

**RFP 1001251152**  
**Evaluation and Analysis of Current and Alternative Reimbursement Methodologies for  
NYS Early Intervention Program**

*All questions received by the New York State Department of Health (Department) by the April 1, 2010 deadline are included. The Department is not responsible for any errors or misinterpretation of any questions received. The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into RFP 1001251152 Evaluation and Analysis of Current and Alternative Reimbursement Methodologies for NYS Early Intervention Program issued on March 17, 2010. In the event of any conflict between the RFP and these responses, the requirements or information contained in these responses will prevail.*

1. What is the estimated value of a contract resulting from this RFP?

RESPONSE: The Department is seeking a best value price from each contractor. The department will select the bidder that submits the proposal offering the best value as determined by the combined Technical Proposal and Financial Proposal scores. The best value means awarding the contract for services to the bidder that optimizes quality, cost, and efficiency among all responsive and responsible bidders.

The Department evaluates the Technical Proposal based on each bidder's ability to complete the performance requirements as described in this RFP (see page 17). The Financial Proposal is evaluated based on the lowest total bid (price) for all contract activities (see page 17).

2. The RFP's background section refers to several appendices, including the current reimbursement rates and methodology, which do not appear to be included in the RFP. Can you provide us with this information?

RESPONSE: An Amendment to the RFP, including all appendices, has been posted on the New York State Department of Health Website.

3. Do required forms, such as the pdf attachments enclosed in the RFP, still have to include a page number?

RESPONSE: It is up to the bidder whether they include page numbers on the required pdf forms.

4. Can you publish or provide bidders with a list of vendors that submitted a letter of intent to bid?

RESPONSE: The following vendors have submitted questions/letters of intent to bid:

Burns & Associates, Inc.  
The Lewin Group  
Mercer Health and Benefits LLC  
Public Consulting Group, Inc.

5. Has the Department or Reimbursement Advisory Panel (RAP) identified specific concerns with the current methodology, and if so, can you share those concerns? Similarly, what is the overall goal of the program so that we may understand how an alternate reimbursement strategy would support achieving your program goals?

RESPONSE: The goal of the Department is to adequately reimburse for the cost of services authorized and to promote the efficient, economical, productive and stable delivery of early intervention services. Primary programmatic goals, as articulated in Section 631 of IDEA, include enhancing the development of infants and toddlers with disabilities, to minimize their potential for developmental delay; reduce the educational costs to society by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age; enhance the capacity of families to meet the special needs of infants and toddlers with disabilities; and enhance the capacity of local agencies and service providers to identify, evaluate, and meet the needs of all children, particularly minority, low income, inner city, and rural children, and infants and toddlers in foster care.

The Early Intervention rate methodology was developed in the early 1990s. The goal of this project is to assure appropriate reimbursement that reinforces service delivery goals. The Reimbursement Advisory Panel (RAP) and the Department have identified several areas of concern related to the current service delivery system and how the current reimbursement methodology reflects and impacts these concerns:

- service coordination (case management): defining billable activities (currently limited to direct contact with families and service providers); appropriateness of funding streams; appropriateness of caseloads and case mix; paperwork requirements;; qualifications and competencies of service coordinators; availability of bilingual service coordinators;
- evaluation (core, supplemental, screening, and bilingual add-on rates ): possible alternative reimbursement models to support appropriate use of core and supplemental evaluations; adequacy of evaluation rates; decline in participation of highly qualified specialists; regional differences in interpretation of the rate structure; quality of evaluations; and, access to and quality of family assessments;
- group services: decline in the use of group services in recent years, especially group developmental intervention services; group size; child to staff ratio, qualifications of staff, age of children participating in groups, physical environment and location of groups and duration and length of groups
- overall adequacy of current assumptions related to costs associated with delivery of early intervention services, including those related to capital and administrative costs and recognition of different business models, absenteeism, travel time, team meetings, and coordination of services across providers;
- impact of the current reimbursement methodology on program capacity to meet particular program needs (for example, capacity of clinicians in particular areas of the State); and
- effectiveness and cost-effectiveness of the current methodology in delivery of services to high-needs children.

6. Does the Department currently receive regular service utilization reports or data from the municipalities? If such reports are submitted, please describe the historical time period covered, frequency of reporting, level of detail available, and completeness. Are these reports available electronically?

