

ADDENDUM # 1

9/17/18

RFA # 17782/ Grants Gateway # DOH01-RRDC-2018
New York State Department of Health
Office of Health Insurance Programs
Division of Long Term Care
Bureau of Community Integration and Alzheimer’s Disease

Regional Resource Development Centers
For Combined Administration of
Nursing Home Transition and Diversion
and
Individuals with a Traumatic Brain Injury
Home and Community Based Medicaid Waivers

Revisions to Review & Award Process

RFA Document, Page 25, Review & Award Process

The following has been updated/modified in the RFA. Strike-through indicates deleted text; underlined/bolded text is new.

Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Division of Long Term Care Bureau of Community Integration and Alzheimer’s Disease. Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

Applications must receive a passing score of 65 to be considered for funding.

If the applicant fails to demonstrate any one of the qualifications listed in the table below the proposal will be rejected.

| | Pass | Fail |
|--|-------------|-------------|
| The application was received by 4:00 PM, July 23, 2018 November 1, 2018 . | | |
| The applicant is a not-for-profit agency. | | |
| Applicant is not a current provider of waiver services, sub-corporation, foundation or any other legal entity under the control of a waiver service provider agency or the applicant has submitted a formal letter indicating intent to withdraw as a provider of waiver services. | | |
| Applicant has demonstrated at least three (3) years’ experience in NHTD, providing services to seniors or people with disabilities, and/or TBI services. | | |
| Applicant submitted a separate application for each Regional Resource Development Center contract sought. | | |
| If applying as a regional consortium, applicant identified a lead agency on Attachment 2, which meets the minimum eligibility requirements, from among consortium members. | | |
| A single work plan has been submitted reflecting NHTD and TBI. | | |
| A single budget has been submitted reflecting both NHTD and TBI. | | |

**RFA #17782
Grants Gateway DOH01-RRDC-2018**

**New York State Department of Health
Division of Long Term Care
Bureau of Community Integration and Alzheimer's Disease
Request for Applications**

**Regional Resource Development Centers
For Combined Administration of
Nursing Home Transition and Diversion
and
Individuals with a Traumatic Brain Injury
Home and Community Based Medicaid Waivers**

KEY DATES:

| | |
|---|------------------------------------|
| Release Date: | September 4, 2018 |
| Letter of Interest/Intent Due: | September 24, 2018 |
| Questions Due: | September 26, 2018 |
| Questions, Answers and Updates Posted (on or about): | October 15, 2018 |
| Applications Due: | November 1, 2018 by 4:00 PM |

**DOH Contact Name & Address:
Maribeth Gnozzio
New York State Department of Health
Bureau of Community Integration and Alzheimer's Disease
Division of Long Term Care
99 Washington Avenue, Rm 1605
Albany, New York 12257**

Table of Contents

| | | |
|------|--|----|
| I. | Introduction | 3 |
| II. | Who May Apply | 4 |
| III. | Project Narrative/Work Plan Outcomes | 6 |
| IV. | Administrative Requirements | 11 |
| A. | Issuing Agency | 12 |
| B. | Question and Answer Phase | 12 |
| C. | Letter of Interest/Intent (optional) | 13 |
| D. | Applicant Conference | 13 |
| E. | How to file an application | 13 |
| F. | Department of Health's Reserved Rights | 16 |
| G. | Term of Contract | 17 |
| H. | Payment & Reporting Requirements of Grant Awardees | 17 |
| I. | Minority & Woman-Owned Business Enterprise Requirements | 18 |
| J. | Limits on Administrative Expenses and Executive Compensation | 19 |
| K. | Vendor Identification Number | 19 |
| L. | Vendor Responsibility Questionnaire | 20 |
| M. | Vendor Prequalification for Not-for-Profits | 20 |
| N. | General Specifications | 21 |
| V. | Completing the Application | 22 |
| A. | Application Format/Content | 22 |
| B. | Freedom of Information Law | 25 |
| C. | Review & Award Process | 25 |
| VI. | Attachments | 27 |

Introduction

The Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) waivers are distinct Home and Community Based Services (HCBS) 1915c programs approved by the Centers for Medicare and Medicaid Services (CMS) which share a similar philosophy, participant eligibility standards, provider requirements, range of community based services, contractor roles and responsibilities, and the need to meet federal requirements for aggregate budgeting cost neutrality. Online information regarding the NYS Department of Health (NYSDOH) community based health care services, including waiver programs, is available on the NYSDOH website at: http://www.health.ny.gov/facilities/long_term_care.

The NYSDOH operates several HCBS Medicaid (MA) 1915c waiver programs. The NHTD and the TBI 1915c waivers provide a community-based alternative for eligible adults who require an institutional level of care but have chosen to receive care in their homes. The two waivers enroll individuals eighteen years of age or older, who, considered as an aggregate group, can be served appropriately and at less cost than institutional care in a community setting.

The NHTD and TBI waiver programs are designed and implemented to reduce the incidence of unnecessary institutionalization through:

Transition: Assisting eligible individuals currently living in nursing homes to move to appropriate community-based settings.

Diversion: Preventing in-state and out-of-state facility placements through development of community based services and supports for waiver eligible individuals.

As a result of this RFA, approximately \$9.073 million will be available per year for the local administration of the NHTD and the TBI services. The funding will be approximately \$4.24 million for NHTD services per year and \$4.83 million for TBI services per year. The resulting contract(s) will be awarded for a five-year period, expected to begin May 1, 2019, ending April 30, 2024 dependent upon continued funding availability and satisfactory contractor performance. The total funds expected to be made available over the entire 60 month period is approximately \$45.365 million.

Medicaid Redesign Team

With issuance of Executive Order #5, Governor Andrew M. Cuomo established the Medicaid Redesign Team (MRT) in January 2011, bringing together a group of health care stakeholders, experts and advocates from throughout New York State. The goals of the MRT were to improve overall health system quality and efficiency, streamline and focus health care administrative and financial structures, and reduce Medicaid costs while emphasizing the delivery of well-managed, cost effective quality health services.

Medicaid Redesign Team Proposal #90 (MRT 90)

MRT 90 was developed and enacted in the 2011 New York State budget. It requires the mandatory transition and enrollment of certain community-based long-term care services recipients into MLTCPs. This initiative, referred to as part of "Care Management for All," aims to improve benefit coordination, quality of care, and patient outcomes over the full range of health care, including mental health, substance abuse, developmental disability, and physical health care services. It will also redirect almost all Medicaid spending in the State from fee-for-service Medicaid (FFS), under which service providers bill directly to the State, to care management, under which a managed care organization, of one type or another, is paid a capitated rate by the state and is then responsible for managing patient care and

reimbursing service providers.

You may view additional information regarding MRT 90 via the following web address:
http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm.

NHTD and TBI Waiver Transition to Managed Care

The NHTD and TBI waivers are expected to move into managed care as part of the larger move of Medicaid into Managed Care. This transition will not occur until at least January 1, 2022. This transition will require the selected RRDC contractor(s) to adapt to the Managed Care environment. It is expected that the RRDC contracts will continue, but that their capacity and the requirements for their operation may change.

