

New York State Department of Health
Office of Health Insurance Programs, Division of Long Term Care
Statewide Transition Plan for HCBS Settings Final Rule
RFP #16672
Q & A Posted 8/3/16

Question #	Corresponding RFP Section	Bidder's Question	Answer
1.	RFP Section 2.0 Page 1, Paragraph 1 (Overview)	Is there or has there been a contractor for all or part of the tasks in this RFP? If so, who?	No.
2.	Section 3.1	Is a copy of the provider self-assessment survey available for review?	Different agencies have used or plan to use provider self-assessments. As they are approved for public release, we will post them to the DOH Website at: http://www.health.ny.gov/health_care/medicaid/redesign/home_community_based_settings.htm
3.	Section 3.1	When is the database expected to be fully developed? Will the successful contractor have input into the design, or be able to suggest modifications?	The State expects the database to be developed prior to the contract start date. The State will certainly consider modifications suggested by the bidder.
4.	Section 3.1	Will the database be accessible via the Internet?	Details on how the database will be accessed are not yet available.
5.	RFP Section 3.1 Page 3, Paragraph 3 (Summary of Contractor Tasks)	How many providers of home and community based settings are there, and what is there geographic distribution? (similar questions refer to how many sites will require remediation plans, how many sites will require heightened scrutiny analysis)	An exact number of settings is not known. Refer to the staffing requirements set forth on page 7 of the RFP for the level of staffing the Department anticipates needing for this project. Fees will be paid to the successful bidder based on the deliverables completed under the contract. See revised Attachment C for complete list of deliverables and payment terms. A review of the recently revised Statewide Transition Plan, which has been posted for public

			comment at http://www.health.ny.gov/health_care/medicaid/redesign/state_trans_plan_cms.htm , will help the bidder understand the scope of the project. Each agency has included an estimated number of impacted sites in need of assessment and/or heightened scrutiny statewide.
6.	RFP Section 3.1 Page 4, Paragraph 1 (Background/State Tasks)	As part of the Statewide Transition Plan, there are self-assessment surveys, site visits, and provider and recipient interviews. A. Have these already been conducted by the State? B. If yes, will the contractor have access to all of these documents/files?	A. A self-assessment survey has been sent to providers in some cases, and some site visits and interviews have been completed, but not in all cases. B. The contractor will have access to all completed assessment tools.
8.	RFP Section 3.2 Page 4, Paragraph 2 (1a Site-level Compliance)	Will the provider self-assessments be provided to the contractor?	Yes.
9.	RFP Section 3.2 Page 4, Paragraph 2 (1a Site-level Compliance)	Please elaborate on what is expected in regard to stakeholder input for this task, particularly as it is due by 60 days from contract start date.	The successful bidder will seek and utilize stakeholder input in assuring the efficacy of the tool. Successful bidder must incorporate documented participant feedback into their development of the evaluation tool and consider including external survey results like those from the National Core Indicator Survey (NCIS). Stakeholder input is anticipated to be incorporated into the assessment of whether or not a setting is compliant with the final federal HCBS Waiver Rule. It will not be sufficient to visit a site and speak to a single individual to assess whether or not a site is compliant. Instead it is expected that the contractor will find a way to incorporate participant feedback, as well as that of advocacy

			groups and family members and those living in or near the settings to make an educated determination as to the qualities and characteristics of the setting and the degree of community integration and independence enjoyed by those living or receiving services there who are recipients of Medicaid-funded HCBS. Within 60 days of the contract, the successful bidder must have a fully developed strategy to gather this kind of stakeholder input.
10.	RFP Section 3.2.1.b, page 4.	The RFP requires the bidder to “conduct site visits and execute participant surveys based on state-developed tools through a statistically significant sampling process across residential and non-residential settings...” Please provide the state-developed tools.	Some tools that have already been developed can be found at: http://www.opwdd.ny.gov/opwdd_services_supports/HCBS/hcbs-settings-toolkit on OPWDD’s HCBS Toolkit page. In addition, all other being developed will be added to the site at: http://www.health.ny.gov/health_care/medicaid/redesign/home_community_based_settings.htm soon.
12.	RFP Section 3.2 Page 4, Paragraph 2 (1b Site-level Compliance)	How long does the state expect each assessment to take?	Varies. The Department cannot guarantee any specific levels of effort however, in our experience, the average time for assessment completion was about a day of observation and interviews per site (these were certified group homes, which may be different than the settings being evaluated by contractor staff but should represent the most complex type of assessment).
13.	RFP Section 3.2 Page 4, Paragraph 2 (1b Site-level Compliance)	Will the Microsoft Access Database have been developed by the contract start date?	That is the Department’s intent.