RESPONSE: Please refer to page 7 of the RFP which describes the data systems maintained by the program and the frequency for updating those data systems. Information from the data systems will be made available to the vendor selected in an electronic format as described in pages 9 and 10 of the RFP. Any known issues that impact the data, such as estimated completeness factors, will be noted with the data transfer.

7. Is the claims information from the KIDS system consolidated in a centralized repository accessible to the State? Will the contractor receive access to claim detail from the KIDS system?

RESPONSE: Yes, municipalities use the KIDS software application to collect program specific data, including provider billing and municipal claiming data, which is submitted to the Department on a quarterly basis and consolidated and stored in a database managed by Department staff. In addition to KIDS, the Department maintains an Early Intervention Fiscal System (EIFS) application, which is used to process claims for State reimbursement for early intervention services. The contractor will receive data extracts from both databases to use for data analysis. Amendment 1, Attachment F, referenced as Appendix F of the RFP, includes documentation for KIDS and EIFS, including database descriptions and variables. Participant's personal identifiable information will be removed and/or masked to protect the confidentiality of program participants.

8. Please provide information about the population currently receiving early intervention services. In addition to their ages, what are the predominant issues?

RESPONSE: The Early Intervention Program is a statewide program that provides many different types of early intervention services to infants and toddlers with disabilities and their families, ages birth to three years of age. Children are referred to the program when a parent or professional has a concern about the child's development. The child is then evaluated to determine if the child meets the eligibility criteria for the program. To be eligible for services, children must be under 3 years of age and have either a diagnosed condition with a high probability of resulting in developmental delay (such as Down syndrome, cerebral palsy, autism, hearing loss, etc.), or established developmental delay, as defined in State regulation, in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive. Approximately 25% of children enrolled in the program have a diagnosed condition with a high probability of developmental delay. Among children whose eligibility is based on the presence of developmental delay, approximately 38% had a delay only in communication development, 20% only in physical development, with the remainder having delays in more than one area (based on data for the 2007-08 program year).

9. As an ARRA-funded project, what is the State's budget for this project?

RESPONSE: The Department is seeking a best value price from each bidder.

10. Has the department used consulting firms in the area(s) requested in the RFP? If so, who were (are) those consultants and what services were provided?

RESPONSE: No, the Department has not used consulting firms in the past to evaluate the reimbursement methodology for the early intervention service delivery system.

11. Is the State Consultant Services Form A submitted with the proposal or would this be completed after the contract is awarded?

RESPONSE: Form A will be required from the awarded bidder after they are selected and need not be submitted with the proposal.

12. Do you have a MWBE Coordinator for this Solicitation or a list of the Prime Contractors?

RESPONSE: The Department does not have an MWBE Coordinator or a list of Prime Contractors.

13. Section A., page 4 indicates, "Agendas from past meetings, a schedule of upcoming meetings and a membership list are included in Appendix A." It does not appear the appendix is included. Please provide the appendix.

RESPONSE: An Amendment to the RFP, including all appendices, has been posted on the New York State Department of Health Website.

14. In Section B, pages 6 and 7, the RFP mentions that the current approved uniform payment schedule is included in Appendix D and a Department issued report which describes the reimbursement methodology and rate assumptions is included as Appendix E. However, the payment schedule and reimbursement methodology do not appear to be attached as Appendix D and E. In Section F, Appendices, page 27, Appendix D is described as General Specifications and Appendix E is described as Proof of Coverage for Worker's Compensation and Disability Benefits.

RESPONSE: An Amendment to the RFP, including all appendices, has been posted on the New York State Department of Health Website.

15. Section B, pages 6 and 7, states "The current approved uniform payment schedule is included as Appendix D. A Department issued report which describes the reimbursement methodology and explicates rate assumptions is included as Appendix E." It does not appear these appendices are included. Please provide the appendices.

RESPONSE: An Amendment to the RFP, including all appendices, has been posted on the New York State Department of Health Website.

16. Section C, #2, second bullet on page 9, states "Propose potential modifications or new reimbursement methodologies to address concerns identified by the Department and the RAP." Can you explain the concerns the Department and RAP have identified?

RESPONSE: See the answer to Question #5.

