

Robert Doar  
Commissioner

Roy A. Esnard  
General Counsel

Vincent Pullo  
Agency Chief  
Contracting Officer

180 Water Street  
New York, NY 10038  
212 331 3434

November 21, 2013

**RE: ADDENDUM # 1 to the Request For  
Proposals for Home Care Services  
PIN: 06914H084300 EPIN: 09613P0002**

Dear Prospective Proposer:

The Human Resources Administration (“HRA”) appreciates your interest in the Request for Proposals (“RFP”) for Home Care Services issued on November 8, 2013.

Please find attached Addendum #1 for the above-referenced RFP. Addendum #1 contains:

- **Revisions to the Home Care Services RFP:** HRA made revisions to the RFP and has released the revisions as Attachment A to this Addendum. **All new language is bolded and underlined. Language that is crossed out is being deleted from the RFP.**
- **Answers to Questions, Submitted to HRA in Writing:** Attached to this Addendum as Attachment B are answers to questions submitted by interested potential proposers.

Please acknowledge your receipt of Addendum #1 by listing it on the Acknowledgment of Addenda (Attachment B of the RFP package) and include it in your proposal submission.

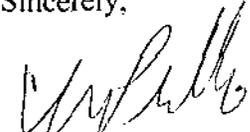
The deadline for submission of proposals is December 18, 2013.

Proposers are reminded that they must hand deliver their proposals by **December 18, 2013 at 2:00 p.m.** to:

NYC Human Resources Administration  
Office of Contracts  
Request for Proposal (RFP) Unit  
180 Water Street, 14<sup>th</sup> Floor  
New York, New York 10038

Proposals received at this location after the proposal due date and time are late and shall not be accepted by the Agency, except as provided under the New York City Procurement Policy Board Rules.

Sincerely,



Vincent Pullo

**Attachment A**  
**Revisions to Home Care Services RFP**

**Revisions to Home Care Services RFP  
PIN:06914H084300 EPIN:09613P0002**

Please be advised that the subject Request for Proposals is revised as described below. All new language is bolded and underlined. Language that is crossed out is being deleted from the Request for Proposals.

**Page 5 Section D. Anticipated Contract Term**

It is anticipated that the term of the contract(s) awarded from this RFP will be for 3 years, from ~~January 1, 2014~~ **April 1, 2014** to ~~December 31, 2016~~ **March 31, 2017**, with one 3-year option to renew.

**Page 22 Section IV: B. Proposal Package Contents (“Checklist”)**

1. A sealed inner envelope labeled “Program Proposal,” containing one original set and six duplicate sets. **In addition, it is strongly recommended that the proposer submit one (1) CD containing all** of the documents listed below in the following order:

**Attachment B**  
**Questions and Answers**

**Home Care Services RFP Questions and Answers**  
**PIN: 06914H084300 EPIN: 09613P0002**

- Question 1. Do we have to be contracted with Medicaid first as a requirement for this bid?**  
No, contractors awarded a contract will receive a Medicaid billing I.D. number.
- Question 2. What boroughs would the patients be living in that we would service?**  
HRA is seeking an adequate number of appropriately qualified contractors that can directly provide, under one program, and not through subcontracts, home care services to Medicaid recipients residing in the five NYC counties whose services will remain under the responsibility of HRA. Service types are home attendant, housekeeper, consumer directed personal assistance, and emergency and exceptional home attendant services.
- Question 3. If a proposer wished to bid for Competition 1 and Competition 2, must the proposer's RFP response be separate for each?**  
Page 5 of the RFP - Vendors may propose for more than one competition pool. However, a complete and a separate proposal must be submitted by the vendor for each competition pool.
- Question 4. Does the Agency need to be a Union shop in order to submit a proposal?**  
It is not a requirement for the submission of a proposal.
- Question 5. How many hours are being awarded per week Level II PCA services?**  
Please refer to page 8 of the RFP. Hours are not being awarded. Cases will be assigned to vendors awarded a contract. The number of cases available for distribution will depend on how many cases remain under HRA's supervision and may fluctuate considerably during the life of the contract. By submitting a proposal, vendors understand that there is no guarantee of cases assigned if selected.
- Question 6. How many hours are being awarded per week to home attendants that provide Emergency and Exceptional Home Attendant services?**  
Please refer to page 8 of the RFP. Hours are not being awarded. Cases will be assigned to vendors awarded a contract. The number of cases available for distribution will depend on how many cases remain under HRA's supervision and may fluctuate considerably during the life of the contract. By submitting a proposal, vendors understand that there is no guarantee of cases assigned if selected.
- Question 7. What is the profit cap for Competition 1, and what happens to the funds if it is over that percentage cap (does it get reinvested in the program? Given back to HRA? Etc...)**  
There is no profit cap for this RFP. The reimbursement rates and the treatment of excess funds, if any, have not been finalized with NYSDOH. Please see page 6 of the RFP.