14.	RFP Section 3.2 Page 5, Paragraph 1 (1c Site-level Compliance)	The first sentence mentions “the cross agency work group”. This sounds like this work group already exists. Please confirm and identify the participants.	Yes, there is a Cross-Agency workgroup that was convened by the Executive Chamber under the direction of the Department of Health (the single State Medicaid Agency). The workgroup is comprised of high-level staff from the New York State Department of Health AIDS Institute, the Office of People with Developmental Disabilities (OPWDD), the Office of Mental Health (OMH), the Office of Children and Family Services (OCFS), and the Office for Alcohol and Substance Abuse Services (OASAS). Each of these agencies and offices within them are responsible for the delivery of Medicaid-funded HCBS to individuals in settings that must comply with the final rule
16.	RFP Section 3.2 Page 5, Paragraph 4 (2a Heightened Scrutiny)	Does review of the pool of settings that the State has identified are presumed institutional require site visits?	No. The contractor will be expected to review the list of settings to ensure that it is complete based on their assessment of the State’s settings where Medicaid-funded HCBS are delivered and/or where recipients live. Site visits are not required for identifying such settings, but will be required to develop evidence packages and gather public input so the state can submit them to CMS to be designated appropriate HCBS settings through the heightened scrutiny process.
17.	RFP Section 3.2 Page 5, Paragraph 4 (2a Heightened Scrutiny)	What is meant by state staff site visits? Are these staff DOH employees or contractor staff?	State staff site visits in this context refers to state surveillance and/or quality improvement staff that conducted site visits over the past two years to assess compliance with the final rule.
18.	RFP Section 3.2 Page 5, Paragraph 4 (2a Heightened Scrutiny)	If the contractor identifies additional settings that may be presumed institutional, do these require a site visit in addition to site visits being made for site-level compliance (1b) and for remediation plan implementation (2e)? If so, how many are anticipated?	The State will make the final determination of which heightened scrutiny sites need to be presented to CMS for review of an evidence package that indicates the site has the characteristics and qualities of a community based setting and not those of an institutional setting.

			Evidence packages require a site visit and also require extensive stakeholder input which must be documented in the evidence package along with its disposition.
19.	RFP Section 3.2 Page 5, Paragraph 8 (3b Monitoring and Ongoing Compliance)	Please explain if the site visits conducted to implement remediation plan (1e, above) are different from the re-visits to sites to ensure that remediation plans were completed.	Settings will be identified either by the State's assessment process or by the contractor as initial assessments are conducted as partially compliant. Those settings will require corrective action to become fully compliant. The contractor will work with non-compliant setting operators to develop a site level transition plan to come into compliance prior to August 2018. The State and the contractor will monitor progress toward the deliverables and timelines in the transition plans. Site visits may not be necessary at all or more than one site visit may be required depending on the level of compliance, the need for technical assistance and/or the willingness of the operator to make necessary changes.
20.	RFP Section 3.2 Page 6, Paragraph 1 (4b. Systemic Compliance)	Please provide more detail on the Comprehensive Statewide Database of HCBS Settings.	The DOH and the interagency workgroup are in the process of developing the database, which will be completed before the contractor begins work.
21.	RFP Section 3.2 Page 6, Paragraph 3 (4biii. Systemic Compliance)	What data are expected to be submitted to the contractor by state survey staff?	Compliance of settings that have already been assessed by state staff site visits; List of heightened scrutiny addresses that will require evidence packages; Settings where we know recipients of Medicaid-funded HCBS live and/or receive services; and Any assessment tools or other resources already developed by the State.
22.	RFP Section 3.2	Please confirm that the quarterly in-person meetings will be one-day meetings.	Yes, these meetings will be conducted in no more than 3 hours increments.