17. Section C, #2, third bullet, second sub-bullet on page 9, states "Collection of actual provider data related to delivery of early intervention services..." Section C, #3 under Database Development and Maintenance on page 10 discusses transferring data from the State to the vendor. Will the actual provider data be provided or does the vendor have to request and receive the data directly from the provider? Please describe the size and format of the data set that vendor will receive.

RESPONSE: The department collects information related to the utilization of program services by participants and the reimbursement to providers for these services. This information will be provided to the vendor selected in the form of data extract files. The data sets received will cover 10 years worth of authorizations and utilization for a program population of approximately 70,000 participants annually. These participants are currently served by approximately 22,000 active providers throughout the state. Files that contain this information can be as large as 30GB. Bureau of Early Intervention (BEI) staff will work with the vendor to determine the format needed based on analytic tools being used by the vendor. This could include a text (comma-delimited file), SAS, or other data formats as may be identified by the vendor and feasible for the BEI to produce. In addition to data available from Department data sets, it is anticipated that the contractor will also have access to data for a subset of providers who report data to the State Education Department using the consolidated fiscal reporting system managed by the State Office of Mental Health.

The vendor selected will also be required to solicit, collect and analyze provider information that is not currently captured by the Department. This information may include but is not limited to actual costs to the provider of providing program services by provider type, provider capacity based on varying potential program reimbursement rates, and regional variation in costs of providing program services. The Department will work with the vendor selected to determine the nature and extent as well as possible sources of the actual information that will be collected.

18. In Section C, paragraph 2, page 9, third bullet, one of the contract requirements states that the contractor shall provide data collection and analyses of multiple sources of information, including the collection of actual provider data related to the delivery of early intervention services from early intervention service providers throughout the State. Does the Department currently collect this provider data, or will the contractor need to design and implement new data collection and reporting tools for these providers? If the Department does currently collect this provider data, will it be made available to potential bidders?

RESPONSE: Please see the response to Question 17 above regarding data sets that will be available from the Department regarding provider data. As stated in the response to Question 17, the vendor will be expected to collect certain data from providers currently not captured by existing data sets. The Department will work with the vendor to determine the nature and extent of such data collection, which is likely to include the design and implementation of new data collection and reporting tools for EI providers.

19. Section C, #2, fourth bullet on page 9 states "Develop data collection tools." At the end of the contract, is it expected that the vendor turn over ownership to the State of any data collection tools or models developed?

RESPONSE: Yes.

20. Section C, #2, fifth bullet on page 9, states "Submit to the Department comprehensive reports to model the impact of potential changes to the reimbursement methodology under consideration by the Department." At the completion of the reports, is it expected that the vendor will set the rates if a new reimbursement methodology is adopted?

RESPONSE: The vendor selected will advise the department on potential ways to modify the rate methodology and any possible impact that those changes may have on the program, including modeling of methodologies and advice on construction of rates. This information will be used as part of the Department's overall review of the adequacy of the program's current reimbursement methodology.

21. In Section C, paragraph 3, page 10 under Staffing Requirements, the RFP states that the contractor must assign to the project a full-time contract manager. Does this requirement mean that the contract manager should dedicate 100% of their availability (i.e., 8 hours a day) to this project for the duration of the contract?

RESPONSE: Yes

22. In Section C, paragraph 3, page 10 under Staffing Requirements, the RFP states that the contract manager needs to be available to meet with Department staff in Albany and at other major metropolitan areas within the State. Does the Department have an expectation for how many days the contractor will need to be on-site in Albany or elsewhere in the State?

RESPONSE: The vendor selected will be required to attend regular EICC RAP meetings that are held in the Albany area every 6 to 8 weeks. The vendor selected will also be required to attend at least one meeting of the Early Intervention Coordinating Council in Albany near the end of the contract term. In addition, for the purpose of this bid, the vendor should assume a total of three regional meetings to solicit stakeholder input in the NYC, Albany and Syracuse or Rochester areas. The vendor should budget a full day for the meetings described plus any associated travel time and expenses. The vendor selected should anticipate preparing, reproducing and presenting information at the meetings attended. Meetings with Department staff will be conducted to coincide with the meetings described or be held via conference calls to minimize travel expenses for the contractor.