Who May Apply

The purpose of this Request for Application (RFA) is to identify and contract with qualified not-for-profit agencies as Regional Resource Development Centers (RRDC)¹ to assist NYSDOH with the administration of the NHTD and TBI waiver programs. The RRDC contracts will be awarded for ten (10) regions as: single or multiple region contractors, or a single statewide contractor covering all New York State counties. The resulting contract(s) will be awarded for a five-year period, expected to begin May 1, 2019, ending April 30, 2024 dependent upon continued funding availability and satisfactory contractor performance. [Note that the dates may be subject to change.]

Minimum Eligibility Requirements for the RRDC Applicant

Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due.

Applications will be accepted only from not-for-profit organizations.¹

The contractor must have three (3) years' experience in NHTD, providing services to seniors or people with disabilities, and/or TBI services.

Sufficient ADA compliant facility space to host meetings and training sessions

During the term of this Contract, the selected Contractor shall not engage in any business or personal activities or practices or maintain any relationships that conflict in any way with the Contractor fully performing its obligations under this Contract. As such, the Contractor may not serve as a waiver service provider. Any other contracts with NYSDOH which may interact with the RRDC operations must be fully disclosed to NYSDOH at the time of contracting. The Contractor must provide written procedures and policies demonstrating that sufficient firewalls are in place within the organization to avoid any conflict of interest, or the appearance of a conflict.

Applicants must provide, and their staff must be able to use, computer software compatible with the Microsoft Office products used by DOH to organize, analyze and store waiver participant data and information. Applicants must have the ability to electronically transfer information and reports using

¹ Enacting statute, S7073 and S7715, Chapters 615 and 627 of the Laws of 2004 respectively, amended NYS Social Services Law to direct DOH, for the purposes of the NHTD waiver, to contract with "Regional Resource Development Specialists" defined as "not-for-profit agencies having experience with providing community-based services to individuals with disabilities." For the purpose of the NHTD waiver, and consistent with other similar activities, these entities will be referred to as "Regional Resource Development Centers" (RRDC); "Regional Resource Development Specialists" (RRDS) will refer to the employees who carry out certain RRDC responsibilities.

compatible encryption software to the NYSDOH Bureau of Community Integration and Alzheimer's Disease via e-mail.

The selected Contractor shall comply with all privacy and security policies and procedures of the Department (<https://its.ny.gov/eiso/policies/security>) and applicable state and federal law and administrative guidance with respect to the performance of this contract. The Contractor is required to execute a number of security and privacy agreements with the Department including but not limited to a Business Associate Agreement, a Data Use Agreement (DUA), and a DOH System Security Plan (SSP) Control Workbook, which will be provided at the contract signing. The SSP is based on NIST 800-53 security and privacy controls and requires the Contractor complete the section for each control indicating how the control is met.

The SSP Control workbooks are intended to provide DOH information regarding the organization's system security plan, describing what controls have been implemented, along with details on how they have been implemented to assure the DOH that the security controls are in place and operational.

The Contractor is expected to provide secure and confidential storage and transmission for hard copy and electronically stored information. Under no circumstances will any records be released to any person, agency, or organization without specific written permission of the DOH. The Contractor is obligated to ensure any Subcontractor hired by Contractor who stores, processes, analyzes or transmits MCD on behalf of Contractor has the appropriate Security requirements in place. Contractor is required to include in all contracts and Business Associate Agreements with their Subcontractors language surrounding the security and privacy requirements as well as the language contained in the Confidentiality Language for Third Parties section of the DUA. If any breach or suspected breach of the data or confidentiality occurs, whether the breach occurred with the Contractor or Subcontractor, DOH must be notified immediately.

B. General RRDC Applicant Requirements

An entity will be selected to serve as both the NHTD and TBI RRDC contractor in each region.

Applicants may seek to serve more than one region. However, separate RRDC applications must be submitted for each regional contract sought. Combined applications for two or more regions will not be evaluated. If an entity is the selected applicant for more than one region, for ease of administration, there may be one contract. Each application must stand on its own merits, using funding established for that region only. [Please refer to Section V – Completing the Application for a description of the process.]

Applicants may seek to serve as statewide RRDC coordinator. An organization or entity may apply to serve all 10 regions of the state from a central location. Under this model, each region must be staffed as an RRDC, but executive direction and administrative functions may be centralized. A single application may be submitted for this model. A single contract for all ten (10) regions will result from a successful bid for administration of the NHTD and TBI Waivers in the entire state.

Provider of Waiver Service Applications:

Current providers of waiver services, as well as any sub-corporation, foundation or any other legal entity under the control of the waiver service provider agencies may not apply.

Project Narrative/Work Plan Outcomes

Nursing Home Transition and Diversion (NHTD)

Chapters 615 and 627 of the Laws of 2004 amended NYS Social Services Law to authorize the State's NHTD waiver program. The MA waiver, approved by the federal Centers for Medicare and Medicaid Services (CMS) in 2007 and subsequently re-approved in 2010, is based on service concepts proven effective in longer standing community based waivers, and reflects the State's commitment to provide New York's seniors and other individuals living with disabilities a wide array of health and supportive services in the least restrictive, most appropriate available setting.

Specifically:

Eligible applicants must be: between eighteen (18) and sixty-four (64) years of age with a physical disability, or a senior sixty-five (65) years of age or older; eligible and authorized for MA coverage for Community Based long term care; assessed to require nursing home level of care and capable of living in the community with the assistance of MA State Plan and waiver services; considered part of an aggregate group that can be cared for at less cost in the community than they would have otherwise been cared for in a nursing facility; and meet other criteria as determined by the NYSDOH Commissioner.

Approved waiver services include: service coordination; assistive technology; community integration counseling; community transitional services; congregate and home delivered meals; environmental modifications; home and community support services; home visits by medical personnel; independent living skills training; moving assistance; nutritional counseling and educational services; peer mentoring; positive behavioral interventions and supports; respiratory therapy; respite services; structured day program; and wellness counseling.

The waiver is approved to serve up to approximately 3,600 individuals statewide by the current approved application pending CMS approval. The number of people served may increase prior to the end of the approved application period upon amendment.

Traumatic Brain Injury (TBI)

Chapter 196 of the Laws of 1994, Article 27-cc, amended NYS Social Services Law to establish the NYS TBI Program within NYSDOH. This legislation charged the Department, "to develop a comprehensive statewide program ... with primary emphasis on community based services and to develop outreach services and to utilize existing organizations with demonstrated interest and expertise in serving persons with traumatic brain injuries and, within funds available, enter into contracts with such organizations." Since NYS Fiscal Year 1995-96, the enacted budget has appropriated funding in support of this program; the first participants were enrolled that year.

While the initial thrust of the TBI program was to help people return to New York State who, for lack of service alternatives, had been residing in out-of-state nursing homes, the program continues to provide a wide range of services to support all eligible individuals who prefer to receive care in their home communities.

Specifically:

Eligible waiver applicants must have a diagnosis of a TBI or related diagnosis after the age of 18 and must be: between eighteen (18) and sixty-four (64) years of age upon application; eligible and authorized for MA coverage for Community Based Long Term Care; assessed to require nursing home level of care as a result of the TBI; capable of living in the community with the assistance of MA State Plan and waiver services; considered part of an aggregate group that can be cared for at less cost in the community than they would have otherwise been cared for in a nursing facility; and meet other criteria as determined by the NYSDOH Commissioner.

Approved waiver services include: service coordination; assistive technology; community integration counseling; community transitional services; environmental modifications; home and community support services; independent living skills training; positive behavioral intervention and supports; respite services; structured day program; substance abuse services and transportation.

