NY 12236
Attn: Consultant Reporting
or via fax to –
(518) 474-8030 or (518) 473-8808
3. NYS Department of Civil Service
Alfred E. Smith Office Building
Albany, NY 12239
Attn: Consultant Reporting
Completing the Reports:

Scope of Contract (Form B only): a general classification of the single category that best fits the predominate nature of the services provided under the contract.

Employment Category: the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees providing services under the contract. Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)

Number of Employees: the total number of employees in the employment category employed to provide services under the contract during the Report Period, including part time employees and employees of subcontractors.

Number of hours (to be) worked: for Form A, the total number of hours to be worked, and for Form B, the total number of hours worked during the Report Period by the employees in the employment category.

Amount Payable under the Contract: the total amount paid or payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

Attachment I

State Consultant Services
FORM A

OSC Use Only
Reporting Code:
Category Code:
Date Contract Approved:

Contractor's Planned Employment
From Contract Start Date through End of Contract Term

New York State Department of Health Contractor Name:	Agency Code 12000 Contract Number:
Contract Start Date: / /	Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Totals this page:	0	0	\$ 0.00
Grand Total:	0	0	\$ 0.00

Name of person who prepared this report:

Title:

Phone #:

Preparer's signature:

Date Prepared: / /

Page of

(use additional pages if necessary)

State Consultant Services
FORM B

OSC Use Only
Reporting Code:
Category Code:

Contractor's Annual Employment Report
Report Period: April 1, ____ to March 31, ____

New York State Department of Health	Agency Code 12000
Contract Number:	
Contract Start Date: / /	Contract End Date: / /
Contractor Name:	
Contractor Address:	
Description of Services Being Provided:	

Scope of Contract (Chose one that best fits):

Analysis	Evaluation	Research
Training	Data Processing	Computer Programming
Other IT Consulting	Engineering	Architect Services
Surveying	Environmental Services	Health Services
Mental Health Services	Accounting	Auditing
Paralegal	Legal	Other Consulting

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Totals this page:	0	0	\$ 0.00
Grand Total:	0	0	\$ 0.00

Name of person who prepared this report:
Title:

Phone #:

Preparer's signature:
Date Prepared: / /

Page of
(use additional pages if necessary)

Attachment J
NYS Taxation and Finance Form ST-220-TD

This form may be accessed electronically at:

http://www.tax.state.ny.us/pdf/2007/fillin/st/st220td_507_fill_in.pdf

Attachment K

NYS Taxation and Finance Form ST-220-CA

This form may be accessed electronically at:

http://www.tax.state.ny.us/pdf/2006/fillin/st/st220ca_606_fill_in.pdf

Attachment L

MISCELLANEOUS / CONSULTANT SERVICES

STATE AGENCY (Name and Address):

NYS COMPTROLLER'S NUMBER:

ORIGINATING AGENCY CODE:12000

CONTRACTOR (Name and Address):

TYPE OF PROGRAM(S):

CHARITIES REGISTRATION NUMBER:

CONTRACT TERM

FROM:

TO:

CONTRACTOR HAS () HAS NOT () TIMELY.
FILED WITH THE ATTORNEY GENERAL'S
CHARITIES BUREAU ALL REQUIRED
PERIODIC OR ANNUAL WRITTEN REPORTS

FUNDING AMOUNT FOR CONTRACT
TERM:

FEDERAL TAX IDENTIFICATION NUMBER:

MUNICIPALITY NO. (if applicable): .

STATUS: .

CONTRACTOR IS () IS NOT () A SECTARIAN ENTITY .

CONTRACTOR IS () IS NOT () A NOT-FOR-PROFIT ORGANIZATION .

() IF MARKED HERE, THIS CONTRACT'S RENEWABLE FOR ___ ADDITIONAL ONE-YEAR PERIOD(S) AT THE SOLE

CONTRACTOR IS () IS NOT () A N Y STATE BUSINESS ENTERPRISE .

OPTION OF THE STATE AND SUBJECT TO APPROVAL OF THE OFFICE OF THE STATE COMPTROLLER. ___

BID OPENING DATE:

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

Precedence shall be given to these documents in the order listed below.

- X APPENDIX A Standard Clauses as required by the Attorney General for all State Contracts.
- ___ APPENDIX X Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)
- ___ APPENDIX Q Modification of Standard Department of Health Contract Language
- X STATE OF NEW YORK AGREEMENT
- X APPENDIX D General Specifications
- X APPENDIX B Request For Proposal (RFP)
- X APPENDIX C Proposal
- X APPENDIX E-1 Proof of Workers' Compensation Coverage
- X APPENDIX E-2 Proof of Disability Insurance Coverage
- ___ APPENDIX H Federal Health Insurance Portability and Accountability Act Business Associate Agreement
- X APPENDIX G Notices

APPENDIX _____

Contract No.:

IN WITNESS THEREOF, the parties hereto have executed or approved this AGREEMENT on the dates below their signatures.

