

**CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REQUEST FOR PROPOSAL:
EARLY INTERVENTION IN-HOME RESPITE SERVICES
PIN: 11EI023100R0X00**

**Addendum No. 1
April 5, 2013**

This Addendum contains revisions to the above-referenced RFP, and answers to questions asked by potential proposers by the Question Due Date. Except as otherwise stated below and by any subsequent Addenda to the above -referenced RFP, which was released on March 14, 2013, the RFP remains unchanged:

1. Section VI.A.2.a.(Experience) is hereby amended to include the following:
 - Demonstrate that the Proposer employs, or has a plan to employ for this contract, a respite supervisor who is appropriately credentialed in social work, nursing, early childhood education, or another related field; who has experience with the special care needs of young children; and who would have the ability to assist and advise a respite worker in the event that an emergency arises during respite coverage.
 - Demonstrate that the Proposer employs, or has a plan to employ for this contract, respite workers who have at least one year of experience providing child care to children under the age of 5 years; and who are familiar with the needs and caretaking responsibilities of infants and toddlers.

For Option 1 Only:

- Demonstrate that the Proposer employs, or has a plan to employ for this contract, respite workers who have at least a high school diploma or its equivalent and at least two work related references.

For Option 2 Only:

- Demonstrate that the Proposer's respite workers would have CPR certification for infants and toddlers.
- Demonstrate that respite workers who are RN or LPN would be trained in procedures for administration of medication.

2. A revised Attachment C, Acknowledgment of Addenda Form. Please complete this version of Attachment C and include it in your proposal package.
3. Questions and Answers (please see attached).

REVISED APPENDIX C
ACKNOWLEDGEMENT OF ADDENDA

EARLY INTERVENTION IN-HOME RESPITE SERVICES
PIN #: 11EI023100R0X00

Directions: Complete Part I or Part II, whichever is applicable, and sign your name in Part III.

Part I

Listed below are the dates of issue for each Addendum received in connection with this RFP:

Addendum # 1, Dated April 5, 2013

Addendum # 2, Dated _____, 20__

Addendum # 3, Dated _____, 20__

Addendum # 4, Dated _____, 20__

Addendum # 5, Dated _____, 20__

Addendum # 6, Dated _____, 20__

Addendum # 7, Dated _____, 20__

Addendum # 8, Dated _____, 20__

Addendum # 9, Dated _____, 20__

Addendum #10, Dated _____, 20__

Part II

_____ No Addendum was received in connection with this RFP.

Part III

Proposer's Name: _____ Date: _____

Signature of Authorized Representative: _____

PIN 11EI023100R0X00
Early Intervention In-Home Respite Services RFP
Questions and Answers
Page 1 of 2

Below are unduplicated questions received from potential proposers by the Questions Due Date, and answers from the NYC Department of Health and Mental Hygiene:

1. Page 6, Minimum Qualifications requires that the proposer receive written approval from the NYS Department of Health and written approval and authorization from NYS OPWDD as of the due date of the proposal. Please clarify exactly what you mean by “approval and authorization” and from whom should we obtain this?

ANSWER: Vendors that are part of the Office For People With Developmental Disabilities (OPWDD) Home and Community-Based Waiver Services network have a Waiver Provider Approval which indicates the specific services they are certified to provide. Additionally, the vendor has a letter from the New York State Department of Health (NYSDOH) which approves OPWDD’s recommendation to issue said vendor a provider agreement to participate in the NYSDOH/OPWDD Home and Community-Based Services (HCBS) Medicaid Waiver as a HCBS Waiver provider. Please provide copies of both documents.

2. Option 2 allows respite workers to be certified home health aides in addition to RNs and LPNs. Since most EI children within this category need skilled nursing care, under what circumstances would a certified aide be requested?

ANSWER: A certified aide would be requested when the child did not have significant medical issues that required the service of an RN or LPN.

3. Who are the current vendors and rate per hour for each option?

ANSWER:

Option 1: In Home Respite Services reimbursement rate in 2013

- Gotham Per Diem (Bronx, Brooklyn, Manhattan, Queens): **\$20.96**
- Richmond Home Need Services (Staten Island): **\$16.59**

Option 2: In-Home Respite Services for Specialized Care reimbursement rate in 2013

- Gotham Per Diem (Bronx, Brooklyn, Manhattan, Queens, Staten Island): **\$63.04**

4. Could please advise me on the names of folks at those State agencies that I might contact to seek the correct approvals/authorizations from NY State DOH and OPWDD to provide the services to young children?

ANSWER: NYC DOHMH is unable to provide the names of specific individuals at these agencies.

5. Are there any Program staff at your agency that I could contact about this RFP?

ANSWER: Any and all queries about this RFP must be directly solely to the Authorized Agency Contact, Ms. Jeannette Soto Pacheco, through EIRespiteRFP@health.nyc.gov.

Questions and Answers

Page 2 of 2

6. I was informed by the regional OPWDD office that they work only with "Non-Profit entities". Is this bid ONLY for non-profits? If not please advise of the method by which a "FOR PROFIT" agency can apply for DOH approval & receive OPWDD authorization to provide in-home respite services.

ANSWER: The NYS DOH and OPWDD determine eligibility to provide respite services in New York State. Prospective proposers are advised to contact these agencies for guidance. NYC DOHMH cannot provide guidance on the process for obtaining NYS DOH and NYS OPWDD approvals.

7. We are already a OPWDD HCBS Hourly Respite provider:
- Is this RFP for additional Respite slots or is it a new EI Respite Program (non waiver) with a NEW RATE?

ANSWER: This is not an EI Respite Program. Respite is one of many types of service provided through the Early Intervention Program. The purpose of this RFP is to seek qualified vendor(s) who will be awarded a contract to provide in-home respite services throughout all five boroughs of New York City to caregivers of eligible children in the Early Intervention Program who have been authorized to receive respite services.

- What will the eligibility requirements to enroll EI individuals on our program?

ANSWER: If awarded a contract to provide citywide respite service, the vendor will not be responsible for enrolling infants and toddlers in its program. When the Early Intervention Program (EIP) finds a child eligible for the EIP and authorizes eligible children to receive respite services, NYC DOHMH Service Coordinators (case managers) contact respite vendors to obtain services.

- Will they need LOC's with a diagnosis of MR or if they meet EI requirements for services will they be entitled for services?

ANSWER: Infants and toddlers eligible for early intervention services who have been assessed as appropriate for respite services and whose Individualized Family Service Plan (IFSP) includes this service should receive respite. These children will not necessarily have a diagnosis of MR.

- I didn't notice any provisions for agency costs in the price proposal. Is this a Respite service that will just cover the employee cost and no admin?

ANSWER: As indicated in Section IV.B.3., payments to contractors will be on an all-inclusive rate per hour basis. Please review the Price Proposal Attachments B-1, B-2 and B-3 for details on how proposers are instructed to detail their proposed costs.