The waiver is approved to serve up to 5,132 individuals statewide by the end of the current approved application period which ends in August 2022. The number of people served may increase prior to the end of the approved application period upon amendment.

Goals and Objectives of the Regional Resource Development Centers

The NHTD and TBI waivers provide a necessary community-based alternative to institutional care for individuals with Traumatic Brain Injury (TBI), seniors and individuals with a physical disability who require a nursing home level of care (NHTD). RRDC agencies identify and support appropriate individuals for participation in the NHTD and TBI waivers, develop a sufficient provider network capacity, and maintain cost neutrality compared to the cost of institutional care for the waiver participants considered as a group.

RRDCs perform waiver operational and administrative functions on behalf of the New York State Department of Health (NYSDOH). These include:

Disseminating information about waiver services to community agencies, families and potential waiver participants by conducting informational meetings and community outreach events.

Oversight and implementation of waiver participant enrollment: RRDC staff meet with each potential waiver participant to discuss waiver services; explain participants' rights and responsibilities; discuss participant choice and determining if the individual meets waiver eligibility criteria.

Monitoring waiver services and expenditures: RRDC staff review all service plans to ensure cost effectiveness and track aggregate costs to ensure cost neutrality within their region and ensure timely submission of Level of Care (LOC) assessments.

Dealing with complaints/investigations: RRDC staff will be able to receive complaints, address incidents/sensitive situations and initiate/complete required investigations.

Accept, record, investigate, and remedy serious reportable incidents (SRIs).

Reviewing participant service plans: RRDC staff review and approve all initial service plans (ISPs) to establish program eligibility. Revised service plans (RSPs) are reviewed and approved annually.

Recruiting providers: RRDC staff assess the need for services in their regions and conduct outreach to potential providers. They encourage current providers to expand their scope of waiver services when appropriate. Potential providers are interviewed and referred to NYSDOH for enrollment.

Conducting training and technical assistance: RRDC staff provide technical assistance to providers, participants, advocates, community services and other RRDCs.

NYSDOH monitors the performance of the RRDCs continually. NYSDOH waiver management staff maintain daily contact with the RRDCs. Part of the administrative authority NYSDOH retains over RRDC contractors relates to reimbursement for contractual obligations monitored through review of contractor quarterly reports. RRDC performance is measured in relationship to the operational protocols established in the NHTD/TBI Program Manuals, the CMS waiver applications and the contract performance measures established in the RRDC contract work plan. Quarterly payments to RRDC contractors may be withheld pending the resolution of performance or compliance issues. NYSDOH waiver management staff conduct site visits to the RRDCs to assess operational and administrative performance, and to assure quality performance.

NYSDOH waiver management staff review the discharge/enrollment data with the RRDCs in conjunction with projected enrollment data in the waiver application. If data presented indicates the RRDC staff need to expedite intakes, monitor service coordinator selection by applicants, and facilitate approval of initial service plans, then a plan to remedy the problem is established.

Roles and Responsibilities of the RRDC Include:

Reducing the incidence of unnecessary institutionalization by assisting eligible individuals to transition from nursing homes or remain in their homes through improved access to care in community-based settings;

Advocacy on behalf of individuals with a brain injury, seniors and people of all ages with physical disabilities;

Assisting individuals, who have been residing in out-of-state facilities, to return home to New York State and access care in community-based settings;

Functioning as an initial point-of-contact for potential applicants, their families, legal guardians, and/or authorized representatives;

Maximizing waiver participant enrollment and participation;

Maximizing waiver service provider enrollment and regional networks;

Providing technical support to service providers with regard to waiver policies and procedures;

Sufficient ADA compliant facility space to host meetings and training sessions;

A specific complaint line must be maintained at all times to receive complaints;

Sufficient staff resources to address emergency situations and provide availability 24 hours per day accessible for all major languages and disabilities;

Developing collaborative relationships with regionally based stakeholders including LDSS and other local government entities, providers, advocacy organizations, and others necessary to assure a comprehensive coordinated approach to the care of the targeted population;

Ensure and maintain that all appropriate professional staff will comply with all requirements of New York State's Medicaid Agency Data Use Agreement (DUA - 15407), with the Centers for Medicare and Medicaid Services;

Maintaining participant Application Packets, Service Plans, reports and other required documentation as specified by the waiver contractual agreements, and in a manner consistent with NYSDOH standards for e-file transfers and information sharing;

Maintaining a database, in accordance with NYSDOH developed formats, for participant referral, intake process, Service Plan review, provider enrollment and training, and other information as determined by NYSDOH to ensure efficient program management, compliance with regional service plan budgeting limitations, and meet quality assurance measures;

Cooperating with New York State and federal audits; and

Providing direct oversight and supervision of the RRDC and Nurse Evaluator staff and functions, and

managing other roles and responsibilities defined by NYSDOH in the RRDC contract and program manuals.

RRDC Staffing Requirements:

Employing directly a separate dedicated full-time Lead Regional Resource Development Specialist for each NHTD and TBI who must:

Possess a baccalaureate degree or higher in health or human services or a related field from an accredited college and four years of combined satisfactory professional experience in working with individuals with disabilities and/or seniors and in a managerial capacity; or

Be a Registered Professional Nurse and have four years of combined satisfactory professional experience working with individuals with disabilities and/or seniors and in a managerial capacity; or

Possess an Associate's degree from an accredited college and ten years of combined satisfactory experience working with individuals with disabilities and/or seniors and in a managerial capacity; or

Possess an Associate's degree from an accredited college and four years of satisfactory experience as a Regional Resource Development Specialist; and

The individual must also have experience supervising professional staff who work directly with seniors and individuals with disabilities. Managerial capacity includes, but is not limited to: program budgeting, staff scheduling and work assignments, staff performance evaluations, direct supervision of workers, program development and planning, program quality assurance and program operations.

Employing directly a Nurse Evaluator (NE) to manage the clinical processes of the RRDC and conduct assessments who must:

Be a current New York State licensed registered professional nurse and have two years satisfactory professional experience working with individuals with disabilities and/or seniors in a community setting; and

Be New York State certified to complete the Hospital and Community Patient Review Instrument (H/C-PRI), SCREEN, Uniform Assessment System-New York (UAS-NY) and other clinical assessments as requested by NYSDOH.

Two additional nurses employed directly or by contract to meet assessment and other clinical needs for both waivers;

Employing either directly or by contract a quality assurance coordinator/trainer to ensure compliance with program requirements;

Employing either directly or by contract a part-time information technology support worker to maintain RRDC compliance with data and reporting requirements of state programs.

Assigning additional staff proportionally as required to meet the enrollment needs of each waiver program in each region;

Transition

Should the services mentioned in this RFA need to be continued past the term of the contract and the Department procures for the future services the following transition plan should be implemented:

A. The transition represents a period when the NHTD and TBI Home and Community Based services, provided by the Contractor resulting from this RFA, must be turned over to the Department, another Departmental agency, or successor Contractor during or at the end of the contract.

B. The Contractor shall ensure that any transition to another Contractor be done in a way that provides the Department with uninterrupted services. This includes a complete and total transfer of all files, reports, and records necessary to perform such services.

C. The Contractor will develop an organized work plan and timeline to ensure all current and future services during the transition period are addressed and completed. All parties involved should be notified of the transition and all changes required to ensure a seamless transition of services between Contractors.