_____	.	_____
CONTRACTOR	.	STATE AGENCY
_____	.	_____
By: _____	.	By: _____
_____	.	_____
Printed Name	.	Printed Name
Title: _____	.	Title: _____
Date: _____	.	Date: _____
	.	State Agency Certification:
	.	"In addition to the acceptance of this contract,
	.	I also certify that original copies of this
	.	signature page will be attached to all other
	.	exact copies of this contract."
	.	_____

STATE OF NEW YORK)
)SS.:
 County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement) _____

_____	.	_____
ATTORNEY GENERAL'S SIGNATURE	.	STATE COMPTROLLER'S SIGNATURE
_____	.	_____
Title: _____	.	Title: _____
Date: _____	.	Date: _____

STATE OF NEW YORK
AGREEMENT

This AGREEMENT is hereby made by and between the State of New York Department of Health (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has formally requested contractors to submit bid proposals for the project described in Appendix B for which bids were opened on the date noted on the face pages of this AGREEMENT; and

WHEREAS, the STATE has determined that the CONTRACTOR is the successful bidder, and the CONTRACTOR covenants that it is willing and able to undertake the services and provide the necessary materials, labor and equipment in connection therewith;

NOW THEREFORE, in consideration of the terms hereinafter mentioned and also the covenants and obligations moving to each party hereto from the other, the parties hereto do hereby agree as follows:

I. Conditions of Agreement

- A. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- B. The maximum compensation for the contract term of this AGREEMENT shall not exceed the amount specified on the face page hereof.
- C. This AGREEMENT may be renewed for additional periods (PERIOD), as specified on the face page hereof.
- D. To exercise any renewal option of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (the attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT. The modification agreement is subject to the approval of the Office of the State Comptroller.
- E. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.
- F. For the purposes of this AGREEMENT, the terms "Request For Proposal" and "RFP" include all Appendix B documents as marked on the face page hereof.
- G. For the purposes of this AGREEMENT, the term "Proposal" includes all Appendix C documents as marked on the face page hereof.

II. Payment and Reporting

- A. The CONTRACTOR shall submit complete and accurate invoices and/or vouchers, together with supporting documentation required by the contract, the State Agency

and the State Comptroller, to the STATE's designated payment office in order to receive payment:

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

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

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

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

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

III. Term of Contract

- A. Upon approval of the NYS Office of the State Comptroller, this AGREEMENT shall be effective for the term as specified on the cover page.
- B. This Agreement may be terminated by mutual written agreement of the contracting parties.
- C. This Agreement may be terminated by the Department for cause upon the failure of the Contractor to comply with the terms and conditions of this Agreement, including the attachments hereto, provided that the Department shall give the contractor written notice via registered or certified mail, return receipt requested, or shall deliver same by hand-receiving Contractor's receipt therefor, such written notice to specify the Contractor's failure and the termination of this Agreement. Termination shall be effective ten (10) business days from receipt of such notice, established by the receipt returned to the Department. The Contractor agrees to incur no new obligations nor to claim for any expenses made after receipt of the notification of termination.

- D. This Agreement may be deemed terminated immediately at the option of the Department upon the filing of a petition in bankruptcy or insolvency, by or against the Contractor. Such termination shall be immediate and complete, without termination costs or further obligations by the Department to the Contractor.
- E. This agreement may be canceled at any time by the Department of Health giving to the contractor not less than thirty (30) days written notice that on or after a date therein specified this agreement shall be deemed terminated and canceled.

IV. Proof of Coverage

Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

A. Workers' Compensation, for which one of the following is incorporated into this contract as Appendix E-1:

- 1. CE-200, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
- 2. C-105.2 – Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR
- 3. SI-12 – Certificate of Workers' Compensation Self-Insurance, OR GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance.

B. Disability Benefits coverage, for which one of the following is incorporated into this contract as Appendix E-2:

- 1. CE-200, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
- 2. DB-120.1 – Certificate of Disability Benefits Insurance OR

DB-155 – Certificate of Disability Benefits Self-Insurance

New York State Department of Health M/WBE Procurement Forms

The following forms are required to maintain maximum participation in M/WBE procurement and contracting:

1. Bidders Proposed M/WBE Utilization Form
2. Minority Owned Business Enterprise Information
3. Women Owned Business Enterprise Information
4. M/WBE Utilization Plan
5. M/WBE Letter of Intent to Participate
6. M/WBE Staffing Plan

New York State Department of Health
BIDDERS PROPOSED M/WBE UTILIZATION PLAN

Bidder Name:	
RFP Title:	RFP Number

Description of Plan to Meet M/WBE Goals

PROJECTED M/WBE USAGE

	%	Amount
1. Total Dollar Value of Proposal Bid	100	\$
2. MBE Goal Applied to the Contract		\$
3. WBE Goal Applied to the Contract		\$
4. M/WBE Combined Totals		\$

New York State Department of Health

**MINORITY OWNED BUSINESS ENTERPRISE (MBE)
INFORMATION**

In order to achieve the MBE Goals, bidder expects to subcontract with New York State certified MINORITY-OWNED entities as follows:

MBE Firm (Exactly as Registered)	Description of Work (Products/Services) [MBE]	Projected MBE Dollar Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

New York State Department of Health

**WOMEN OWNED BUSINESS ENTERPRISE (WBE)
INFORMATION**

In order to achieve the WBE Goals, bidder expects to subcontract with New York State certified WOMEN-OWNED entities as follows:

WBE Firm (Exactly as Registered)	Description of Work (Products/Services) [WBE]	Projected WBE Dollar Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

New York State Department of Health

MWBE ONLY

MWBE SUBCONTRACTORS AND SUPPLIERS LETTER OF INTENT TO PARTICIPATE

To: _____ Federal ID Number: _____
(Name of Contractor)

Proposal/ Contract Number: _____

Contract Scope of Work: _____

The undersigned intends to perform services or provide material, supplies or equipment as: _____

Name of MWBE: _____

Address: _____

Federal ID Number: _____

Telephone Number: _____

Designation:

MBE - Subcontractor

WBE - Subcontractor

MBE - Supplier

WBE - Supplier

Joint venture with:

Name: _____

Address: _____

Fed ID Number: _____

MBE

WBE

Are you New York State Certified MWBE? _____ Yes _____ No

The undersigned is prepared to perform the following work or services or supply the following materials, supplies or equipment in connection with the above proposal/contract. (Specify in detail the particular items of work or services to be performed or the materials to be supplied): _____

at the following price: \$ _____

The contractor proposes, and the undersigned agrees to, the following beginning and completion dates for such work.