**The 16.95 approved average weighted hourly rate would that be the case for Competition 1 and 2? Please refer to page 15 of the RFP.**

The Agency has determined that the payment structure of the contract(s) awarded from this RFP will be based on hourly reimbursement rates, which is subject to approval by the NYS Department of Health. The current NYSDOH approved average weighted hourly rate is \$16.95. The rate for the services will cover allowable contractor costs associated with the delivery of services, including but not limited to, personal care services (home attendant, housekeeper, consumer directed personal assistants, emergency and exceptional home attendants) wages, statutory taxes, fringe benefits, costs of maintaining replacement capability for home care workers and administrative costs.

**Question 8. Also, I know this may be a long shot, but is there anyway that the meeting on Friday, Nov. 22 can be changed to earlier in the day since for Sabbath Observant individuals they would not be able to make it that late in the day?**

The time of the Pre-Proposal Conference is 10:00 AM to 12: PM, and cannot be rescheduled.

**Question 9. Does the Provider have to check the Medicaid eligibility?**

Yes. Vendors should check Epaces and the Long Term Care (LTC) Web. Access to LTC Web will be provided to contractors who are awarded a contract from this RFP.

**Question 10. If the recipient is no longer Medicaid eligible, can services be discontinued? If not, how will the Agency be reimbursed?**

HRA's Long Term Care Web system tracks recipient Medicaid Eligibility and Service Authorization expirations. Vendors must regularly check Epaces and the LTC Web reports for case closures due to Medicaid ineligibility and cases pending closure due to expiring authorizations. Vendors are strongly encouraged to contact the CASA office the last day of each month to verify case closures. There is no reimbursement for ineligible service recipients. In addition, vendors are responsible for a safe discharge plan for ineligible service recipients.

**Question 11. In the present Home Attendant system, individuals with a surplus maintain their Medicaid eligibility whether or not this is paid on a timely basis. Will this new contract keep this same arrangement? If not, how will the Agency be reimbursed if the Medicaid is inactive due to non-payment of surplus?**

It is unknown at this time if the same arrangement will continue. There is no reimbursement for an ineligible service recipient.

**Question 12. If the recipient fails to pay the surplus, can services be terminated under DOH LHCSA guidelines?**

DOH LHCSA guidelines do not address failure to pay Medicaid surplus.

- Question 13. How long does HRA anticipate for these cases to remain outside of the Managed Long Term Care system? What is the estimated length of service for these cases?**  
The HRA cases for this RFP are exempt/excluded from Managed Care and Managed Long Term Care under the current NYSDOH Managed Care regulations. Cases will remain with the HRA contract system if they meet NYSDOH Managed Care exemption/exclusion criteria.
- Question 14. How do you reconcile the DOH background check requirement with the Young Men's Act?**  
The Criminal History Record Check requirement is a New York State regulation and would supersede the Young Men's Initiative requirements. It is strongly encouraged that proposers contact the State if they have any questions concerning the DOH background check.
- Question 15. What are the requirements regarding EEOC reporting? Are these reports required with the proposal submission or after the contracted is awarded but prior to the actual contract initiation?**  
EEOC Reporting requirements are not part of this RFP but remains a contracting requirement that will be addressed at the appropriate time.
- Question 16. The RFP does not mention Vendex. Please explain if these forms are necessary to meet the RFP requirements.**  
Vendex is not a submission requirement. However, proposers must file Vendex questionnaires if they are selected for award as a precondition to contract registration.
- Question 17. How many agencies do you expect to contract with?**  
Please refer to page 23 of the RFP, under Basis for Contract Award for guidance.
- Question 18. In the current system, agencies have an assigned caseload number. Will there be a minimum or maximum caseload number for contractors in this new arrangement?**  
There is no minimum and no maximum. The number of managed care exempt home care cases under HRA authority may fluctuate during the life of the contract. This may affect vendor caseloads. Please see answers to Questions 5 and 6 of this Addendum.
- Question 19. The RFP requires that the contractor be licensed in at least 4 counties of NYC. Does this require that the contractor actually serve all 4 of these counties?**  
No.
- Question 20. Would the contractor be allowed to choose which counties of its licensed counties to provide services, or will HRA choose the counties?**  
HRA will choose and designate the counties. Please refer to page 8 of the RFP, under Distribution of Cases for guidance.