D. The Contractor shall manage and maintain the appropriate number of staff to meet all requirements listed in the RFA during transition. All reporting and record requirements, security standards, and performance standards are still in effect during the transition period. Three (3) months prior to the end of the contract period, the Contractor will work with the Department and incumbent to ensure a complete, efficient, and successful transition.

Subcontracting

Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH. All subcontractors must be approved by the NYS Department of Health.

RRDC Regional Areas and Estimated Funding Levels

Applicants may apply to manage one or more of ten (10) geographic regional areas as designated below. Amount indicated estimates available funding for the initial 12 month contract period.

| Regions | RRDC Service Provision Area | Estimated First Year Annual Funding Level |
|--------------------------|---|--|
| Adirondack | Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren, Washington | \$874,600 |
| Binghamton/Southern Tier | Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Otsego, Schuyler, Steuben, Tioga, Tompkins | \$874,600 |
| Buffalo | Cattaraugus, Chautauqua, Erie, Niagara, Orleans, Wyoming | \$874,600 |
| Capital | Albany, Columbia, Greene, Rensselaer, Schenectady, Schoharie | \$874,600 |
| Long Island | Nassau, Suffolk | \$1,060,600 |
| Lower Hudson Valley | Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester | \$1,060,600 |
| New York City | Kings, Manhattan, Staten Island | \$935,000 |
| New York City | Bronx, Queens | \$661,200 |
| Rochester | Genesee, Livingston, Monroe, Ontario, Seneca, Wayne, Yates | \$982,600 |
| Syracuse | Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence | \$874,600 |

Administrative Requirements

Issuing Agency

This RFA is issued by the New York State Department of Health (Department), Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, Medicaid Waiver Unit. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

Question and Answer Phase

All substantive questions must be submitted in writing or via email to:

Matthew Glannon OHIPContracts@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed in writing or via telephone by calling Matthew Glannon, Phone # 518-474-9856. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the DOH contact listed on the cover of this RFA.

<https://grantsreform.ny.gov/grantees>

Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube:

<https://grantsreform.ny.gov/youtube>

Grants Gateway Team Email: grantsgateway@its.ny.gov

Phone: 518-474-5595

Hours: Monday thru Friday 8am to 4:30pm

(Application Completion, Policy, and Registration questions)

Agate Technical Support Help Desk

Phone: 1-800-820-1890

Hours: Monday thru Friday 8am to 8pm

Email: helpdesk@agatesoftware.com

(Technical questions)

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at:

https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

Letter of Interest

Prospective applicants are strongly encouraged complete and submit a letter of interest (see Attachment 1). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. Please note that you will receive an error message when uploading the letter into the application as other Pre-Submission uploads are not due until the application is submitted. A copy should also be emailed to OHIPcontracts@health.ny.gov. The Letter of Interest should be submitted by the date posted on the cover of the RFA. Please ensure that the RFA number is noted in the subject line.

Submission of a letter of interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

Applicant Conference

An Applicant Conference will not be held for this project.

How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <https://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsreform.ny.gov/training-calendar>.

To apply for this opportunity:

Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.

Click on the “View Opportunities” button under “View Available Opportunities”.

In the Search Criteria, enter the Grant Opportunity name Regional Resource Development Centers For Combined Administration of Nursing Home Transition and Diversion and Individuals with a Traumatic Brain Injury Home and Community Based Medicaid Waivers and select the Department of Health as the Funding Agency.

Click on “Search” button to initiate the search.

Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an applicant's ability to submit their application.** Both DOH and Grants Gateway staff are available to answer applicant's technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under Section IV. B. of this RFA.

PLEASE NOTE: Although DOH and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. During the application process, please pay particular attention to the following:

Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit's essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit's prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.

Only individuals with the roles "Grantee Contract Signatory" or "Grantee System Administrator" can submit an application.

Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).

Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not "protected" or "passworded" documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

| Role | Create and Maintain User Roles | Initiate Application | Complete Application | Submit Application | Only View the Application |
|------------------------------|--------------------------------|----------------------|----------------------|--------------------|---------------------------|
| Delegated Admin | X | | | | |
| Grantee | | X | X | | |
| Grantee Contract Signatory | | X | X | X | |
| Grantee Payment Signatory | | X | X | | |
| Grantee System Administrator | | X | X | X | |
| Grantee View Only | | | | | X |

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the *Grantee Quick Start Guide* from the menu. There is also a more detailed *Grantee User Guide* available on this page as well.

Applicants should submit their applications, at a minimum, one (1) hour prior to the submission deadline. The system will perform an application error check and all identified issues must be resolved before the application is successfully submitted. Failure to leave adequate time to address issues identified during this process may jeopardize an applicant's ability to submit their application. The Grants Gateway will notify applicants of successful submission.

PLEASE NOTE: Waiting until the last several days to complete your application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

Department of Health's Reserved Rights

The Department of Health reserves the right to:

- Reject any or all applications received in response to this RFA.
- Withdraw the RFA at any time, at the Department's sole discretion.
- Make an award under the RFA in whole or in part.
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
- Seek clarifications and revisions of applications.
- Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
- Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
- Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
- Change any of the scheduled dates.
- Waive any requirements that are not material.
- Award more than one contract resulting from this RFA.
- Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
- Utilize any and all ideas submitted with the applications received.
- Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
- Waive or modify minor irregularities in applications received after prior notification to the applicant.
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
- Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
- Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
- Award grants based on geographic or regional considerations to serve the best interests of the state.

Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: May 1, 2019 to April 30, 2024.

Continued funding throughout this five-year period is contingent upon availability of funding and state budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

Payment & Reporting Requirements of Grant Awardees

No advances will be allowed for contracts resulting from this procurement.

The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, in the future, through the Grants Gateway:

Bureau of Community Integration and Alzheimer's Disease
NYS Department of Health
One Commerce Plaza, Rm. 1605
Albany, NY 12210

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: made on a reimbursement basis pursuant to the negotiated contract. Payment will be made for documented completed work plan elements for the period (attachment 4).

The grant contractor will be required to submit the following reports to the Department of Health at the address above or, in the future, through the Grants Gateway:

The grant contractor shall submit quarterly and annual reports using a standardized format provided by DOH. The report will be used as the basis for evaluation of completed work plan deliverables and justification for payment (see attachment 4)

Contractors are responsible for submitting correctly prepared vouchers for payment. The Department reserves the right to request additional documentation.

All applications that result in a contract award by the State will be required to undergo an annual comprehensive site visit as determined by DOH/OLTC staff. Contractor staff required to be in attendance will include the RRDC lead staff person identified as responsible for contracted activities, fiscal agent, and others to be named by DOH.

All payment and reporting requirements will be detailed in the final NYS Master Contract for Grants.

Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (“DOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** as follows:

For Not-for Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.

For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15 % for Women-Owned Business Enterprises (“WBE”) participation

(based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the center of the webpage under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in Attachment 5 of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

Limits on Administrative Expenses and Executive Compensation

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be

found on-line at: http://www.osc.state.ny.us/vendor_management/forms.htm.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

Vendor Responsibility Questionnaire

The New York State Department of Health strongly encourages that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 6).

Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

Register for the Grants Gateway

On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsgateway@its.ny.gov. If you do not know your Password, please click the [Forgot Password](#) link

from the main log in page and follow the prompts.