Date Proposal/ Contract to be started: _____

Date Proposal/ Contract to be Completed: _____

Date Supplies ordered: _____ Delivery Date: _____

The above work will not further subcontracted without the express written permission of the contractor and notification of the Office. The undersigned will enter into a formal agreement for the above work with the contractor ONLY upon the Contractor's execution of a contract with the Office.

Date Signature of M/WBE Contractor

M/WBE Contractor

Printed/Typed Name of

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS LETTER OF INTENT TO PARTICIPATE

This form is to be submitted with bid attached to the Subcontractor's Information Form in a sealed envelope for each certified Minority or Women-Owned Business enterprise the Bidder/Awardee/Contractor proposes to utilize as subcontractors, service providers or suppliers.

If the MBE or WBE proposed for portion of this proposal/contract is part of a joint or other temporarily-formed business entity of independent business entities, the name and address of the joint venture or temporarily-formed business should be indicated.

New York State Department of Health M/WBE STAFFING PLAN

Check applicable categories: Project Staff Consultants
Subcontractors

Contractor Name _____

Address _____

	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
STAFF							
Administrators							
Managers/Supervisors							
Professionals							
Technicians							
Clerical							
Craft/Maintenance							
Operatives							
Laborers							
Public Assistance Recipients							
TOTAL							

(Name and Title)

Date

Attachment N

Appendix A: Standard Clauses for All New York State Contracts

STANDARD CLAUSES FOR NYS CONTRACTS

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licensor, licensee, lessor, lessee or any other party):

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the previous consent, in writing, of the State and any attempts to assign the contract without the State's written consent are null and void. The Contractor may, however, assign its right to receive payment without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

3. COMPTROLLER'S APPROVAL. In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$85,000 (State Finance Law Section 163.6.a).

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within

the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the

performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law.

7. NON-COLLUSIVE BIDDING CERTIFICATION. In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

8. INTERNATIONAL BOYCOTT PROHIBITION. In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

9. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of setoff any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency,

its representatives, or the State Comptroller.

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION. (a) FEDERAL EMPLOYER IDENTIFICATION NUMBER and/or FEDERAL SOCIAL SECURITY NUMBER. All invoices or New York State standard vouchers submitted for payment for the sale of goods or services or the lease of real or personal property to a New York State agency must include the payee's identification number, i.e., the seller's or lessor's identification number. The number is either the payee's Federal employer identification number or Federal social security number, or both such numbers when the payee has both such numbers. Failure to include this number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or New York State standard voucher, must give the reason or reasons why the payee does not have such number or numbers.

(b) PRIVACY NOTIFICATION. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law.

(2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in New York State's Central Accounting System by the Director of Accounting Operations, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN. In accordance with Section 312 of the Executive Law, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing

project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment,

employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State; or (iii) banking services, insurance policies or the sale of securities. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Governor's Office of Minority and Women's Business Development pertaining hereto.

13. CONFLICTING TERMS. In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

14. GOVERNING LAW. This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. LATE PAYMENT. Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. NO ARBITRATION. Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. SERVICE OF PROCESS. In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS. The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of State Finance Law § 165. (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES. In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992. It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
30 South Pearl St -- 7th Floor
Albany, New York 12245
Telephone: 518-292-5220
Fax: 518-292-5884
<http://www.empire.state.ny.us>

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business Development
30 South Pearl St -- 2nd Floor
Albany, New York 12245
Telephone: 518-292-5250
Fax: 518-292-5803
<http://www.empire.state.ny.us>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

21. RECIPROCITY AND SANCTIONS PROVISIONS. Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

22. PURCHASES OF APPAREL. In accordance with State Finance Law 162 (4-a), the State shall not purchase any apparel from any vendor unable or unwilling to certify that: (i) such apparel was manufactured in compliance with all applicable labor and occupational safety laws, including, but not limited to, child labor laws, wage and hours laws and workplace safety laws, and (ii) vendor will supply, with its bid (or, if not a bid situation, prior to or at the time of signing a contract with the State), if known, the names and addresses of each subcontractor and a list of all manufacturing plants to be utilized by the bidder.

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Attachment O

Appendix D: General Specifications

APPENDIX D
GENERAL SPECIFICATIONS

- A. By signing the "Bid Form" each bidder attests to its express authority to sign on behalf of this company or other entity and acknowledges and accepts that:
- All specifications, general and specific appendices, including Appendix-A, the Standard Clauses for all New York State contracts, and all schedules and forms contained herein will become part of any contract entered, resulting from the Request for Proposal. Anything which is not expressly set forth in the specification, appendices and forms and resultant contract, but which is reasonable to be implied, shall be furnished and provided in the same manner as if specifically expressed.
- B. The work shall be commenced and shall be actually undertaken within such time as the Department of Health may direct by notice, whether by mail, telegram, or other writing, whereupon the undersigned will give continuous attention to the work as directed, to the end and with the intent that the work shall be completed within such reasonable time or times, as the case may be, as the Department may prescribe.
- C. The Department reserves the right to stop the work covered by this proposal and the contract at any time that the Department deems the successful bidder to be unable or incapable of performing the work to the satisfaction of the Department and in the event of such cessation of work, the Department shall have the right to arrange for the completion of the work in such manner as the Department may deem advisable and if the cost thereof exceeds the amount of the bid, the successful bidder and its surety be liable to the State of New York for any excess cost on account thereof.
- D. Each bidder is under an affirmative duty to be informed by personal examination of the specifications and location of the proposed work and by such other means as it may select, of character, quality, and extent of work to be performed and the conditions under which the contract is to be executed.
- E. The Department of Health will make no allowances or concession to a bidder for any alleged misunderstanding or deception because of quantity, quality, character, location or other conditions.
- F. The bid price is to cover the cost of furnishing all of the said services, materials, equipment, and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.
- G. The successful bidder will be required to complete the entire work, or any part thereof as the case may be, to the satisfaction of the Department of