	Page 6, Paragraph 8 (5. Required Meetings)		
23.	RFP Section 3.2 Page 6, Paragraph 8 (5. Required Meetings)	Will all staff be expected to attend the in-person meetings, or just the management staff (i.e., the Coordinator)?	At a minimum, the Coordinator will be expected to attend in-person meetings.
24.	Section 3.3 – Paragraph 1	Is the Coordinator expected to be onsite full time? Please clarify the on-site requirement.	There is no onsite requirement.
25.	3.3 Staffing Requirements, p. 7	The RFP indicates that “one full-time individual must be designated to serve as Coordinator under the contract to coordinate all statewide assessment, evaluation and monitoring activities.” Can the FTE for this Coordinator be split across two people (i.e., two individuals at one-half FTE)?	Yes.
26.	RFP Section 3.3 Pages 7-8, Paragraph 1-4 (2. Assessment/Evaluation and Monitoring Specialists; and 3. Corrective Action/Compliance Specialists)	Please provide more detail on the difference between these 2 positions.	These are similar positions and staff with similar backgrounds may occupy either role. The key characteristic of the assessment/evaluation and monitoring specialist may be the analytical skills required; where the key characteristic of corrective action/compliance specialist may be training or coaching skills. The bidder should clearly state the background and experience of staff it plans to hire in all of the positions outlined in the RFP.
27.	RFP Section 3.3 Pages 7-8, Paragraph 1-4 (2. Assessment/Evaluation and Monitoring Specialists; and 3. Corrective Action/Compliance Specialists)	Although not specifically noted for the Assessment/Evaluation and Monitoring Specialists as it is for the Corrective Action/Compliance Specialists, please confirm that the Assessment/Evaluation and Monitoring Specialists will be expected to travel to sites across the State.	Yes.

28.	RFP Section 3.3 Page 9, Paragraph 2 (5 Administrative Support)	The second line mentions the position of Project Manager for the first time. None of the paragraphs/subsections under Staffing Requirements above this paragraph mentions Project Manager. Please explain if the Project Manager is an additional position not previously described, separate and apart from the Coordinator.	No, Project Manager is not an additional position. The RFP intended to list the title of Project Assessment Coordinator in this sentence instead of Project Manager.
29.	Section 3.3 – Paragraph 2 and 3	Can Assessors and Corrective Action Specialists be cross trained (RFP calls for two of each, can four individuals be hired who are capable of performing all functions)?	Yes.
30.	RFP Section 3.4 Page 9, Paragraph 6 (a. Reporting Requirement)	The RFP indicates that quarterly reports should be submitted beginning on 1/31/17. However, as the contract start date is anticipated to be 11/1/16, the 1/31/17 date will be the last day of the quarter and the contractor will need some time to complete that day and generate and write the report. For most contracts, reports are due 30 to 60 days after the end of the quarter. Please advise.	Yes, the first quarterly report will be due within 30 days of the end of the quarter. If necessary, similar adjustments will be made to other quarterly reports.
31.	4.1 Minimum Qualifications	An organization questioned whether its work with assisting agencies eligible for HCBS services in developing their viability plan. The same organization operates a separate line of business for evaluation work. The organization wishes to know if it is disqualified under either form.	DOH will only accept proposals from organizations that do not have a business relationship with any of the HCBS settings or facilities.
32.		What is the budget amount allocated or approved for this initiative?	Undisclosed.
33.	Section 4.1 of RFP 16672	Would DOH recognize the experience of the <i>principal and staff</i> of a recently formed	The RFP states that DOH will accept bids from <u>organizations</u> with the required experience.

