

**A Request for Proposals (RFP) for Pre-Admission Screen Resident Review (PASRR) Level II Evaluation
RFP #16476**

QUESTIONS AND ANSWERS

October 28, 2016

Question #	RFP Reference	Bidder's Question	Department of Health's Answer
1	§1.0 (Page 3)	Please confirm that Contract Years 1 through 5 would begin March 1 and end the last day of February. If not, please provide starting and ending dates of each contract year.	March 1, 2017 is the anticipated contract start date. The actual contract start and end dates are to be determined.
2	§1.0 (Page 3)	Does the anticipated contract start date, March 1, 2017, refer to the beginning of implementation activities or the go-live date for Level II evaluations to be performed?	See Amendment #2, B. Scope Of Work, 3.2 Tasks.
3	§1.0 (Page 3)	What is the Department of Health's anticipated date to announce the contract award for this procurement?	It is anticipated that all bidders will be notified of the outcome of the procurement process prior to the anticipated contract start date stated in the Calendar of Events.
4	§2.2.1 (Pages 5-6) and §3.2 (Page 7-8)	<p>The RFP states: "The entity responsible for completing the Level I review will notify the contractor of those [Nursing Facility] applicants or residents with a [mental illness] for whom the Contractor must perform Level II evaluations."</p> <p>Please describe the way Level II referrals are currently received by the Contractor.</p>	<p>The Contractor must determine the best methodology to achieve the RFP requirements.</p> <p>The Department is unable to share the requested information.</p> <p>The requested information may be requested under the Freedom of Information Law (FOIL). To submit a FOIL request, please write to the Department's Records Officer at FOIL@health.ny.gov.</p> <p>Additional information regarding the FOIL process is available online at http://www.health.ny.gov/regulations/foil/.</p>

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5	§2.2.1 (Pages 5-6) and §3.2 (Page 7-8)	<p>The RFP states: "The entity responsible for completing the Level I review will notify the contractor of those [Nursing Facility] applicants or residents with a [mental illness] for whom the Contractor must perform Level II evaluations."</p> <p>Are Level II referrals currently captured in an electronic system? If so, will the system permit:</p> <ul style="list-style-type: none"> • A Contractor to login to receive Level II referrals? • An electronic, automated "push notification" of referral information to the Contractor's system? If so, please describe the Department of Health's database schema and the format in which the data could or will be made available. 	No. There is no current electronic, automated push notification system available to the Department.
6	§2.2.1 (Pages 5-6) and §3.2 (Page 7-8)	<p>The RFP states: "The entity responsible for completing the Level I review will notify the Contractor of those [Nursing Facility] applicants or residents with a [mental illness] for whom the Contractor must perform Level II evaluations."</p> <p>Will the Contractor be required to receive any Level II referrals via facsimile?</p>	The Contractor is not required to receive referrals via facsimile.
7	§2.2.1 (Pages 5-6) and §3.2 (Page 7-8)	<p>Will the Contractor have access to all information gathered in the course of completing the Patient Review Instrument (PRI) and the SCREEN for each individual referred?</p> <p>If so, how will the Contractor access this information?</p>	The Level I SCREENER is required to complete and submit to the Contractor all necessary intake information. As necessary, the Contractor can request the information from the Level I SCREENER.

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8	§2.2.2 (Pages 5-6)	Please clarify that the OMH Clinical Director will routinely review only evaluations that lead to Specialized Services recommendations and will not routinely review evaluations that lead to recommendations for services of lesser intensity.	As stated on page 5, §2.2.2 of the RFP: <i>"...the Contractor determines the level and type of services needed following the evaluation...Recommendations for Specialized Services will only be made after the OMH Clinical Director determines the appropriateness of the recommendation..."</i> Page 7, §3.2 of the RFP states: <i>"...for [nursing facility] applicants for whom the Contractor is recommending specialized services, the Contractor completes Level II evaluations and forward[s] required documents to the OMH Clinical Director..."</i>
9	§2.2.2 (Pages 5-6) and §3.0 (Page 6-8)	After completing the PASRR Level II evaluations, will the Contractor be required to complete the determinations and send all notifications on behalf of the Department of Health including to those individuals being recommended for Specialized Services?	Yes, per the instructions included on RFP Attachment L, the NYS Level II Adult Mental Health Evaluation Report: <i>"The Evaluator sends a copy of the NYS Level II Adult Mental Health Evaluation Report to the individual and his/her legal representative, OMH, the admitting or retaining Residential Health Care Facility (RHCF), the individual's attending physician and the discharging hospital if the individual is seeking RHCF admission from a hospital."</i>
10	§3.0 (Pages 6-11)	Does the Scope of Work include providing a system to record PASRR Level II evaluations?	The Contractor must determine the best methodology to achieve the RFP requirements.
11	§3.2 (Page 7)	How many face-to-face PASRR Level II evaluations were conducted outside New York State in 2015? In what setting and which state were they conducted?	In 2015, nine (9) face-to-face Level II evaluations were conducted outside New York State in communities or at facilities located in Pennsylvania and Connecticut. This information is provided as an indication of past volume, and is not a guarantee of future volume. Actual volume may be higher or lower.