**Question 21. When the case is posted on the Long Term Care Web, how many contractors will receive this posting?**

The case will be posted to one contractor at a time and will continue as needed to ensure initiation of service within the required contractual initiation of service deadlines as specified in the RFP page 8 and Home Care Services agreement.

**Question 22. In the CDPAP proposal, will contractors have the authority to control the hours for an individual Home Attendant in order to reduce overtime costs?**

No.

**Question 23. Would the CDPAP arrangement allow for the use of telephony or other fraud prevention measure?**

Yes, please refer to page 12 of the RFP, under Service Responsibilities.

**Question 24. How will the reimbursement rates be determined? Can contractors submit their own rates?**

Please see page 6 of the RFP. Methodology for rate reimbursement to the vendor will be jointly determined by NYSDOH and HRA. Rate submissions are not requested for this RFP.

**Question 25. How will the financial audit process differ from the present HRA Home Attendant audit process?**

This is under discussion with NYSDOH, and will be provided after vendor selection.

**Question 26. For the Difficult to Serve Program, is the contractor required to provide the Social Worker? If so, will there be a differential for these cases? What will the requirement be for the ratio of Social Workers to Recipients?**

A Social Work component is required for delivery of DTS services. The final rate as determined by HRA and SDOH will include the DTS social work component.

**Question 27. Are there any special training/education requirements for PCA's serving children?**

SDOH regulations do not require special training.

**Question 28. Will the Home Attendants serving children actually be providing personal care or just supporting the parent/caregiver (as with Homemaking)?**

Services to be delivered under this RFP are for personal care services, aka home care services, as specified by NYSDOH regulations.

**Question 29. Will the recipients you refer with Traumatic Brain Injury be part of the New York State waiver? If so, how would HCSS workers interface with the Home Attendant?**

Yes, TBI patients can receive home care through this RFP. However, patients who receive home care through HCSS (Home and Community Support Services) cannot receive services from the HRA Home Care Services Program.

**Question 30. The present system requires that excess funds be returned after an audit (allowing a small profit for proprietary agencies). Under this new system, can we assume that the contractor can retain any excess funds (after meeting all obligations) or responsible for any loss?**

No, not at this time.

**Question 31. What are the expected surplus rates under this program?**

The final rates are under discussion with SDOH.

**Question 32. Please define financial incentives / disincentives.**

Financial incentives will be the referral of home care recipients to an agency. Vendors deemed non-compliant with HRA procedures, policies and contractual requirements will not receive client referrals.

**Question 33. Please define the HRA required working capital asset / liability accounts?**

As discussed in page 6 of the RFP, HRA will not provide any start-up funds as it is not providing a defined caseload. Since payment for services is through the NYS Medicaid Management Information System and reimbursement may take up to 6 weeks, the contractor must have available cash or a line of credit from a reputable financial institution to support their caseload throughout the life of the contract. Approximately \$250,000 in working capital is needed to support 100 cases or \$62,500 for every 25 cases. At the time of award the City will make a determination as to whether proposers have enough capital to be awarded this contract.

**Question 34. Based on the RFP, Home Attendants assisting in the difficult (level II) cases will require ongoing training and intensive support services. Please clarify the level of training and whether it can be reimbursed.**

The recipients of DTS home care have exceptional needs and/or are in exceptional circumstances that may require additional in-service or on-the-job training to be determined by the home care vendor RN and Social Worker to stabilize the situation. The final rate or rates will include the DTS service components.