Complete your Prequalification Application

Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.

Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

Specific questions about the prequalification process should be referred to your agency representative or to the Grants Gateway Team at grantsgateway@its.ny.gov.

Submit Your Prequalification Application

After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.

If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.

Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

General Specifications

By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.

Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.

An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

Provisions Upon Default

- a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
- b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
- c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

Completing the Application

Application Format/Content

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at:
<https://grantsreform.ny.gov/grantees>

Please respond to each of the sections described below when completing the Grants Gateway online application. Your responses comprise your application. Please respond to all items within each section. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

Pre-Submission Uploads

Letter of Interest (Optional) - Attachment 1

Application Cover Sheet – Attachment 2

Minority and Women Owned Business Enterprise Requirement Forms – Attachment 5

Vendor Responsibility Attestation – Attachment 6

Program Specific Questions

Program Summary (*Maximum Score: 10 points*)

Describe how the RRDC will fit and function within the existing structure of the agency.

Provide an organizational chart demonstrating the structure of the organization including the RRDC.

Discuss your organization's ability to hire/train/retain sufficient qualified staff to effectively meet the objectives of each waiver. Include information about ongoing training opportunities. Discuss the ratio of RRDC staff to waiver participants in your proposed program. Include how that ratio will be maintained as the number of waiver participants increases over time, including information about overcoming barriers to staffing in your agency's proposed region.

Applicant Organization (*Maximum Score: 15 points*)

Describe your agency, its mission and services, being sure to include what qualifies your agency to act as the RRDC. Specifically, include your organization's philosophy of participant choice, person-centered service planning, and commitment to assuring dignity and choice in care for seniors, individuals with a brain injury and other physical disabilities, and their families.

Describe collaborative relationships within the agency and proposed region which will enhance the service system available to participants. Discuss how you would develop/enhance opportunities for collaboration among and between LDSS, other local government entities, administrators of other community based waivers and services, providers and consumer advocacy groups to ensure a seamless continuum of appropriate care and services to waiver applicants/participants, avoid duplication of effort, and address service and policy issues as they arise.

Discuss how your agency will balance participant choice for care and providers with the health and welfare of the individuals served by the waivers.

Program Activities (*Maximum Score: 20 points*)

Describe methods the agency will employ to facilitate timely response to referrals and intake meetings. Describe how the agency will maintain compliance with approval of initial and annual service plans, service plan addenda, service requests, and provider enrollment considering the volume of work in the proposed region.

Applicant should discuss how the agency will provide sufficient professional staff with expertise in long term care, seniors, and individuals with disabilities. Describe how the proposed RRDC will be staffed to support sufficient community access and resources on a 24-hour basis and in emergency situations.

Describe your agency's experience providing service oversight, provider oversight, program management or otherwise serving people with a brain injury, physical disabilities, and seniors who prefer to live and receive care in their home community. Provide timeframes for the experience outlined.

Provider Network Development (*Maximum Score: 15 points*)

The contracted organization will be required to serve all eligible applicants in the designated waiver

region. Discuss your agency's knowledge of the regional resources for NHTD/TBI participants and how you would develop and enhance the waivers' network of providers, community-based services and other supports for individuals eligible for the TBI and NHTD waiver services throughout the geographic region for which you are applying.

Include how you would address recruitment and retention of service providers in hard to reach areas, as well as providers capable of serving individuals with complex or unusual medical conditions.

Participant Enrollment (Maximum Score: 20 points)

The contracted organization will be required to serve all eligible applicants in the designated waiver region. Discuss the activities and timeframes your agency would undertake to develop and enhance enrollment of individuals eligible for NHTD and TBI waiver services throughout the geographic region for which you are applying.

Discuss activities your agency would undertake to identify individuals who wish to transition from nursing homes to community based settings.

Discuss activities your agency would undertake to assist individuals who wish to avoid nursing home placements in favor of community based settings, including activities your agency would undertake to identify individuals who prefer alternatives to nursing home care.

Budget and Justification (Maximum Score: 20 points)

Applicants should complete Year 1 of the budget online being sure to clearly indicate on one single budget expenditures for staffing both TBI and NHTD RRDC services. The budget must reflect all staff delineated in the "Roles and Responsibilities of the RRDC" section. All costs must be related to the provision of NHTD or TBI RRDC services, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. Costs for NHTD waiver staff or services should be indicated by writing (NHTD) next to the budget item, likewise those costs associated with the TBI waiver should be indicated with (TBI).

Please note: THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure.

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Division of Long Term Care Bureau of Community Integration and Alzheimer’s Disease.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

Applications must receive a passing score of 65 to be considered for funding.

If the applicant fails to demonstrate any one of the qualifications listed in the table below the proposal will be rejected.

| | Pass | Fail |
|--|-------------|-------------|
| The application was received by 4:00 PM, July 23, 2018. | | |
| The applicant is a not-for-profit agency. | | |
| Applicant is not a current provider of waiver services, sub-corporation, foundation or any other legal entity under the control of a waiver service provider agency or the applicant has submitted a formal letter indicating intent to withdraw as a provider of waiver services. | | |
| Applicant has demonstrated at least three (3) years’ experience in NHTD, providing services to seniors or people with disabilities, and/or TBI services. | | |
| Applicant submitted a separate application for each Regional Resource Development Center contract sought. | | |
| If applying as a regional consortium, applicant identified a lead agency on Attachment 2, which meets the minimum eligibility requirements, from among consortium members. | | |
| A single work plan has been submitted reflecting NHTD and TBI. | | |
| A single budget has been submitted reflecting both NHTD and TBI. | | |

The Applications will be evaluated on a 100 point scale as follows. In the event of a tie score, the applicant that scored the highest on the organizational structure and focus section will be awarded the

contract for their region. If the scores resulting from that section are a tie, the score from question the Program activities section will be used to determine who will receive the award.

| | |
|------------------------------|------------|
| Application Cover Page | Not scored |
| Program Summary | 10 points |
| Applicant Organization | 15 points |
| Program Activities | 20 points |
| Provider Network Development | 15 points |
| Participant Enrollment | 20 points |
| Budget | 20 points |

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded OR in the same manner as outlined in the award process described above.

Applicants will be deemed to fall into one of three categories: (1) not approved, 2) approved but not funded due to resources, and 3) approved and funded. Approved but not funded applications may be funded should additional funds become available.

Once an award has been made, applicants may request a debriefing of their application (whether their application was funded or not funded). Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

To request a debriefing, please send an email to Matthew Glannon at OHIPcontracts.@health.ny.gov. In the subject line, please write: *Debriefing Request (Regional Resource Development Centers For Combined Administration of Nursing Home Transition and Diversion and Individuals with a Traumatic Brain Injury Home and Community Based Medicaid Waivers)*.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>. (Section XI. 17.)

Attachments

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

- Attachment 1: Letter of Interest Format*
- Attachment 2: Application Cover Sheet *
- Attachment 3: Budget Instructions
- Attachment 4: Work Plan Template and Instructions
- Attachment 5: Minority & Women-Owned Business Enterprise Requirement Forms*
- Attachment 6: Vendor Responsibility Attestation*

*These attachments are located/included in the Pre Submission Upload section of the Grants Gateway on line application.

