

Community Placement Assessment

RFP No. 1107151113

Questions and Answers

1. **Question:** What is the number or percentage of individuals who will be non-English speaking?

Answer: The NYS Department of Health is unable to determine the number or percentage of individuals who will be receiving assessments who are non-English speaking. The Department expects the successful bidder to work with nursing homes to ensure that individuals requiring translator services are provided with those services.

2. **Question: Re: flash drives:** For both technical and financial bids – Does the Department require 2 identical proposals on one flash drive – or 2 identical proposals on 2 flash drives (for a total of 4 to be submitted)?

Answer: The complete Technical Proposal is to be submitted on two (2) separate flash-drives and packaged separately from the complete Financial Proposal, which is also to be submitted on two (2) separate flash-drives. A total of four (4) flash-drives must be submitted, two containing the complete Technical Proposal in one package, and two containing the complete Financial Proposal in a separate package.

3. **Question:** Will partnerships be considered?

Answer: Partnerships are not excluded from applying, but bidders are reminded that “[s]ubcontracting by the contractor shall not be permitted except by prior written approval of the Department of Health. All subcontracts shall contain provisions specifying that all work performed by a subcontractor must be in accordance with the terms of this AGREEMENT, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the AGREEMENT between the STATE and the CONTRACTOR.” See RFP Appendix D, page 2 of 5, Section O.

4. **Question:** Please explain in detail what is the Medicaid Waiver program for adults? Is it related to nursing/adult homes?

Answer: Medicaid Home and Community Based (HCBS) waiver programs provide specialized services and supports necessary to allow participants to live in the community as opposed to a nursing home or other institution. A “waiver” is an exception to regular Medicaid rules that allows eligible persons to receive additional services and supports not otherwise covered by Medicaid. Individuals may participate in a HCBS Waiver Program, if they:

- Are Medicaid eligible
- Require a nursing home level of care as determined by a medical assessment
- Wish to remain in the community as an alternative to living in a nursing home
- Have needs that can be met safely at home.

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New York has four HCBS Waivers Programs for adults. They include:

- Long Term Home Health Care Program (LTHHCP),
- AIDS Home Care Program (AHCP),
- Nursing Home Transition and Diversion Program (NHTD) Program; and
- Traumatic Brain Injury (TBI) Program.

Additional information can be found on the Department's public website at <http://www.health.ny.gov/>

5. **Question:** In Section II of the RFP, you say that the contractor shall "Perform a medical, psychiatric and psychological evaluation of the individual." Please clarify the scope of the medical and psychiatric evaluations contemplated for the Community Placement Assessments. For example:

- A. **Is it contemplated that each individual will have a medical examination by a medical professional in the employ of the contractor?**

Answer: No. All residents of nursing homes must have periodic medical examinations by a health care practitioner affiliated with the facility. It is anticipated that the contractor will use the most current medical examination as a component of the assessment in conjunction with a face to face meeting with the resident. If the resident does not have a current medical examination, the contractor must request the facility to conduct one.

- B. **Is it contemplated that each individual will have a psychiatric evaluation by a psychiatrist in the employ of the contractor?**

Answer: No. It is expected that most if not all Nursing Home Remedy Members will have psychiatric evaluations by a psychiatric health care practitioner in their medical record. If the resident does not have a current psychiatric evaluation, the contractor must request the facility to conduct one. The contractor may use a current psychiatric evaluation as a component of the assessment, in conjunction with a face to face meeting with the resident.

- C. **Or is it contemplated that medical and psychiatric professionals employed by the contractor will review medical/psychiatric history and most recent examination performed by others.**

Answer: Yes. It is expected that the contractor will have the appropriate staff, which may include medical and psychiatric professionals, to render a determination based on a face to face meeting with the resident and on current medical and psychiatric evaluations performed by others which are contained in

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the facility's medical records for that individual, and if there is no current medical or psychiatric evaluation, to direct the facility to conduct one.

6. Question: Does the medical person need to be an MD?

Answer: The contractor must use trained professional staff, which may include M.D.s and other medical and psychiatric professionals. See also pp. 10-11 of the RFP (Staff Qualifications) and answers to Questions 5, 19, 20 and 21.

7. Question: How long will the toll-free telephone number need to be maintained? Will it need to extend beyond the 27 month contract period?

Answer: The successful bidder will be expected to maintain the toll-free telephone number for the entire 27-month contract period.

8. Question: What is the award notification date?

Answer: The Department cannot specify an award notification date at this time. An award letter will be released upon completion of the proposal reviews, scoring and vendor selection process. Depending on the number of proposals received, this process typically takes 6 to 8 weeks.