		organization for the purpose of meeting minimum qualifications? The organization was formed in early 2016 and currently has existing statewide contracts that include both healthcare regulatory compliance and large-scale program evaluation. The organization's principal and staff each have 10+ years of experience in these areas, however the organization that would be submitting the bid is newly formed. To whom does the 3-year minimum level of experience apply; to the organization or the principal and staff that will be delivering the services?	
34.	Section 4.1, Minimum Qualifications, paragraph 2	Our firm is deeply experienced in all topics related to this request for proposals, is currently doing similar and related work for other state clients, and brings strong knowledge of the federal HCBS regulation by virtue of having former federal officials on our team. We believe that although some of our staff currently provide consulting services to potentially affected providers, it is possible to construct a conflict-free response and implement the work with strong firewalls between this project and any work related to HCBS providers in New York. Would the State be open to such a proposal?	DOH will only accept proposals from organizations that do not have a business relationship with any of the HCBS settings or facilities.
35.	Section 6.1 – Paragraph F	Do the references need to be for the prime contractor, or can a subset of the required references be supplied by the subcontractor?	References should be provided for both the prime contractor and any proposed subcontractors.
36.	Section 6.2 of the RFP, D. Technical Proposal Narrative	This RFP Section states, the proposal shall "be clearly page numbered on the bottom of each page with appropriate header and footer	Please use standard business practice.

		information." Can the state provide details of what it considers, "appropriate header and footer information"?	
37.	Section 6.2 of the RFP, D. Technical Proposal Narrative	Should the appendix that holds staff resumes be included in a bidder's technical proposal? And if so, would you like it placed at the end?	Yes.
38.	RFP Sections 6.2 and 7.0 Page 22, Paragraph 6D (Technical Proposal Narrative) and page 23, Paragraph 7.1 (Proposal Submission)	There seems to be a contradiction between these two pages. Page 22 indicates that the proposal should not exceed 15 single-sided pages, whereas page 23 indicates that the proposals should be printed two-sided. Please resolve/clarify	The technical proposal narrative should not exceed 15 single-sided, double-spaced pages.
39.	RFP Sections 8.3 (Technical Evaluation) and 8.4 (Cost Evaluation) Page 25	The Cost Evaluation section describes a "normalized" scoring process, whereas the Technical Evaluation section implies that the Technical Proposal will be worth 70 points, without any "normalization" of scores. Will the Technical Evaluation scores be normalized to 70 points?	No. The method of award section on pages 24-26 describes the process used.
40.	RFP Section 8.9 (Award Recommendation) Page 26	Please explain the first sentence, "The Evaluation Committee . . . whose experience and qualifications have been verified." A. Does this mean that the contract may be awarded to someone other than the bidder with the highest composite score? B. Will "experience and qualifications" be scored during the interview separately from what is written in the Technical Proposal?	The method of award section on pages 24-26 describes the process used. The specific evaluation criteria will not be provided.

		C. If so, how?	
41.	Attachment C – Cost Proposal, p. 30	Please confirm that travel costs associated with SOW implementation should be included in the Contractor’s budget.	Please see instructions in revised Attachment C, cost proposal form.
42.	Attachment C – Cost Proposal, p. 30	The instructions on Attachment C - Cost Proposal refer to a “cost proposal bid detail sheet.” Is there a particular format required for the bid detail? Is a T&M or Cost Plus Fixed Fee format acceptable?	Please use the revised Attachment C, Cost Proposal Form.
43.	Attachment C, Cost Proposal Page 30 (Instructions)	Please explain the 2nd sentence, “Travel costs for Specialty Consultants/Facility [sic] will be reimbursed separately . . .”. The RFP has not previously mentioned Specialty Consultants/Facility [sic]. A. What/who are these positions? B. Does the sentence contradict the next sentence which instructs that travel expenses be included in the price proposal?	Please see revised Attachment C.
44.	Attachment C, Cost Proposal Page 31 (Cost Proposal Detail)	In the first row, please explain what “including participant surveys” means.	The contractor is expected to gather stakeholder input in assessing sites for compliance with the final rule. One way this may be accomplished is to interview participants about the freedom they have to control their environment, activities, schedule, etc.
45.	Attachment C, Cost Proposal Page 31 (Cost Proposal Detail)	In the fourth row, please explain how the bidder will be paid if the non-compliant site never implements remediation strategies resulting in compliance, i.e., they remain non-compliant and need to be closed.	Please see revised Bid Form, Attachment C.
46.	Cost proposal and Task 3.2.1.b	The cost of the initial site visits (Task 3.2.1.b.) which is a Year One mandatory activity does not appear on the cost table. Is this an oversight? If so, please update the cost table.	The bidder is expected to incur staff, travel, and administrative costs during year one activities that include performing site visits, interviews, analysis of state performed assessments, and compliance

