

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

**ADDENDUM NO. 3**

**April 25, 2013**

**This Addendum contains important changes to the above-referenced RFP, including an additional extension to the Proposal Due Date; please see below. Except as stipulated herein or by previous Addenda to this RFP, all other provisions contained in this RFP remain as indicated on the release date of March 14, 2013.**

**Proposers are advised to consult the original RFP and all Addenda in order to ensure that they fully understand the requirements of this solicitation.**

1. Section I.C. is hereby amended as follows:
  - Proposal Due Date: May 14, 2013
  - Proposal Due Time: 2:00 p.m.All other provisions of Section I.C. remain the same.
2. Section II.E. (Minimum Qualification Requirements) is hereby deleted in its entirety.
3. Section III.B – Experience is hereby amended to include the following:

**For Option 2 Only**

- The Contractor would have at least three years of experience supervising respite workers with licensure and/or certificates as Home Health Aide (HHA), Licensed Practical Nurse (LPN), and Registered Nurse (RN). Greater consideration will be given to Proposers that demonstrate more than three years of experience.

4. Section III.B. – Organizational Capability is hereby amended to include the following:

- The Contractor would have approval by the New York State Department of Health (NYSDOH) to provide early intervention services at the time of contract award; failure to demonstrate NYSDOH approval at the time of contract award may result in the disqualification of the vendor. Proposers that do not have such certification at the time of proposal must specify in their proposal that they will pursue NYSDOH approval. Proposers that already have such approval should attach to their proposal a copy of their original approval, and copies of any NYSDOH-approved amendments to this original approval.

**For Option 2 Only:**

- The contractor would have an established structure for employing and supervising medical professionals with licensure and/or certifications as HHA, LPN and RN.

5. Section IV.A.2.a. – Experience is hereby amended to include the following:

**For Option 2 Only:**

- Demonstrate that the Proposer has at least three years of experience supervising respite workers with licensure and/or certificates as Home Health Aide (HHA), Licensed Practical Nurse (LPN), and Registered Nurse (RN). Greater consideration will be given to Proposers that demonstrate more than three years of experience.

6. Section IV.A.2.b. – Organizational Capability is hereby amended to include the following:

- Indicate that the Proposer would pursue approval by the New York State Department of Health (NYSDOH) to provide early intervention services at the time of contract award. Proposers that already have such approval should attach to their proposal a copy of their original approval, and copies of any NYSDOH-approved amendments to this original approval.

**For Option 2 Only:**

- Maintain an organizational structure for employing and supervising medical professionals with licensure and/or certifications as HHA, LPN and RN.
7. Section IV.B.2. – Proposal Package Contents (“Checklist”) is hereby deleted in its entirety. All other provisions of Section IV.B. remain the same.
  8. Annex A to this Addendum No. 3 contains a revised Attachment B-2. Proposers are directed to complete this version of Attachment B-2 and submit it in connection with their full Price Proposal.
  9. Annex B to this Addendum No. 3 contains a revised Attachment C. Proposers are instructed to complete and submit this version of Attachment C with their proposals.

**REVISED ATTACHMENT B-2  
PRICE PROPOSAL FORM  
EARLY INTERVENTION RESPITE SERVICES  
PIN: 11EI023100R0X00**

**Proposer's Name:** \_\_\_\_\_

- Option 1: Citywide In-Home Respite Services**  
 **Option 2: Citywide In-Home Respite Services for Specialized Care**

**DIRECT COST:** In the table below please enter the cost of personnel services for each year indicated in order to fulfill this contract.

**NOTE:** "Average Annual Salary" must be all inclusive of all related expenses.

# of FTEs	Job Title	Average Annual Salary (including all related expenses)	Cost in 2012	Cost in 2013	Cost in 2014
<b>Subtotal</b>					
<b>Total Personal Services (PS) Budget Request</b>					



**ANNEX B**

**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 April 16, 2013

Addendum # 3, Dated April 25, 2013

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: \_\_\_\_\_