9. Question: What is the Hospital and Community Patient Review Instrument?

Answer: The Hospital and Community Patient Review Instrument (HC-PRI) is an assessment tool developed by the New York State Department of Health to assess selected physical, medical, and cognitive characteristics of people before their admission to a nursing home, as well as to document selected services that they may receive. The HC-PRIs is used to determine the level of care and the type of facility required. HC-PRIs collect information on a patient's medical condition, treatments and medications, special diets or therapies, physical and mental abilities and limitations, ability to perform acts of daily living such as eating moving and toileting, behaviors such as aggressiveness and disruptiveness.

10. Question: What is a SCREEN?

Answer: The SCREEN is a review required by 10 NYCRR and is based on Federal Regulations found in Title 42 Code of Federal Regulations (42 CFR), Part 483, Subpart C. The SCREEN currently serves two purposes: first, to determine the person's ability to be cared for in a setting other than a nursing home; second, to assess persons being recommended for nursing home placement for possible mental illness and/or mental retardation/developmental disability, as determined by a PASRR Level I Review. A SCREEN must be completed for:

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- All persons prior to admission to a nursing home.
- A hospitalized person who is designated by a hospital for an Alternate Level of Care (ALC) (i.e., patient who no longer requires an acute inpatient stay, but for whom a discharge location has not been either confirmed or secured).
- Residents of a nursing home who are newly diagnosed with serious mental illness and/or mental retardation/developmental disability.
- Residents who no longer meet the categorical determinations criteria (see items 27-30 on the SCREEN).
- Residents of a nursing home or patients designated ALC who have been previously identified as having a serious mental illness and/or mental retardation/developmental disability and are experiencing or have experienced a significant change in physical or mental condition.

You may access a copy of the SCREEN document on the Department's public website at <http://www.health.ny.gov/>

- 11. Question: It appears that the contractor is not required to actually place individuals in community-based housing, but rather only to complete the assessment and provide the information to the relevant parties including facilitating visits to possible community placements. Can you please clarify/confirm?**

Answer: The contractor will not be responsible for placing individuals in community housing, but will be responsible for all steps outlined in Sections C(II) of the RFP, including facilitating visits to community housing when appropriate. It is the responsibility of the nursing home to implement an appropriate discharge plan. The contractor will be expected to provide information as necessary to assist in the development of an appropriate discharge plan.

- 12. Question: The RFP says that that the contractor is not responsible for housing placement. Can you clarify the point at which the contractor transitions the housing placement responsibility to the nursing home discharge staff?**

Answer: After all steps outlined in Section C(II) of the RFP are completed, the successful bidder will transition the housing placement responsibility to the nursing home personnel team responsible for ensuring the safe and appropriate discharge of the resident to the community. The contractor will provide information as necessary to assist in the development of an appropriate discharge plan and will facilitate visits to community housing when appropriate.

- 13. Question: Will the PASRRs that have been completed be accurate? Will they be complete?**

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Answer: It is the Department's expectation that any PASRR evaluation and report that has been completed is complete and accurate at the time the evaluation is completed.

14. Question: Please explain exactly what “consistent with the PASRR” means?

Answer: The phrase "Consistent with the Revised PASRR Level II process and Stipulation and Order of Settlement" on page 7 and 11 of the RFP means that at a minimum, assessments must include all elements assessed on the Revised PASRR Level II (Attachment 14) and adhere to the requirements of the Stipulation and order of Settlement (Attachment 13). See also answer to Question 17.

15. Question: Does the PASRR tool constitute the “third review”?

Answer: No. The first review comprises both the Hospital and Community Patient Review Instrument (HC-PRI), and the SCREEN, including the Level I PASRR Review. The second review is the Level II PASRR Review, completed by the Level II evaluator. Currently this contract is held by the Island Peer Review Organization (IPRO). The “third review” is the Community Placement Assessment described in the RFP to be completed by the successful bidder.

16. Question: If our understanding is correct, every individual eligible for a Community Placement Assessment (CPA) also has already received a PASRR Level II assessment, which is fairly comprehensive. Are you contemplating that the CPA will supplement and not duplicate the PASRR Level II?

Answer: The Department expects that the Community Placement Assessment will supplement and not duplicate the PASRR Level II. See answer to Question 14.

17. Question: Can we use the PASRR Level II to conduct the “third review”?

Answer: The assessment tool used to conduct Community Placement Assessments must be consistent with both the Revised PASRR Level II process and the Stipulation and Order of Settlement (Attachment 13). At a minimum, assessments must include all elements assessed on the Revised PASRR Level II (Attachment 14) and adhere to the requirements of the Stipulation and order of Settlement (Attachment 13). Bidders should propose an assessment tool that they believe will result in the most accurate and complete assessments for all of the purposes and tasks outlined in Section C (II) of the RFP. See also Section IV, page 11 of the RFP. See also answer to Question 14.

18. Question: Page 5 of the RFP indicates that Level II PASRR determinations for individuals with SMI are made by IPRO. Therefore, please advise as to whether IPRO is eligible to bid on this contract, or whether that would represent a Conflict of Interest.