Health in strict accordance with the specifications and pursuant to a contract therefore.

- H. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
- I. Non-Collusive Bidding
By submission of this proposal, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
 - a. The prices of this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
 - b. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly to any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition;
 - c. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

NOTE: Chapter 675 of the Laws of New York for 1966 provides that every bid made to the state or any public department, agency or official thereof, where competitive bidding is required by statute, rule or regulation, for work or services performed or to be performed or goods sold or to be sold, shall contain the foregoing statement subscribed by the bidder and affirmed by such bidder as true under penalties of perjury.

A bid shall not be considered for award nor shall any award be made where (a), (b) and (c) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where (a), (b) and (c) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the state, public department or agency to which the bid is made or its designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder has published price lists, rates, or tariffs covering items being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same price being bid, does not constitute, without more, a disclosure within the meaning of the above quoted certification.

Any bid made to the State or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods, sold or to be sold, where competitive bidding is required by statute, rule or regulation and where such bid contains the certification set forth above shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation.

- J. A bidder may be disqualified from receiving awards if such bidder or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its or its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
- K. The Department reserves the right to make awards within ninety (90) days after the date of the bid opening, during which period bids shall not be withdrawn unless the bidder distinctly states in the bid that acceptance thereof must be made within a shorter specified time.
- L. **Work for Hire Contract**
Any contract entered into resultant from this request for proposal will be considered a "Work for Hire Contract." The Department will be the sole owner of all source code and any software which is developed or included in the application software provided to the Department as a part of this contract.
- M. **Technology Purchases Notification --** The following provisions apply if this Request for Proposal (RFP) seeks proposals for "Technology"
 - 1. For the purposes of this policy, "technology" applies to all services and commodities, voice/data/video and/or any related requirement, major software acquisitions, systems modifications or upgrades, etc., that result in a technical method of achieving a practical purpose or in improvements of productivity. The purchase can be as simple as an order for new or replacement personal computers, or for a consultant to design a new system, or as complex as a major systems improvement or innovation that changes how an agency conducts its business practices.

2. If this RFP results in procurement of software over \$20,000, or of other technology over \$50,000, or where the department determines that the potential exists for coordinating purchases among State agencies and/or the purchase may be of interest to one or more other State agencies, PRIOR TO AWARD SELECTION, this RFP and all responses thereto are subject to review by the New York State Office for Technology.
3. Any contract entered into pursuant to an award of this RFP shall contain a provision which extends the terms and conditions of such contract to any other State agency in New York. Incorporation of this RFP into the resulting contract also incorporates this provision in the contract.
4. The responses to this RFP must include a solution to effectively handle the turn of the century issues related to the change from the year 1999 to 2000.

N. YEAR 2000 WARRANTY

1. Definitions

For purposes of this warranty, the following definitions shall apply:

- a. Product shall include, without limitation: any piece or component of equipment, hardware, firmware, middleware, custom or commercial software, or internal components or subroutines therein which perform any date/time data recognition function, calculation, comparing or sequencing. Where services are being furnished, e.g. consulting, systems integration, code or data conversion or data entry, the term Product shall include resulting deliverables.
- b. Vendor's Product shall include all Product delivered under this Agreement by Vendor other than Third Party Product.
- c. Third Party Product shall include products manufactured or developed by a corporate entity independent from Vendor and provided by Vendor on a non-exclusive licensing or other distribution Agreement with the third party manufacturer. Third Party Product does not include product where Vendor is: a) corporate subsidiary or affiliate of the third party manufacturer/developer; and/or b) the exclusive re-seller or distributor of product manufactured or developed by said corporate entity.

At the time of bid, Product order or Product quote, Vendor is required to disclose the following information in writing to Authorized User:

- a. For Vendor Product and for Products (including, but not limited to, Vendor and/or Third Party Products and/or Authorized User's Installed Product) which have been specified to perform as a system: Compliance or non-compliance of the Products individually or as a system with the Warranty Statement set forth below; and
- b. For Third Party Product Not Specified as Part of a System: Third Party Manufacturer's statement of compliance or non-compliance of any Third Party Product being delivered with Third Party Manufacturer/Developer's Year 2000 warranty. If such Third Party Product is represented by Third Party Manufacturer/Developer as compliant with Third Party Manufacturer/Developer's Year 2000 Warranty, Vendor shall pass through said third party warranty from the third party manufacturer to the Authorized User but shall not be liable for the testing or verification of Third Party's compliance statement.

An absence or failure to furnish the required written warranty disclosure shall be deemed a statement of compliance of the product(s) or system(s) in question with the year 2000 warranty statement set forth below.