		If not, where should the costs for the Year One initial site visits be included?	audits across many sites statewide. A review of the Statewide Transition Plan, which has recently been revised by the State and posted for public comment at http://www.health.ny.gov/health_care/medicaid/redesign/2016/docs/2016-06_amended_hcbs_statewide_transition_plan.pdf will give the bidder a sense of how many sites need to be assessed or validated. These expenses should be considered the cost of initial site visits.
47.	Cost proposal and C.3.2.3.b and C.3.2.1.e	It appears that the cost for non-compliance revisits in Task C.3.2.3.b. are to be included with the costs for Task C.3.2.1.e. Please confirm.	Correct.
48.	Cost proposal and C.3.2.4.b	The cost of maintaining the Comprehensive Statewide Database of HCBS Settings (Task C.3.2.4.b.) which is an ongoing mandatory activity does not appear on the cost table. Is this an oversight? If so, please update the cost table. If not, where should the costs for this be included?	No, not an oversight. This is anticipated to be a staff expense for the data analyst. Attachment C indicates the price proposal should include all costs involved in meeting the requirements of the RFP including database maintenance.
49.		Will there be training required?	Yes. Training will be offered by the Department of Health.
50.		What type of training activities are expected?	Training sessions will be conducted by the Department of Health through in-person, video or conference calls and/or other means to ensure full participation. Training will assume the successful bidder has a baseline understanding of the federal HCBS final rule and toolkit available online.

51.		What type of items will not be reimbursed, i.e. mileage, supplies, administrative overhead costs?	Any items not included in the pricing proposal will not be reimbursed. Attachment C indicates the price proposal should include all costs involved in meeting the requirements of the RFP including database maintenance.
52.		Will services be provided in the Buffalo, NY area?	Yes, this is a statewide initiative.
53.		Can the state confirm that a vendor does NOT have to complete and submit the ST-220 CA or the ST-220 TD with their proposal submission? These forms are only required if selected as the winning bidder?	Confirmed. Yes.
54.		Can the state confirm that proof of Workers' Compensation and Disability Benefits Coverage are not to be included in a vendor's proposal submission but instead only upon contract award?	Yes.
55.		Can the state confirm that State Consultant Services Form A and Form B do not need to be included in a vendor's proposal submission?	Yes.
56.		"Provide the name, title, address, telephone number, and email address of the person authorized to receive Notices with regard to the contract entered into as a result of this procurement. See Section ___ of the DOH Agreement (Attachment E), NOTICES." Can the state provide the Section number that should file in this blanks space?	Should read Appendix G, p. 59.