**Question 35. Our plan is to have an effective administrative structure with qualified staff to manage the program. Can an allocation be made from contractors existing structure if the program cannot fiscally support full time positions for the staffing requirements?**

After award HRA will consider agency allocation plans, subject to approval. Allocation plans will be subject to annual reviews and approvals throughout the life of the contract.

**Question 36. Will additional amounts be provided to cover administrative / management functions outlined in the RFP?**

Final rates will include an administrative management component.

**Question 37. Are nursing and social worker visits billable separately?**

No.

**Question 38. We understand that HRA is considering raising the current average weighted hourly rate of \$16.95. When will the revised rate be finalized and announced?**

Rate has not been finalized and is under discussion with SDOH. Rates will be finalized upon contract award.

**Question 39. What is the number of cases total that will be assigned per contract? How many cases can one agency receive through Competition 1 and Competition 2, respectively?**

There is no minimum and no maximum. The number of managed care exempt home care cases under HRA authority may fluctuate during the life of the contract. This may affect vendor caseloads. Please see answers to Questions 5 and 6 of this Addendum.

**Question 40. Within Competition 1, is there a maximum number/percentage of each type of case (Housekeepers, Home Attendants, Emergency and Exceptional Home Attendant Services) that will be assigned per contract? If so, what is the number or percentage for each of those three categories?**

No.

**Question 41. Will HRA set a cap for the number of cases under each service category that are assigned to an agency? Will there be any minimums or maximums? For example, could one agency receive, for example, 0 cases from Competition 1 and 200 from Competition 2 or vice versa? If so, how would this case assignment be determined?**

No, there is no cap on the number of cases. There are no minimums or maximums. Yes, an agency can receive "0" cases in Competition 1 and 200 from Competition 2. Case assignment will be based on selection of the most appropriate vendor that can meet the needs of the recipient, as discussed in page 8 of the RFP.

- Question 42. Referring to Page 5 of the RFP where it states that "starting in 2014...clients enrolled in the MLTC program will be passively transferred to FIDA managed care plans":**
- a) **Please explain how this process will work?**  
This is a managed care question that should be addressed to NYSDOH.
  - b) **Will the current average weighted hourly change for transferred clients? If so, when will that be finalized and announced?**  
These questions are for NYSDOH.
  - c) **Will all plans under the MLTC program be transferred to FIDA?**  
This is a NYSDOH question.
  - d) **What will be the transitioning rules to ensure continuity of care for an agency's existing clients?**  
This is a NYSDOH question.
- Question 43. Will existing clients of current contractors continue to receive services from those same agencies, or will they be reassigned to other contractors? If clients are reassigned, what factors will be taken into consideration for decisions on the reassignment of cases? What is the timeline for such transitions to occur?**  
Clients will be reassigned if the current vendor is not awarded a contract as a result of this RFP. If cases are reassigned the HRA must consider the specific needs of the client, including the client's cultural background, primary language, personal characteristics, geographic location, and the ability of the vendor agency and assigned home care worker to communicate with the client or on the client's behalf in accordance with the Department's care plan. HRA will also consider the capability of the contractor to serve Difficult to Serve (DTS) clients. The timeline for such a transfer is not known at this time.
- Question 44. Please describe the training that Aides for DTS clients should receive. Will a contractor's social worker provide the training, or should a licensed agency provide it?**  
The type of training would be determined by the Vendor's supervisory nurse and social worker. Training of aides must be in accordance with SDOH training regulations.
- Question 45. If DTS clients need a social worker assessment monthly, how many DTS clients will be assigned per contract so that we can appropriately staff our agency?**  
There will be no minimum or maximum caseload. The number of cases available for distribution will depend on how many cases remain under HRA's supervision and may fluctuate considerably during the life of the contract. HRA currently has approximately 38 DTS Home Care recipients.

**Question 46. Is Worker's Comp Insurance covered by HRA under the \$16.95 hourly rate?**  
Yes, it is deemed included.

**Question 47. How should a contractor respond when an existing client or family member refuses its services? What are the contractor's obligations under the "continuity of care" concept?**

Contractors must make a good faith effort to provide services in accordance to the service plan document all services refusals and immediately report service refusals to the CASA office. Contractors are responsible for a safe discharge plan and must ensure that clients do not remain in at-risk situation.