3. Warranty Statement

Year 2000 warranty compliance shall be defined in accordance with the following warranty statement:

Vendor warrants that Product(s) furnished pursuant to this Agreement shall, when used in accordance with the Product documentation, be able to accurately process date/time data (including, but not limited to, calculating, comparing, and sequencing) from, into, and between the twentieth and twenty-first centuries, and the years 1999 and 2000, including leap year calculations. Where a purchase requires that specific Products must perform as a package or system, this warranty shall apply to the Products as a system.

In the event of any breach of this warranty, Vendor shall restore the Product to the same level of performance as warranted herein, or repair or replace the Product with conforming Product so as to minimize interruption to Authorized User's ongoing business processes, time being of the essence, at Vendor's sole cost and expense.

2. Warranty Disclosure

This warranty does not extend to correction of Authorized User's errors in data entry or data conversion.

This warranty shall survive beyond termination or expiration of the Agreement.

Nothing in this warranty shall be construed to limit any rights or remedies otherwise available under this Agreement.

O. No Subcontracting

Subcontracting by the contractor shall not be permitted except by prior written approval and knowledge of the Department of Health.

P. Superintendence by Contractor

The Contractor shall have a representative to provide supervision of the work which Contractor employees are performing to ensure complete and satisfactory performance with the terms of the Contract. This representative shall also be authorized to receive and put into effect promptly all orders, directions and instructions from the Department of Health. A confirmation in writing of such orders or directions will be given by the Department when so requested from the Contractor.

Q. Sufficiency of Personnel and Equipment

If the Department of Health is of the opinion that the services required by the specifications cannot satisfactorily be performed because of insufficiency of personnel, the Department shall have the authority to require the Contractor to use such additional personnel, to take such steps necessary to perform the services satisfactorily at no additional cost to the State.

R. Experience Requirements

The Contractor shall submit evidence to the satisfaction of the Department that it possesses the necessary experience and qualifications to perform the type of services required under this contract and must show that it is currently performing similar services. The Contractor shall submit at least two references to substantiate these qualifications.

S. Contract Amendments

This agreement may be amended by written agreement signed by the parties and subject to the laws and regulations of the State pertaining to contract amendments. This agreement may not be amended orally.

The contractor shall not make any changes in the scope of work as outlined herein at any time without prior authorization in writing from the Department of Health and without prior approval in writing of the amount of compensation for such changes.

T. Provisions Upon Default

1. In the event that the Contractor, through any cause, fails to perform any of the terms, covenants or promises of this agreement, the Department acting for and on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the Contractor
2. If, in the judgement of the Department of Health, the Contractor acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

U. Termination Provision

Upon termination of this agreement, the following shall occur:

1. Contractor shall make available to the State for examination all data, records and reports relating to this Contract; and
2. Except as otherwise provided in the Contract, the liability of the State for payments to the Contractor and the liability of the Contractor for services hereunder shall cease.

V. Conflicts

If, in the opinion of the Department of Health, (1) the specifications conflict, or (2) if the specifications are not clear as to (a) the method of performing any part of the work, or as to (b) the types of materials or equipment necessary, or as to (c) the work required to be done in every such situation, the Contractor shall be deemed to have based his bid upon performing the work and furnishing materials or equipment in the most inexpensive and efficient manner. If such conflicts and/or ambiguities arise, the Department of Health will furnish the Contractor supplementary information showing the manner in which the work is to be performed and the type or types of material or equipment that shall be used.

W. MINORITY AND WOMEN OWNED BUSINESS POLICY STATEMENT
The New York State Department of Health recognizes the need to take

affirmative action to ensure that Minority and Women Owned Business Enterprises are given the opportunity to participate in the performance of the Department of Health's contracting program. This opportunity for full participation in our free enterprise system by traditionally, socially and economically disadvantaged persons is essential to obtain social and economic equality and improve the functioning of the State economy.

It is the intention of the New York State Department of Health to fully execute the mandate of Executive Law, Article 15-A and provide Minority and Women Owned Business Enterprises with equal opportunity to bid on contracts awarded by this agency in accordance with the State Finance Law.

To implement this affirmative action policy statement, the contractor agrees to file with the Department of Health within 10 days of notice of award, a staffing plan of the anticipated work force to be utilized on this contract or, where required, information on the contractor's total work force, including apprentices, broken down by specified ethnic background, gender, and Federal occupational categories or other appropriate categories specified by the Department. The form of the staffing plan shall be supplied by the Department.

After an award of this contract, the contractor agrees to submit to the Department a work force utilization report, in a form and manner required by the Department, of the work force actually utilized on this contract, broken down by specified ethnic background, gender and Federal occupational categories or other appropriate categories specified by the Department.

X. Contract Insurance Requirements

1. The successful bidder must without expense to the State procure and maintain, until final acceptance by the Department of Health of the work covered by this proposal and the contract, insurance of the kinds and in the amounts hereinafter provided, in insurance companies authorized to do such business in the State of New York covering all operations under this proposal and the contract, whether performed by it or by subcontractors. Before commencing the work, the successful bidder shall furnish to the Department of Health a certificate or certificates, in a form satisfactory to the Department, showing that it has complied with the requirements of this section, which certificate or certificates shall state that the policies shall not be changed or canceled until thirty days written notice has been given to the Department. The kinds and amounts of required insurance are:
 - a. A policy covering the obligations of the successful bidder in accordance with the provisions of Chapter 41, Laws of 1914, as amended, known as the Workers' Compensation Law, and the

contract shall be void and of no effect unless the successful bidder procures such policy and maintains it until acceptance of the work (reference Appendix E).