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12	§3.2 (Page 7)	What is the historical percentage of the number of assessments performed face-to-face and via telephone?	<p>This question is not relevant to this RFP. Please refer to RFP §3.2 which states:</p> <p><i>“The Contractor must perform the following...Evaluate the applicant or resident via an in-person meeting. The evaluation must be face-to-face in the hospital, [nursing facility], or other setting in which the [nursing facility] applicant or resident is receiving care, or in the [nursing facility] applicant's home, if he or she is residing in the community...”</i></p>
13	§3.2 (Page 7)	How many individuals were recommended to receive Specialized Services in 2015?	<p>In calendar year 2015, there were 201 individuals referred to the OMH Clinical Director for Specialized Services. Of these, the OMH Clinical Director determined 138 individuals required Specialized Services. This information is provided as an indication of past volume, and is not a guarantee of future volume. Actual volume may be higher or lower.</p>
14	§3.2 (Page 7)	<p>The turnaround time for all evaluations is 7-9 business days, but the deadline for those nursing facility applicants recommended to receive Specialized Services, the information must be submitted to the Department of Health within five (5) business days.</p> <p>The Contractor would not know if specialized services were needed until the full assessment is completed. Is the Contractor expected to deliver on a five (5) or 7-9 business day turnaround?</p>	<p>As stated in §3.2, for nursing facility applicants for whom the Contractor is recommending Specialized Services, the Contractor is expected to complete the Level II evaluation and forward required documents to the OMH Clinical Director within five (5) business days after the day of receipt of the referral from the Level I evaluator.</p> <p>Level II determinations must be made within an annual average of 7-9 working days after the notification of a referral from Level I evaluator.</p>

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15	§3.2 (Page 7)	<p>Is the intent that the additional time allows for the Department of Health to review and approve the evaluation and then the Contractor sends the letter based on that review and approval?</p> <p>If the Department of Health disapproves the evaluation, does the Contractor revise its decision and send letters to the individual, facility, etc.?</p>	The question is not clear and therefore cannot be answered.									
16	§3.3 (Pages 8-9)	<p>Of the 20-30 fair hearing requests made during calendar years 2014-2015, how many went to hearing? Of those that went to hearing, how many required in-person testimony? How many were telephonic?</p>	<p>While the Department does not maintain data concerning the volume of OTDA-granted Waivers, the table below depicts the volume of PASRR-related fair hearing requests that went to hearing.</p> <table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Requests</th> <th>Requests that Went to Hearing</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>34</td> <td>19</td> </tr> <tr> <td>2015</td> <td>25</td> <td>13</td> </tr> </tbody> </table> <p>This information is provided as an indication of past volume, and is not a guarantee of future volume. Actual volume may be higher or lower.</p>	Calendar Year	Requests	Requests that Went to Hearing	2014	34	19	2015	25	13
Calendar Year	Requests	Requests that Went to Hearing										
2014	34	19										
2015	25	13										
17	§3.4 (Page 9)	<p>Does the Department of Health prefer the Quarterly Quality Assurance Review on the 10% of nursing facility residents receiving Services of Lesser Intensity (SLI) to be face-to-face or by desk audit?</p>	The Contractor must determine the best methodology to achieve the RFP requirements.									