23. In Section D, paragraph 3, clause a., page 17, the technical proposal score is set at a maximum of 70 points. Will the sections of the technical proposal be weighted differently in the calculation of the raw technical evaluation score? If so, will the Department provide potential bidders with the weight given to each section of the technical proposal?

RESPONSE: The Department does not disclose the specific weights within the technical or financial sections of an RFP until after an award is made.

24. Section E., #2, on page 19 indicates, "Prospective bidders should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised during the Question and Answer period." Is the State amenable to negotiating changes/additions to the standard terms and conditions? Specifically, is the State willing to negotiate a limit of liability? Where should bidders include their request for exceptions to the contract terms and conditions?

RESPONSE: No, the Department does not intend to negotiate modifications to the standard terms and conditions of the State contract.

25. Section E, #6 second bullet states, "The vendor shall meet with Department staff and attend Department-sponsored meetings with external stakeholders in New York State as needed to complete the project." Is there an estimate of the number of on-site meetings the vendor is expected to take part in?

RESPONSE: See response to Question #22.

26. How would you describe the service delivery system in the New York State EIP?

RESPONSE: The service delivery system in the NYS EIP has been described as multidisciplinary whereby multiple individual qualified personnel are assigned to deliver services that are authorized on a child's Individualized Family Services Plan. This is in contrast to a transdisciplinary or primary service provider model used in some states whereby one primary provider is authorized to deliver most services with consultation by other service professionals less frequently.

27. What role do any other state agencies play in the New York State EIP?

RESPONSE: Several other state agencies play an advisory role to the Department of Health on the administration of the NYS EIP as members of the Early Intervention Coordinating Council, including the State Education Department (SED), Office of Mental Retardation and Developmental Disabilities, Office of Mental Health, Office of Children and Family Services, Office of Alcohol and Substance Abuse Services and the State Insurance Department. The Department of Health also works closely with SED to assure the appropriate transition of children in the EIP to the Preschool Special Education Program.

28. Who is responsible for administering child find and outreach activities of the EIP at the local level?

RESPONSE: Municipalities are required under NYS Public Health Law to administer the EIP in each county. Usually Local Health Departments operate EI programs locally. They perform child find activities as part of required activities and receive grant funding to offset the costs of these activities and other administrative activities.

29. Who determines eligibility in the NYS EIP?

RESPONSE: Evaluators that have been approved by the Department of Health, who are under contract with municipalities and are chosen by families make determinations of eligibility pursuant to NYS Public Health Law and associated regulations.

30. How are case management services provided in the NYS EIP?

RESPONSE: The NYS EIP has an initial service coordinator (ISC) assigned by the municipality in which a child is referred to the EIP and who is responsible for many of the activities associated with intake period in the EIP. For children found eligible for the EIP, families select an ongoing service coordinator (OSC) at their initial IFSP meeting, responsible for case management activities for the remainder of the program. The majority of ISC provided in the NYS EIP outside of New York City is provided by employees of local municipalities. ISC within NYC is entirely provided by employees and contractors of vendors to the NYC Department of Health and Mental Hygiene. OSC outside of NYC is provided by a mix of municipal employees and vendors. New York uses a dedicated service coordinator model whereby the service coordinator focuses entirely on service coordination rather than a blended model used in some states whereby therapists also provide service coordination.

31. How are early intervention services financed in the New York State EIP?

Nearly 40% of expenditures in the NYS EIP are paid by the Medicaid program. Less than 2% are currently paid by private health insurers. The remaining unreimbursed amount after that paid by third party payors is split by the State and localities. The State and local shares are 49% and 51% respectively in the current state fiscal year.

32. Has the New York State EIP seen an increasing trend in the numbers of children served with an autism spectrum disorder (ASD) and, if so, what has the EIP done to meet the growing needs?

RESPONSE: Yes, the number of children with an ASD in the NYS EIP has doubled in the last four years such that approximately 4,000 children with an ASD are served annually. The Department has recently proposed changes to regulations that would establish the use of paraprofessional aides for the delivery of applied behavioral analysis to such children in the EIP in specific approved settings. The goal is to expand the program's capacity to meet the ever growing needs of this population. The Department will establish reimbursement rates for these paraprofessional services.