**Grants Gateway Budget Data
Entry**

* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

| <u>Grants Gateway Field</u> | <u>Character Limits</u> | <u>Enter Required Information as Instructed Below</u> |
|--|-------------------------|---|
| Personal Services - Salary | | * Refer to Grants Gateway Budget Instructions document for additional information. In the Salary section only include staff positions related to the implementation and administration of the project. ONLY staff that are employees of the applicant organization are to be included here. All other staff should be listed under Contractual Services. If Salary is not applicable, leave this section blank. |
| Position/Title | 55 | Provide the position title and employee name, if known. TBH should be entered in place of the employee name if the position is vacant at the time of budget submission. |
| Role/Responsibility | 500 | Provide a brief narrative of how the position will contribute directly to this project, Include the percent of time the incumbent will work on the program on a full-time basis. One (1.0) FTE is based on the number of hours worked in one week (e.g. 40-hour workweek). To determine a % FTE, divide the hours per week spent on the project, by the number of hours in the workweek. For example: given a 40-hour workweek, an individual working 10 hours per week on the project spends 25 percent of his/her time on the project (i.e. 10/40 = .25) Please show in percentage form - 25%. If TBH, also provide the anticipated start date for this position. |
| # in Title | N/A | Always enter the number 1. A separate position should be added for "each" position on the contract. |
| Annualized Salary Per Position | N/A | Enter the annual salary the organization will pay this employee. This figure should NOT be adjusted if a portion of the salary will be paid with other funds. Percentage of time supported with "other funds" should be entered in the PS narrative. |
| STD Work Week (hrs.) | N/A | Enter the standard (STD) hours worked each week by the employee. This figure should NOT be adjusted for hours paid with other funds. |
| % Funded | N/A | Enter only the percent of time this position is supported with grant funds. Do NOT include any percentage of time supported by other fund sources. Total grant funding requested divided by annual salary. |
| # Months Funded | N/A | Enter the estimated number of months this position will work on this grant. If TBH, enter the number of months based upon the anticipated start date. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this position on the project. (Annual Salary / 12 Months x # Months Funded x % Funded). |
| Total Match Funds | N/A | Always leave blank. |
| Match % | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Personal Services - Salary Narrative | 4000 | Program Specific Instructions / Requirements All PS positions not directly supported with grant dollars, that work on the program should be summarized in this section. Contracted or per diem staff are not to be included in personal services narrative; these expenses should be shown in the contractual services narrative under non-personal services. The budget should contain a CCA Project Director accessible full-time for communications, including e-mail. |
| Personal Services - Fringe* | | Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements. If Fringe is not applicable, leave this section blank. |
| Type/Description | 125 | Provide the requested fringe rate. |
| Justification | 1000 | Provide all fringe benefit components included in the calculation of the fringe benefit rate. Show breakdown of fringe benefit rate into component percentages. If additional space is needed enter details in the PS - Fringe Narrative |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Personal Services - Fringe Narrative | 4000 | Program Specific Instructions / Requirements If additional space is needed from the justification section, specify here, the components (FICA, Health and Life Insurance, Unemployment Insurance, Disability Insurance, Worker's Compensation, and Retirement) and their percentages comprising the fringe benefit rate. If different rates are used for different positions, provide details for each rate in the space provided and specify which positions are subject to that rate. |

| <u>Grants Gateway Field</u> | <u>Character Limits</u> | <u>Enter Required Information as Instructed Below</u> |
|-----------------------------|-------------------------|---|
| Non Personal Services | | Non Personal Service expenses. For each Non Personal Service expense not supported by grant funds, the applicant should include a description in the appropriate NPS Narrative section. For example if you contract with a Pharmacist using other funds you would list under the Contractual Narrative - Pharmacist \$25/hour for 20/hours total cost \$500.00. |
| Contractual* | | * Refer to Grants Gateway Budget Instructions document for additional information. This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include expenses such as contracted staff, per diem staff, bookkeeping, payroll and audit services. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor. ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to CS. If Contractual Services are not applicable, leave this section blank. |
| Type/Description | 125 | Provide the name of the organization, company or individual and the type of service being provided. If not known, enter TBH in place of the name of the organization, company or individual. (i.e. Pharmacist - TBH) |
| Justification | 1000 | Describe how this expense supports the work plan objectives of the project. Include the timeframe for delivery of services. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Contractual Narrative | 4000 | All contractual positions not directly supported with grant dollars, that are required on the program or needed to meet program deliverables should be summarized in this section. |
| Travel* | | * Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Out-of-State travel requires prior approval by the State. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank. |
| Type/Description | 125 | Provide the type of travel. A separate entry should be completed for each category of travel (i.e. Client, Staff Travel, In-State, or Out-of-State). |
| Justification | 1000 | Describe how this expense supports the work plan objectives of the project, include the title of the position(s) traveling. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Travel Narrative | 4000 | Program Specific Instructions / Requirements If using other funds for required travel - Provide a delineation of expenses (i.e. agency cars, tokens, taxi, etc.), or staff travel exclusive of training/ staff development (i.e., to clinic sites, agency staff travel to meetings). Conference Attendance – Provide a delineation of the items of expense and estimated cost. Include travel costs associated with conferences, including transportation, meals, lodging, and registration fees. (e.g. if the total expense is for a conference, provide location and name of conference, # of people attending, cost breakdown per person, per item expense – train ticket, lodging, food etc.). |
| Equipment | | * Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property having a useful life of more than one year and a purchase price equal or exceeding \$5,000. These items must be inventoried (tagged) and included on the annual equipment inventory form. This also includes a grouping of like items which equals or exceeds \$5,000. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank. |
| Type/Description | 125 | Provide the type of equipment and the quantity to be purchased or rented. (i.e. 3 Desk Top PCs) |

| Grants Gateway Field | Character Limits | Enter Required Information as Instructed Below |
|---|---|---|
| Justification | 1000 | Provide the names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Equipment Narrative | 4000 | Program Specific Instructions / Requirements If using other funds for required equipment enter the details here. |
| Space/Property: Rent | This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more than one instance of rental property is needed. If Space/Property: Rent is not applicable, leave this section blank. The expenses included are rent, maintenance, and insurance (property and liability). Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense. | |
| Type/Description | 125 | Provide the physical address of the rental property. |
| Justification | 1000 | Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Space/Property: Rent Narrative | 4000 | Program Specific Instructions / Requirements If using other funds enter the details here. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered). |
| Space/Property: Own | This section is used to itemize costs associated with Space/Property: . If Space/Property: Own is not applicable, leave this section blank. The expenses included are, maintenance, insurance (property and liability). Demonstrate how the total expense being allocated to this program is calculated. Provide the allocation methodology and percent. Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense. | |
| Type/Description | 125 | Provide the physical address of the property that is owned. |
| Justification | 1000 | Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Space/Property: Own Narrative | 4000 | Program Specific Instructions / Requirements If using other funds enter the details here. |
| Utilities | This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, telephone, mobile, etc.) using other funds. If Utilities are not applicable, leave this section blank. | |
| Type/Description | 125 | Provide the type of expense and include the property address. (i.e. Telephone - 123 Cherry Lane) |
| Justification | 1000 | Provide details such as which project(s) share this expense, and provide the calculation used to determine the allocation of this expense to the project. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Utilities Narrative | 4000 | Program Specific Instructions / Requirements If using other funds enter the details here. |
| Operating Expenses | * Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, direct medical service supplies, program supplies/materials. A separate entry for each type of expense is needed. Expenses for any costs shared across multiple projects must be appropriately cost-allocated in accordance with the benefit received or effort provided to the project. If Operating Expenses are not applicable, leave this section blank. | |
| Type/Description | 125 | Provide the type of expense |