- b. Policies of Bodily Injury Liability and Property Damage Liability Insurance of the types hereinafter specified, each within limits of not less than \$500,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by one person in any one occurrence, and subject to that limit for that person, not less than \$1,000,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by two or more persons in any one occurrence, and not less than \$500,000 for damages arising out of damage to or destruction of property during any single occurrence and not less than \$1,000,000 aggregate for damages arising out of damage to or destruction of property during the policy period.
 - i. Contractor's Liability Insurance issued to and covering the liability of the successful bidder with respect to all work performed by it under this proposal and the contract.
 - ii. Protective Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.
 - iii. Automobile Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.

Y. Certification Regarding Debarment and Suspension

Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or

suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1. APPENDIX B TO PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

- a. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered Transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- e. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or

voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

- f. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
 - g. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of parties Excluded from Federal Procurement and Non-procurement Programs.
 - h. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
 - i. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
- a. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily exclude from participation in this transaction by any Federal department agency.
 - b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- Z. Confidentiality Clauses

1. Any materials, articles, papers, etc., developed by the CONTRACTOR under or in the course of performing this AGREEMENT shall contain the following, or similar acknowledgment: "Funded by the New York State Department of Health". Any such materials must be reviewed and approved by the STATE for conformity with the policies and guidelines for the New York State Department of Health prior to dissemination and/or publication. It is agreed that such review will be conducted in an expeditious manner. Should the review result in any unresolved disagreements regarding content, the CONTRACTOR shall be free to publish in scholarly journals along with a disclaimer that the views within the Article or the policies reflected are not necessarily those of the New York State Department of Health. The Department reserves the right to disallow funding for any educational materials not approved through its review process.
2. Any publishable or otherwise reproducible material developed under or in the course of performing this AGREEMENT, dealing with any aspect of performance under this AGREEMENT, or of the results and accomplishments attained in such performance, shall be the sole and exclusive property of the STATE, and shall not be published or otherwise disseminated by the CONTRACTOR to any other party unless prior written approval is secured from the STATE or under circumstances as indicated in paragraph 1 above. Any and all net proceeds obtained by the CONTRACTOR resulting from any such publication shall belong to and be paid over to the STATE. The STATE shall have a perpetual royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, any such material for governmental purposes.
3. No report, document or other data produced in whole or in part with the funds provided under this AGREEMENT may be copyrighted by the CONTRACTOR or any of its employees, nor shall any notice of copyright be registered by the CONTRACTOR or any of its employees in connection with any report, document or other data developed pursuant to this AGREEMENT.
4. All reports, data sheets, documents, etc. generated under this contract shall be the sole and exclusive property of the Department of Health. Upon completion or termination of this AGREEMENT the CONTRACTOR shall deliver to the Department of Health upon its demand all copies of materials relating to or pertaining to this AGREEMENT. The CONTRACTOR shall have no right to disclose or use any of such material and documentation for any purpose whatsoever, without the prior written approval of the Department of Health or its authorized agents.

5. The CONTRACTOR , its officers, agents and employees and subcontractors shall treat all information, which is obtained by it through its performance under this AGREEMENT, as confidential information to the extent required by the laws and regulations of the United States and laws and regulations of the State of New York.
6. All subcontracts shall contain provisions specifying:
 - a. that the work performed by the subcontractor must be in accordance with the terms of this AGREEMENT, and
 - b. that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the AGREEMENT between the STATE and the CONTRACTOR.

AA. Provision Related to Consultant Disclosure Legislation

1. If this contract is for the provision of consulting services as defined in Subdivision 17 of Section 8 of the State Finance Law, the CONTRACTOR shall submit a "State Consultant Services Form B, Contractor's Annual Employment Report" no later than May 15th following the end of each state fiscal year included in this contract term. This report must be submitted to:
 - a. The NYS Department of Health, at the STATE's designated payment office address included in this AGREEMENT; and
 - b. The NYS Office of the State Comptroller, Bureau of Contracts, 110 State Street, 11th Floor, Albany NY 12236 ATTN: Consultant Reporting - or via fax at (518) 474-8030 or (518) 473-8808; and
 - c. The NYS Department of Civil Service, Alfred E. Smith Office Building, Albany NY 12239, ATTN: Consultant Reporting.

BB. Provisions Related to New York State Procurement Lobbying Law

1. The STATE reserves the right to terminate this AGREEMENT in the event it is found that the certification filed by the CONTRACTOR in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the STATE may exercise its termination right by providing written notification to the CONTRACTOR in accordance with the written notification terms of this AGREEMENT.

CC. Provisions Related to New York State Information Security Breach and Notification Act

1. CONTRACTOR shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). CONTRACTOR shall be liable for the costs associated with such breach if caused by CONTRACTOR'S negligent or willful acts or omissions, or the negligent or willful acts or omissions of CONTRACTOR'S agents, officers, employees or subcontractors.

Attachment P

Appendix H: HIPAA Business Associate Agreement – Confidentiality Agreement

Appendix H

Appendix H

for CONTRACTOR that uses or discloses individually identifiable health information on behalf of a New York State Department of Health HIPAA-Covered Program

I. Definitions. For purposes of this Appendix H of this AGREEMENT:

A. "Business Associate" shall mean CONTRACTOR.

B. "Covered Program" shall mean the STATE.

C. Other terms used, but not otherwise defined, in this AGREEMENT shall have the same meaning as those terms in the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH") and implementing regulations, including those at 45 CFR Parts 160 and 164.

II. Obligations and Activities of Business Associate:

A. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this AGREEMENT or as Required By Law.