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18	§3.4 (Page 9) and §3.6.2.1 (Page 10)	<p>§3.4, the Quarterly Quality Assurance Review, specifies that the 10% sample is taken from residents "...who have been determined to need mental health Services of Lesser Intensity (SLI) rather than specialized services..."</p> <p>§3.6.2.1 (Quality Assurance Report) specifies that the 10% sample is from "completed Level II Evaluations..."</p> <p>Please clarify whether the 10% sample is taken from all completed evaluations or only those that result in a finding of SLI.</p>	<p>§3.4 and §3.6.2.1 are separate requirements.</p> <p>§ 3.4 specifies the Contractor is required to perform a quarterly quality assurance review on a random 10% sample of nursing facility residents who have had a Level II evaluation performed and have been determined to need mental health SLI.</p> <p>§3.6.2.1 is a report that will be sent to the Department of Health and Office of Mental Health (OMH) within 30 days after the end of the applicable reporting period, providing a random 10% sample of all completed Level II evaluations to the OMH Clinical Director for his/her review and concurrence.</p>
19	§3.5 (Page 9)	The RFP states that resumes are submitted to the Department of Health. Are all staff resumes expected to be submitted, or only those staff assigned to key positions? If the Department of Health expects to receive all resumes, is the Department of Health requiring approval of all replacement staff in the occurrence of a staff member leaving their position?	<p>RFP §3.5 states: <i>"The contractor will be responsible for recruiting and training an adequate number of appropriately trained and qualified individuals to perform the work in §3.0 Scope of Work. The contractor will submit resumes of staff hired under the terms of this contract for DOH review prior to the start of work. The Department reserves the right to approve or disapprove the contractor's proposed staffing."</i></p>
20	§3.5 (Page 9)	The RFP does not indicate that the Department of Health will approve/deny applicants, just that the resumes are submitted to the Department of Health, is that correct?	No, that is not correct. See answer to question #19 above.
21	§3.6 (Pages 9-10)	Does the Department of Health have a preferred method of receipt and report format?	<p>The Contractor must determine the best methodology to achieve the RFP requirements.</p> <p>The method of receipt and report format must meet §3.7 Security Requirements.</p>

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22	§3.6.1 (Pages 9-10)	The RFP provides monthly review and fair hearing averages from previous years. Does the Department of Health expect the Contractor to maintain these rates or change them in a significant way?	The Department cannot predict the number of Level II evaluations that will be referred or the number of recommendations that will result in a fair hearing request and therefore has no expectations on the Contractor's impact on fair hearing rates from previous years.
23	§3.6.1.1 (Page 9) and Attachment C	The Monthly Voucher summarizes the number of reviews and fair hearings performed during the month and provides the approved cost per review and fair hearing. Please clarify this report, as the Cost Proposal in Attachment C does not include costs for fair hearings.	Attachment C states: <i>"The bidder must submit a price for each Level II Screen...The price per screen is an all-inclusive price and must include the total cost of carrying out all the components of this statewide program RFP 16476..."</i> The Monthly Voucher specifies the number of reviews and fair hearings performed during that month, and identifies the all-inclusive cost as submitted in Attachment C.
24	§3.6.2.2 (Page 10)	Does the Contractor manually identify the discharge status and location of nursing facility residents for the Community Placement Activity Report or are there electronic data sources the Contractor can access to obtain this information?	The Contractor can access nursing facility discharge information electronically via the Minimum Data Set (MDS) or through direct contact with the nursing facility. The Contractor must determine the best methodology to achieve the RFP requirements.
25	§3.6.2.3 (Page 10)	For recommendations for Mental Health Services of Lesser Intensity (SLI), can the Department of Health provide additional detail regarding the requirement to track recommendations for discharges to nursing facilities with "specialty units"?	Some skilled nursing facilities have approved specialty units including wound care, ventilator and respiratory care, hemodialysis, hospice care, behavioral intervention and/or behavioral intervention step-down, pediatric specialty care, etc. The Contractor is required to report on SLI recommendations with an additional recommendation for discharge to a nursing facility with a specialty unit.