57.		Should Attachment B: Proposal Document Checklist be included in the response? If yes, in which proposal should it be included, Administrative, Technical or Cost?	No, the checklist is for bidder reference.
58.		Attachment B: Proposal Document Checklist refers to an Attachment K for Transmittal Letter format. There is no Attachment K.	Attachment K is not required. The Title Page content requirements are prescribed on page 22 of the RFP.
59.		Is a Certificate of Good Standing to do business in NYS only required upon request or should it accompany a vendor's proposal?	Include attestation as described in Attachment A.
60.	Page 8 Section 3.3(3)	The first paragraph states: "Incumbents(s)" will develop..." Should the word "Incumbent" instead be "successful bidder"? If not, what is the definition of "Incumbent"?	Yes.
61.		Who (what) vendor(s) or state agencies are conducting the state's "existing oversight" activities?	Offices within agencies/offices of the State are responsible for quality Improvement and surveillance of licensed settings on a regular schedule that varies with the office/agency. See Answer to Question 14.
62.		If non-compliance of a site is related to issues that don't require onsite verification, is it acceptable to verify compliance through	Yes.

		submitted documentation (for example, revised lease agreements) and not conduct an additional site visit?	
63.		Will the MS Access Database developed by DOH include standard reports required by the State for routine reporting of setting review outcomes and status, such as "reports from the database detailing the compliance status of settings as a whole or by type and/or location)"?	Yes.
64.		Does the vendor have full responsibility for maintaining the MS Access Database developed by DOH after hand-off to the vendor, such as fixing bugs and making other database modifications as necessary?	Yes. The State will turn over a fully functional Access database for use by the successful bidder in this project. Database maintenance should be factored into bid pricing.
65.		For turnover of the MS Access Database upon termination of the contract, will the State accept MS Access 2016, or is some other version required?	Yes. The same version of Access is expected to be used at contract's end.
66.		<p>The RFP identifies that state survey staff may be providing data that the vendor will need to enter into the database.</p> <ol style="list-style-type: none"> 1. What role will state survey staff perform in completion of this project and what is the nature of the data that they will submit? 2. How will information from state survey staff be formatted and transmitted to the vendor for data entry, or will the vendor define this? 	<ol style="list-style-type: none"> 1. As state staff survey licensed settings in the normal course of business, they will be looking at compliance with the final rule. 2. If there is not already a form completed by the DOH to gather data for the Comprehensive Statewide Database then the vendor could create such a form to facilitate data entry. 3. It is our intent that the contractor will develop a monitoring schedule that transitions the

		3. Will state survey staff be performing any portion of the scope of work described in this RFP, such as site visits, remediation visits, etc. related to the HCBS Waiver Final Rule?	contractor's role to a state staff role to ensure ongoing compliance after the transition period.
67.	Page I Section 2.1	Provide Appendix II or the applicable document that includes the brief descriptions of all these programs.	Appendix II was intentionally omitted from the RFP as this information is available on the DOH's Long Term Care website at: http://www.health.ny.gov/facilities/long_term_care/
68.		Appendix B (page 14) of the Statewide Transition Plan provides a table of residential setting counts with column headings of "total # enrolled," full, and partial. Are the numbers in these columns the number of sites/settings or are these the number of individuals in residence/associated with the setting?	<ol style="list-style-type: none"> 1. Yes, these are the number of enrollees at that point in time, total, number in partially compliant settings and number in fully compliant settings. 2. The Statewide Transition Plan has been considerably revised and is available for review at: http://www.health.ny.gov/health_care/medicaid/redesign/2016/docs/2016-06_amended_hcbs_statewide_transition_plan.pdf <p>Bidders are encouraged to review the revision for a better sense of the scope of the project.</p>
69.		Has NY decided on the proportion of settings that will receive a site visit based on a statistically significant sample size?	No.
70.		What is the anticipated type of technical assistance to be provided to non-compliant settings with approved remediation plans?	It is anticipated that the assessment process will include identifying areas of non-compliance, if any, and developing a site-level transition plan that will assure the setting is in compliance before the end of the transition period in 2019. The site level plan

			should have time frames for deliverables and milestones that the contractor will help assure are met through in-person and/or telephonic assistance and/or review of procedures, policies and practices. Remediation included in the site-level transition plan will vary and may include staff training, adding staff, amending policies and practices or other recommendations included in the remediation strategy menu developed by the contractor and approved by the state.
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