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Answer: DOH cannot answer questions about the eligibility of any potential bidder. Please see the fifth bullet on the Bidder's Assurances Form, Attachment 3, page 27 of the RFP, states "The Bidder assures the organization and its employees, subcontractors, consultants and 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 RFP. In particular, the Bidder assures that the organization and its employees or its subsidiaries, affiliates or proposed subcontractors did not review materials in connection with litigation in Joseph S., et al., v. Hogan, et al., United States District Court for the Eastern District of New York, No. 06-CV-1042 (BMC)(SMG)." The second sentence of this paragraph refers to individuals or entities that contracted with any party in the litigation in order to provide litigation support services prior to the settlement of the litigation (such as expert witnesses).

- 19. Question:** Please indicate the type of professional staff currently used for Level II PASRR reviews and determinations.

Answer: The Department's current contractor utilizes a complement of staff including, but not limited to, Registered Professional Nurses with psychiatric care experience, Registered Nurse Therapists, Masters prepared Social Workers (MSW) with experience in working with individuals with serious mental illness, Psychiatric Nurse Consultants, psychologists, Board-certified Psychiatrists and Medical Doctors.

- 20. Question:** Must professional staff conducting these reviews be licensed in New York State, or may they be licensed in any state?

Answer: The successful bidder must ensure that professional staff conducting assessments in New York are licensed and in good standing with the professional licensing board in New York. Similarly, staff conducting assessments in any other states must be in good standing with the appropriate professional licensing board in that state.

- 21. Question:** The RFP states "The contractor shall use persons or entities that employ and use trained professional staff with experience working with individuals with Serious Mental Illness, discharge planning/assessment and familiarity with transitioning individuals to community settings." Is there any further guidance regarding the types of professionals required to perform the assessments, e.g., for the medical assessment, is the requirement that a doctor, nurse or other identified medical professional conduct the assessment? Can you please clarify this for each type of assessment required by the RFP.

Answer: The bidder should propose the staff it believes necessary to conduct the most accurate and complete assessments for the purposes and tasks set forth in Section C (II)

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of the RFP. Staff may include, but are not limited to, Registered Professional Nurses, Masters prepared Social Workers (MSW), psychologists, Board-certified Psychiatrists and Medical Doctors with experience working with individuals with Serious Mental Illness, discharge planning/assessment and familiarity with transitioning individuals to community settings. See also answer to Question 5.

22. Question: What level of professional staff is anticipated to conduct the third level of review (Community Placement Review) specified in the RFP? Do you anticipate that the staff will be multi-disciplinary?

Answer: See answer to Question 21.

23. Question: Does DOH contemplate that there will be circumstances where the contractor will need to engage lawyers for hearings related to community placement determinations, or will it strictly be testimony of staff about assessments.

Answer: The Department anticipates that the successful bidder's involvement in the fair hearing process will be limited to providing records and testimony about the assessments it has conducted.

24. Question: For purposes of the financial proposal, should applicants explain their staffing and staff time assumptions related to the additional services, such as the staff time that may be involved in adjudication of all appeals to an adverse determination. Since there is no prior experience with this model, would there be additional compensation available if the time involved for additional tasks like the one described significantly exceeds budgeting estimates.

Answer: The financial proposal should include all costs within the scope of the project.

25. Question: If the applicant does not operate an Article 28 Diagnostic Treatment Center or another type of medical facility, can they subcontract for medical services and provide the other services directly?

Answer: The Department will accept proposals that include subcontracts subject to the following language in Appendix D of the RFP page 2 of 5 Section O: Subcontracting by the contractor shall not be permitted except by prior written approval of the Department of Health. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of this AGREEMENT, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the AGREEMENT between the STATE and the CONTRACTOR. Also see answer to question 5(a) regarding medical evaluations.

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26. Question: Can you describe who will determine the “defined subset of up to three individuals” as referenced on Page 9 of the RFP?

Answer: The Department of Health will provide the successful bidder with the names and current locations of up to three individuals who make up the defined subset.

27. Question: Please explain the reason for the last bullet under C.II on page 9 (“Within sixty (60) days . . .”) as it seems that a determination has already been made that at least three (3) individuals are eligible for community housing and community services. What is meant by *defined subset*?

Answer: See answer to Question 26 above.

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AMENDMENTS

1. Section F(5), paragraph 4 of the RFP, is hereby replaced by the following paragraph:
 4. In the event that, as a result of Dispute Resolution under section VIII of the Stipulation and Order of Settlement, or future action by the District Court or other appellate courts, the obligations of the State are modified in any way, DOH reserves the right consistent with such Dispute Resolution or court actions, to take appropriate actions, including: (1) canceling existing contracts issued pursuant to this RFP on **30** days written notice; (2) seeking no further funding for the contracts awarded pursuant to this RFP; and/or(3) modifying existing contracts issued pursuant to this RFP.
2. Attachment 13 to the RFP, the Stipulation and Order of Settlement, is hereby incorporated and attached as Appendix J to the RFP (see below).