B. Business Associate agrees to use the appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this AGREEMENT.

C. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this AGREEMENT.

D. Business Associate agrees to report to Covered Program as soon as reasonably practicable any use or disclosure of the Protected Health Information not provided for by this AGREEMENT of which it becomes aware. Business Associate also agrees to report to Covered Program any Breach of Unsecured Protected Health Information of which it becomes aware. Such report shall include, to the extent possible:

1. A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
2. A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
3. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
4. A description of what Business Associate is doing to investigate the Breach, to mitigate harm to individuals, and to protect against any further Breaches; and
5. Contact procedures for Covered Program to ask questions or learn additional information.

E. Business Associate agrees to ensure that any agent, including a subcontractor, to Appendix H Page 2

whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Program agrees to the same restrictions and conditions that apply through this AGREEMENT to Business Associate with respect to such information.

F. Business Associate agrees to provide access, at the request of Covered Program,

and in the time and manner designated by Covered Program, to Protected Health Information in a Designated Record Set, to Covered Program in order for Covered Program to comply with 45 CFR § 164.524.

G. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Covered Program directs in order for Covered Program to comply with 45 CFR § 164.526.

H. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Program available to Covered Program, or to the Secretary of the federal Department of Health and Human Services, in a time and manner designated by Covered Program or the Secretary, for purposes of the Secretary determining Covered Program's compliance with HIPAA, HITECH and 45 CFR Parts 160 and 164.

I. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

J. Business Associate agrees to provide to Covered Program, in time and manner designated by Covered Program, information collected in accordance with this AGREEMENT, to permit Covered Program to comply with 45 CFR § 164.528.

K. Business Associate agrees to comply with the security standards for the protection of electronic protected health information in 45 CFR § 164.308, 45 CFR § 164.310, 45 CFR § 164.312 and 45 CFR § 164.316.

III. Permitted Uses and Disclosures by Business Associate

A. Except as otherwise limited in this AGREEMENT, Business Associate may only use or disclose Protected Health Information as necessary to perform functions, activities, or services for, or on behalf of, Covered Program as specified in this AGREEMENT.

B. Business Associate may use Protected Health Information for the proper management and administration of Business Associate.

C. Business Associate may disclose Protected Health Information as Required By Law.

IV. Term and Termination

A. This AGREEMENT shall be effective for the term as specified on the cover page of this AGREEMENT, after which time all of the Protected Health Information provided by Covered Program to Business Associate, or created or received by Appendix H Page 3

Business Associate on behalf of Covered Program, shall be destroyed or returned to Covered Program; provided that, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Appendix H of this AGREEMENT.

B. Termination for Cause. Upon Covered Program's knowledge of a material breach by Business Associate, Covered Program may provide an opportunity for Business Associate to cure the breach and end the violation or may terminate this AGREEMENT if Business Associate does not cure the breach and end the violation within the time specified by Covered Program, or Covered Program may immediately terminate this AGREEMENT if Business Associate has breached a

material term of this AGREEMENT and cure is not possible.

C. Effect of Termination.

1. Except as provided in paragraph (c)(2) below, upon termination of this AGREEMENT, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Program, or created or received by Business Associate on behalf of Covered Program.

This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

2. In the event that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Program notification of the conditions that make return or destruction infeasible.

Upon mutual agreement of Business Associate and Covered Program that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this AGREEMENT to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

V. Violations

A. Any violation of this AGREEMENT may cause irreparable harm to the STATE. Therefore, the STATE may seek any legal remedy, including an injunction or specific performance for such harm, without bond, security or necessity of demonstrating actual damages.

B. Business Associate shall indemnify and hold the STATE harmless against all claims and costs resulting from acts/omissions of Business Associate in connection with Business Associate's obligations under this AGREEMENT. Business Associate shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and save harmless the STATE from suits, actions, damages and costs, of every name and description relating to breach notification required by 45 CFR Part 164 Subpart D, or State Technology Law § 208, caused by any intentional act or negligence of Business Associate, its agents, employees, partners or subcontractors, without limitation; provided, Appendix H Page 4

however, that Business Associate shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the STATE.

VI. Miscellaneous

A. Regulatory References. A reference in this AGREEMENT to a section in the Code of Federal Regulations means the section as in effect or as amended, and for which compliance is required.

B. Amendment. Business Associate and Covered Program agree to take such action as is necessary to amend this AGREEMENT from time to time as is necessary for Covered Program to comply with the requirements of HIPAA, HITECH and 45 CFR Parts 160 and 164.

C. Survival. The respective rights and obligations of Business Associate under (IV)(C) of this Appendix H of this AGREEMENT shall survive the termination of this AGREEMENT.

D. Interpretation. Any ambiguity in this AGREEMENT shall be resolved in favor of

a meaning that permits Covered Program to comply with HIPAA, HITECH and 45 CFR Parts 160 and 164.

E. HIV/AIDS. If HIV/AIDS information is to be disclosed under this AGREEMENT, Business Associate acknowledges that it has been informed of the confidentiality requirements of Public Health Law Article 27-F.

Attachment Q

Appendix I: Medicaid Confidential Data / Protected Health
Information Privacy Language

Appendix I

Medicaid Confidential Data / Protected Health Information

Medicaid Confidential Data (MCD) includes, but is not limited to, names and addresses of Medicaid Bidders/beneficiaries, the medical services provided, social and economic conditions or circumstances, the Department's evaluation of personal information, medical data, including diagnosis and past history of disease and disability, any information regarding income eligibility-and amount of medical assistance payment, income information, and/or information regarding the identification of third parties. Income information received from the Social Security Administration or the Internal Revenue Service must be safeguarded according to the requirements of the agency that furnished the data. MCD also includes any information received in connection with the identification of legally liable third party resources under 42 C.F.R. § 433.138. Each element of MCD is confidential regardless of the document or mode of communication or storage in which it is found.