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26	§3.7 (Page 10) and §6.2 (Pages 21-25)	The Security Requirements included in the Scope of Work section are not included in §6.2 indicating what is to be included in the Technical Proposal. Please clarify whether or not the Security Requirements are to be addressed in the Technical Proposal.	The Security Requirements detailed in §3.7 are not a component of the Technical Proposal, but are a component of the Scope of Work. The Security Requirements detailed in §6.1.10 are to be included in the Administrative Proposal. See Amendment #2, C. Proposal Content, 1.
27	§3.7 (Page 10)	Referencing ITS Security Policy NYS-P10-006, Identity Assurance Policy, who assigns the Identity Assurance level for the system?	As related in the policy statement, located online at http://its.ny.gov/eiso/policies/security , the Department's Security Officer assigns the appropriate identity assurance level for the system.
28	§3.7 (Page 11)	Referencing ITS Security Policy NYS-S14-003, Information Security Controls Standard, what is the security classification of the data for this project?	Confidentiality and Integrity are High, and Availability is Moderate.
29	§4.1 (Page 11)	Do the minimum qualifications refer to any behavioral health population experience, or only the New York State behavioral health population?	The minimum qualifications do not specify that the behavioral health population must be in New York State.
30	§5.5.1 (Page 14)	Does the Department of Health intend to consider MWBE participation to score proposals over and above evaluating a bidder's documented good faith effort to enlist MWBE participation?	Proposals will be evaluated as detailed in §8.0 of the RFP.
31	§6.1.8 (Page 21)	The Contractor is required to sign a Medicaid Agency Data Use Agreement for access to Minimum Data Set (MDS) information. Does the Department anticipate that the Contractor will electronically access or import any MDS or Medicaid Agency data? Please describe the Contractor's anticipated method of accessing MDS or Medicaid Agency data.	Per §6.1.8: <i>"Winning bidder must submit completed Attachment M, Medicaid Agency Data Use Agreement upon contract award notification."</i> Upon approval, the Contractor will be granted electronic access to Long Term Care MDS data files.

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32	§6.1.10 (Page 21)	Is the Department of Health interested in procuring a new system with this new RFP response or utilizing an existing solution to perform the RFP Scope of Work?	The Contractor must determine the best methodology to achieve the RFP requirements.
33	§6.1.10 (Page 21) and Attachment B	The RFP states that the <i>"Bidder should describe how their proposed solution will comply with any applicable NYS ITS policies and standards..."</i> However, Attachment B, the Proposal Document Checklist, indicates that Security Requirements are not included in the Administrative Proposal. Please confirm that Security Requirements are not to be addressed in the Administrative Proposal.	The Security Requirements detailed in §6.1.10 are to be addressed in the Administrative Proposal.
34	§6.2.4 (Page 22) and §6.2.5 (Pages 22-24)	The RFP states the "Bidder should respond to each element below and label each section by its corresponding letter/number." Should §6.2.5 through §6.2.10 be incorporated into a single document labeled " <u>§6.2.4 Technical Proposal Narrative</u> " or should each section be separated and provided separately?	§6.2.4. Technical Proposal Narrative, should be the heading under which §6.2.5 through § 6.2.10 are subheadings. Each subheading of §6.2.5 through §6.2.10 should be labeled and responded to separately. See Amendment #2, C. Proposal Content, 1.
35	§6.2.4 (Page 22) and §6.2.5 (Pages 22-24)	§6.2.5 comes from §3.0 of the RFP. Responding to that section in §6.2.4 and then repeating the responses in §6.2.5 does not seem useful for the reader. Will DOH provide clarification for the overlap between §6.2.4 and §6.2.5?	Please see the Department's answer to question #34.
36	§6.2.5 (Pages 22-24)	Does the Department of Health expect Work Plans that are separate from the proposal, or is the Work Plan the Bidder's proposed approach to address items in this section?	The Work Plan submitted with the technical proposal is the bidder's proposed approach.