| Grants Gateway Field | Character Limits | Enter Required Information as Instructed Below |
|--------------------------------|-------------------------|--|
| Justification | 1000 | Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Operating Expenses Narrative | 4000 | Program Specific Instructions / Requirements Provide a narrative description for any required items that are purchased with other funds. Supplies/Materials – Provide justification of need and a breakdown for all items. (e.g. if the total expense is for education materials or office supplies, in addition to providing a narrative justification of need, provide a breakdown of each item as total # x cost per item = total expense for that item.) Expenditures will not be allowed for remodeling or modification of structure. Funding is expected to support one annual statewide meeting of FPP providers in Albany, NY. See Page 24 of the RFA for further instructions. |
| Other Expenses Detail* | | Only Indirect costs are to be budgeted under this section (also referred to as Administrative costs), unless determined not to be allowed by the award. Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate. A copy of the current federal ICR agreement must be uploaded to the Grantee Document Folder section of the application. For organizations without a federally-approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs. Applicants must provide a description of costs included in the indirect cost calculation in the Other Expenses budget narrative section of the application. |
| Type/Description | 125 | Provide the requested indirect costs rate, indicating whether it is based on a Federally Approved Rate Agreement. |
| Justification | 1000 | Indicate specifically that the document was uploaded to the Grants Gateway (Federally Approved Rate Agreement) |
| Total Grant Funds | N/A | Provide the requested value using the formulary provided. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Other Narrative | 4000 | Program Specific Instructions / Requirements If using other funds enter the details here. |

Attachment 4

PROJECT NAME: Regional Resource Development Centers For Combined Administration of Nursing Home Transition and Diversion and Individuals with a Traumatic Brain Injury Home and Community Based Medicaid Waivers

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: **From:**

To:

Insert the following Project Summary in the Grants Gateway:

Promote the independence and choice of New Yorkers with traumatic brain injury and other disabilities through:

Transition, repatriation, and diversion - Receive referrals and respond within established timeframes in conjunction with the Open Doors Transition Center Project, applicants, discharge planners, informal supports and other stakeholders in order to support individuals residing in institutional settings seeking community placement and individuals residing in their own homes who wish to avoid institutional placement. This involves developing and maintaining collaborative relationships with appropriate community based services and resources in the region, stakeholders, Local Departments of Social Services and other governmental agencies. The RRDC will facilitate access to non-waiver services, such as those provided by the Medicaid State Plan, housing, and community resources. Timeframes for responses to inquiries and referrals must be adhered to and enrollment for eligible applicants must be completed effectively and efficiently.

Provider engagement - Facilitate enrollment, training and monitoring of service providers as required by the 1915c waiver to ensure sufficient participant choice and waiver provider capacity. The RRDC is responsible for developing and maintaining a sufficient network of providers to fulfill the requirements of the waivers and ensuring that those providers comply with program requirements. The RRDC must also provide oversight to non-waiver services such as those provided under the Medicaid State Plan.

Housing oversight - Approve, facilitate and monitor housing supports and services for waiver participants/applicants. The RRDC must assist eligible waiver participants in securing appropriate housing. RRDCs are also responsible for ensuring that payments are correct and that placements remain appropriate for housing subsidy participants.

Administrative authority – Implement compliance protocols consistent with all program standards related to the implementation of 1915c Waiver Services. Service plans and level of care assessments must be completed within established timeframes. The RRDC must ensure that participants are given choice of waiver services and providers.

Quality improvement and financial integrity – Facilitate system improvement activities through discovery and remediation including program monitoring, design changes and implementing systems for maintaining financial accountability. Incident management is a critical function of the RRDC and an effective system must be implemented and monitored. Complaints must be accepted and investigated by the RRDC. Sufficient records and data must be maintained in compliance with waiver program criteria.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

This RFA has a Grant Opportunity Defined Work Plan set in the Grants Gateway that will become part of the executed contract as Attachment F. The Objectives, Tasks and Performance Measures cannot be removed from the Work Plan. The applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan.

| Regional Resource Development Centers | | | |
|--|-----------------|--|--|
| Objectives | Budget Category | Tasks (Activities) | Performance Measures |
| 1. Develop and maintain collaborative relationships with the Open Doors Transition Center and Peer Outreach and Referral Program, discharge planners and stakeholders. | | <ol style="list-style-type: none"> 1. The RRDC will maintain a collaborative relationship with the Open Doors Transition Specialists within the region. 2. The RRDC will develop and maintain collaborative relationships with referral sources such as: hospital discharge planners and social workers, Independent Living Centers (ILCs), rehabilitation and short-term care centers, and other similar stakeholders in the region. 3. The RRDC will communicate information to potential referral sources to ensure that waiver services and criteria are clearly understood to facilitate appropriate referrals and establish alternatives to nursing facility placement. 4. The RRDC will conduct outreach events and provide information as needed and upon request. 5. The RRDC will review potential nursing home referrals. 6. The RRDC will maintain and share data as required. 7. The RRDC will complete joint visits as necessary. | <p>Number of transition/repatriation referrals received quarterly</p> <p>Number of joint visits completed quarterly</p> <p>Percent of reports submitted accurately and on time</p> |
| 2. Develop and maintain collaborative relationships with relevant departments within Local Departments of Social Services and other governmental entities and stakeholders in each county. | | <ol style="list-style-type: none"> 1. The RRDC will develop and maintain a contact list for key LDSS/ governmental entities in each county. 2. The RRDC will develop and maintain a contact list of stakeholders in each county. 3. The RRDC will respond to inquiries as needed. | # of departments within all LDSS, other government entities in RRDC region with active collaborative relationships related to Transitions and Repatriation |
| 3. Facilitate access to non-waiver services such as Medicaid State Plan services, housing and community resources. | | <ol style="list-style-type: none"> 1. The RRDC will assess participant/applicant needs and facilitate access to State Plan services as appropriate. | Percentage of service plans that included state plan services and additional community resources |

| | | | |
|--|--|---|---|
| | | 2. The RRDC will accept and process housing subsidy applications adhering to established protocols. | |
| 4. Respond within established timeframes to inquiries and referrals from nursing homes in the region, out of state facilities, providers, families, and other stakeholders in the community. | | <ol style="list-style-type: none"> 1. The RRDC will respond to requests for information from facilities in and out of state within established timeframes. 2. The RRDC will act on referrals from facilities in and out of state according to established procedures. 3. The RRDC will respond to requests for information and referrals from community organizations and within established timeframes. | <p>Number of nursing home referrals currently pending</p> <p>Number of nursing home intakes completed this quarter: In-State: Out of State:</p> <p>Number of community referrals currently pending</p> <p>Number of community intakes completed this quarter: In-State: Out of State:</p> |
| 5. Facilitate waiver enrollments for appropriate applicants effectively, efficiently, and within established timeframes. | | <ol style="list-style-type: none"> 1. The RRDC will communicate with the facility to ensure the individual's effective transition to the community. 2. The RRDC will conduct intake meetings according to established protocols. 3. The RRDC will ensure that enrollment of appropriate individuals occurs within established timeframes. | <p>Number and percent of waiver enrollments for appropriate transition applicants conducted in a timely and efficient manner</p> <p>Number of individuals repatriated from out of state nursing homes</p> <p>Number of diversion referrals received in the quarter Number of diversion intakes completed in the quarter Number of waiver enrollments/discharges for community based applicants completed in the quarter</p> |
| 6. Develop and maintain a sufficient network of providers | | 1. The RRDC will review provider enrollment packages within established timeframes, | Number of approved waiver service providers, per service, per county using the NYSDOH report |