NOTE that this contract involves the MCD of beneficiaries and possibly Bidders, both of which are confidential pursuant to Section 367b(4) of the N.Y. Social Services Law, 42 U.S.C. Section 1396(a)(7), Section 1902(a)(7) of the Social Security Act and 42 C.F.R. Section 431.300 et seq.

NO DISCLOSURE OF MCD IN YOUR POSSESSION CAN BE MADE TO ANY OTHER PERSON OR ENTITY WITHOUT THE PRIOR WRITTEN PERMISSION OF THE NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH), MEDICAID CONFIDENTIAL DATA REVIEW COMMITTEE (MCDRC). LIKewise, NO USE(S), OTHER THAN THE USE(S) OF MCD APPROVED IN THIS CONTRACT AND DATA EXCHANGE AGREEMENT, CAN BE MADE OF THE MCD WITHOUT THE PRIOR WRITTEN APPROVAL OF NYSDOH, MCDRC.

Also, pursuant to Section 367b(4) of the NY Social Services Law, information relating to persons APPLYING FOR medical assistance shall also be considered confidential and shall not be disclosed to persons or agencies without the prior written approval of the New York State Department of Health.

AIDS/HIV Related Confidentiality Restrictions:

ALSO NOTE that MCD may contain HIV related confidential information, as defined in Section 2780(7) of the N.Y. Public Health Law. As required by N.Y. Pub. Health Law Section 2782(5), the New York State Department of Health hereby provides you with the following notice:

HIV/AIDS NOTICE

This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you

from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure.

The Contractor agrees that any further disclosure of MCD requires the prior, written approval of the New York State Department of Health (NYSDOH), Medicaid Confidential Data Review Committee (MCDRC). The Contractor will require and ensure that any approved agreement, contract or document with a subContractor or employee contains the above Notice and a statement that the subContractor, employee or other party may not disclose the MCD without the prior, written approval of the NYSDOH MCDRC.

Alcohol and Substance Abuse Related Confidentiality Restrictions

Alcohol and substance abuse information is confidential pursuant to 42 C.F.R. Part 2. General authorizations are ineffective to obtain the release of such data. The federal regulations provide for a specific release for such data.

ANY AGREEMENT, CONTRACT OR DOCUMENT WITH A SUBCONTRACTOR OR EMPLOYEE MUST CONTAIN ALL OF THE ABOVE PROVISIONS PERTAINING TO CONFIDENTIALITY. IT MUST CONTAIN THE HIV/AIDS NOTICE AS WELL AS A STATEMENT THAT THE SUBCONTRACTOR, EMPLOYEE OR OTHER PERSON MAY NOT USE OR DISCLOSE THE MCD WITHOUT THE PRIOR WRITTEN APPROVAL OF THE NYSDOH, MCDRC.

B i d d e r / C o n t r a c t o r S i g n a t u r e D a t e
...../___/.....

Name Printed

Company

S u b C o n t r a c t o r / E m p l o y e e S i g n a t u r e D a t e / ___ /

Name Printed

Company

The Contractor must maintain a copy of this agreement in its permanent records for each employee performing services pursuant to any contract awarded pursuant to RFP #.0802151214

Attachment R

Appendix G - Notices

Appendix G

NOTICES

All notices permitted or required hereunder shall be in writing and shall be transmitted either:

- (a) via certified or registered United States mail, return receipt requested;
- (b) by facsimile transmission;
- (c) by personal delivery;
- (d) by expedited delivery service; or
- (e) by e-mail.

Such notices shall be addressed as follows or to such different addresses as the parties may from time to time designate:

State of New York Department of Health

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

[Insert Contractor Name]

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

Any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or email, upon receipt.

The parties may, from time to time, specify any new or different address in the United States as their address for purpose of receiving notice under this AGREEMENT by giving fifteen (15) days written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representative for the purposes of receiving notices under this AGREEMENT. Additional individuals may be designated in writing by the parties for purposes of implementation and administration/billing, resolving issues and problems, and/or for dispute resolution.

Attachment S

Appendix X - Changes and Amendments

**Agency Code 12000
APPENDIX X**

Contract Number: _____

Contractor: _____

Amendment Number X-_____

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- _____ Modifies the contract period at no additional cost
- _____ Modifies the contract period at additional cost
- _____ Modifies the budget or payment terms
- _____ Modifies the work plan or deliverables
- _____ Replaces appendix(es) _____ with the attached appendix(es) _____
- _____ Adds the attached appendix(es) _____
- _____ Other: (describe) _____

This amendment *is*__ *is not*__ a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Prior to this amendment, the contract value and period were:

\$ _____ From ____/____/____ to ____/____/____.
(Value before amendment) (Initial start date)

This amendment provides the following modification (complete only items being modified):

\$ _____ From ____/____/____ to ____/____/____.

This will result in new contract terms of:

\$ _____ From ____/____/____ to ____/____/____.
(All years thus far combined) (Initial start date) (Amendment end date)

Page 200

Signature Page for:

Contract Number: _____

Contractor: _____

Amendment Number: X-_____

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE:

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

STATE OF NEW YORK)
) SS:
County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

STATE AGENCY SIGNATURE

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____