| | | | |
|--|--|--|--|
| <p>for NHTD and TBI waiver services.</p> | | <p>ensuring inter-regional communication where appropriate.</p> | <p>template</p> <p>Number of provider interviews completed in the quarter</p> <p>Number of new provider application packets received by the RRDC in the quarter</p> <p>Number of applications forwarded to NYSDOH for approval in the quarter</p> <p>Number of new application packets approved by NYSDOH in the quarter</p> |
| <p>7. Ensure provider compliance with program requirements.</p> | | <p>1. The RRDC will maintain 1 contact person at the RRDC to address provider applications.</p> | <p>Number and percent of providers meeting training requirements</p> <p>Number of approved providers attending all offered training session in quarter</p> <p>Total number of approved providers in region</p> |
| <p>8. Provide oversight of non-waiver services such as Medicaid State Plan services, housing supports and community resources.</p> | | <p>1. The RRDC will ensure compliance with all provider enrollment requirements set forth in the NHTD/TBI Program Manuals and CMS Waiver Applications and other protocols.</p> | <p>Percentage of provider meeting agendas that include information and discussion about state plan services and community resources</p> |
| <p>9. Help secure appropriate housing units for eligible waiver applicants.</p> | | <p>1. Assist service coordinators in assessing housing needs of waiver participants.</p> <p>2. Prioritize housing needs for the region.</p> <p>3. Project costs for appropriate rentals and utilities.</p> <p>4. Review applications and submit to NYSDOH within established timeframes.</p> | <p>Number of service coordinator contacts to assess housing in the quarter</p> <p>Fair market rent for region</p> |

| | | | |
|---|--|--|---|
| 10. Ensure housing subsidy program integrity. | | <ol style="list-style-type: none"> 1. Identify and assign at least one staff member to oversee housing subsidy in the region. 2. Maintain ongoing communication with housing subsidy recipients, landlords and Service Coordinators. 3. Conduct a monthly reconciliation of housing payments and active housing recipients. 4. Complete annual housing audit. 5. Ensure that subsidy recipients maintain their share of rental payments. | Number of incorrect payments identified in the quarter |
| 11. Ensure that housing placements are appropriate. | | <ol style="list-style-type: none"> 1. Conduct housing site visits of a sample of at least 5% of the housing subsidy population per year. 2. Review and approve housing requests according to established criteria for the Housing Subsidy Program. 3. Review all subsidy recipients' housing quality standards checklist at application and annually to ensure that housing meets established standards. 4. Communicate with Service Coordinators regarding home conditions, repair needs and landlord compliance. | <p>Number of housing subsidy recipients in region</p> <p>Number of home visits conducted in quarter</p> <p>Number and percent of timely completed housing quality standards checklist reviews</p> <p>Number of housing sites found to be out of compliance with housing standards</p> |
| 12. Ensure that all participant service plans are completed and approved within established timeframes. | | <ol style="list-style-type: none"> 1. RRDC will complete timely reviews of initial service plans/enrollment packets and authorize services prior to implementation. 2. RRDC will conduct an audit of records including a statistically significant sample for ISP and RSP timeliness. | Percent of service plans approved within established timeframes (service plans approved every twelve months/total number of approved service plans) |
| 13. All participant service plans are reviewed on an annual basis, as needed and upon amendment. | | <ol style="list-style-type: none"> 1. RRDC will complete timely reviews of service plans and authorize services prior to implementation. 2. The RRDC will issue Notices of Decision as required to authorize, increase, reduce or discontinue waiver services. | Percent of service plans reviewed this quarter at 6 month meeting (Team meeting minutes completed six months after the effective date of the service plans/number of active service plans reviewed) |

| | | | |
|---|--|---|---|
| | | 3. The RRDC will review service provision to ensure that services are provided according to the frequency and duration established in the plan of care. | |
| 14. Level of care determinations will be completed within established timeframes. | | <ol style="list-style-type: none"> 1. The RRDC will review all level of care assessments to ensure that the participant meets the required Level of Care for waiver eligibility. 2. The RRDC will ensure that Level of Care assessments are current at the time of service delivery and waiver eligibility. 3. The RRDC will review Level of Care assessments in comparison to service needs identified in the plan of care to ensure that services are appropriate and adequate. 4. RRDC will conduct an audit of a statistically significant sample of participant LOC paperwork. | <p>Percent of LOC determinations completed within established timeframes:</p> <p>(Number of initial LOC determinations completed within ninety days of eligibility/ total number of initial LOC determinations completed for eligibility)</p> <p>(Number of timely completed LOC re-evaluations/total number of completed and overdue re-evaluations)</p> |
| 15. Participants are afforded choice between waiver services and providers. | | <ol style="list-style-type: none"> 1. RRDC will provide all waiver applicants with -- freedom of choice forms, and provider selection forms advising of his/her right to choice of a service provider agency- 2. The RRDC will maintain a current and complete listing of all available service providers in the region and monitor capacity and availability in order to offer participants/applicants informed choices. 3. The RRDC will monitor service provider selection forms in order to ensure no conflict of interest in service provider selection occurs. | <p>Number and percentage of participant records that contain required documents signed by the participant and/or their legal guardian (total number of current service plans with the required documents signed by the participant/total number of current service plans)</p> |
| 16. An effective incident management system will be implemented and monitored. | | <ol style="list-style-type: none"> 1. Investigations of incidents will be completed within established timeframes. | <p>Number and percent of providers in compliance with the incident management system (number of providers placed on vendor hold due to failure to complete timely incident investigations /total</p> |

| | | | |
|--|--|---|--|
| | | | number of providers completing incident investigations) |
| 17. Complete reports as required by NYSDOH. | | <ol style="list-style-type: none"> 1. The RRDC will provide quarterly reports that present data to support that it is meeting the measurable outcomes established in this workplan. 2. Every month the RRDC provides a statistical report of intakes, discharges, enrollment and service plan reviews to NYSDOH. | Number and percent of reports submitted to NYSDOH within established time frames |
| 18. Maintain sufficient records and data in compliance with waiver program criteria. | | <ol style="list-style-type: none"> 1. The RRDC will maintain a regional database as established by NYSDOH criteria. 2. The RRDC will track all intake, referrals, LOC assessments and service plan reviews and use this data to present accurate and concise reports to NYSDOH. | Number and percentage of participant records that contain required documents signed by the participant and/or their legal guardian (total number of current service plans with the required documents signed by the participant/total number of current service plans) |
| 19. Receive and investigate all complaints presented to the RRDC. | | <ol style="list-style-type: none"> 1. Receive and investigate complaints according to the NYSDOH complaint protocol. 2. Convey the results of the investigations to the participant and the complainant. 3. Complete a close-out letter for each complaint investigated. 4. Report complaints and the investigation findings to NYSDOH. | Number and percent of complaints investigated and closed out within established time frames. Number of quarterly reports received within established time frames |