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37	§6.2.5.3 (Page 23)	<p>The RFP states “the anticipated number of reviews conducted for out-of-state NYS Medicaid recipients is approximately 15 per year.” For the period January-September 2016, there have been a total of 27 out-of-state reviews. In addition, the average for 2012-2015 is 26 per year. This represents significantly more than 15 per year.</p> <p>Please clarify the RFP estimate of 15 per year or update the number.</p>	<p>From calendar years 2012-2015, the annual of out-of-state PASRR Level II evaluations is approximately 25. See Amendment #2, C. 2, Page 22, 6.2.5 Tasks/Work Plan, 3.</p> <table border="1" data-bbox="1308 474 1906 662"> <tr> <td>Total Evaluations 2012-2015</td> <td align="center">101</td> <td align="center">A</td> </tr> <tr> <td>Number of Calendar Years</td> <td align="center">4</td> <td align="center">B</td> </tr> <tr> <td>Average Annual Evaluations</td> <td align="center">25.25</td> <td align="center">(A/B)</td> </tr> </table> <p>This information is provided as an indication of past volume, and is not a guarantee of future volume. Actual volume may be higher or lower.</p>	Total Evaluations 2012-2015	101	A	Number of Calendar Years	4	B	Average Annual Evaluations	25.25	(A/B)
Total Evaluations 2012-2015	101	A										
Number of Calendar Years	4	B										
Average Annual Evaluations	25.25	(A/B)										
38	§6.2.5.3 (Page 23)	<p>The RFP states: “This Contractor must ensure that those [Nursing Facility] applicants or residents who are the fiscal responsibility of NYS’s Medicaid program receive Level II evaluations when requested/required.”</p> <p>Are there nursing facility applicants or residents for whom the Contractor would not perform a Level II evaluation if a preadmission referral were received or if a change of condition referral was initiated by a nursing facility? If so, please describe.</p>	<p>Federal PASRR regulation at 42 CFR §483.106(b)(2) indicates the only applicants exempt from PASRR screening are:</p> <ul style="list-style-type: none"> those individuals discharged from the hospital to a nursing facility for the condition for which he or she received care in the hospital and whose attending physician has certified that the individual is likely to require less than 30 days of nursing facility care, and individuals readmitted to a nursing facility from a hospital to which he or she was transferred for the purpose of receiving care. 									
39	§6.2.5.4 (Page 23)	<p>Please describe the method by which Level II Adult Mental Health Evaluation Reports are currently forwarded to the OMH Clinical Director.</p>	<p>This question is not relevant to the development of a plan under this RFP. Please refer to §6.2.5.4.</p> <p>The Contractor must determine the best methodology to achieve the RFP requirements.</p>									

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40	§6.2.5.4 (Page 23)	<p>On Page 5 of the RFP, it is clearly described that the OMH Clinical Director will determine the appropriateness of all specialized services recommendations.</p> <p>On Page 23, the RFP states that all required documents are forwarded to the OMH Clinical Director following Level II completion.</p> <p>Please clarify that the Contractor makes final Level II determinations for Level II evaluations not recommending specialized services.</p>	<p>RFP §2.2.2 states: <i>"...the Contractor determines the level and type of services needed following the evaluation...Recommendations for Specialized Services will only be made after the OMH Clinical Director determines the appropriateness of the recommendation..."</i></p> <p>RFP §3.2 states: <i>"...for [nursing facility] applicants for whom the Contractor is recommending specialized services, the Contractor completes Level II evaluations and forward[s] required documents to the OMH Clinical Director..."</i></p>
41	§6.2.5.9 (Page 23) and §6.2.7 (Page 24)	<p>Is this requirement for Quality Assurance/Process Improvement the same requirement as §6.2.7? If so, can bidders provide the response in §6.2.5.9 and refer readers to that section for §6.2.7?</p>	<p>While these two (2) sections are similar, there are differences:</p> <ul style="list-style-type: none"> • §6.2.5.9 requires Bidders to describe their Quality Assurance/Process Improvement system in place to assure the appropriateness of evaluator recommendations and to take necessary corrective action. • §6.2.7 requires Bidders to describe its quarterly quality assurance review to assure that an evaluator's recommendations are appropriate and align with Federal and State PASRR requirements.

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42	§6.2.5.12 and §6.2.5.13 (Page 24)	Both §6.2.5.12 and §6.2.5.13 address confidentiality and/or personal identifiable information. The difference between these two requirements is unclear. Please clarify the difference.	While these two (2) requirements are similar, there are differences: <ul style="list-style-type: none"> • §6.2.5.12 asks Bidders to describe how its organization, employees, subcontractors and volunteers will implement and maintain policies, an internal control process, and monitoring and procedures that will assure the confidentiality of personal identifiable data or records. • §6.2.5.13 asks Bidders to provide data confidentiality plans and procedures, a plan to meet HIPAA requirements as they relate to this RFP, including all plans as they relate to subcontractor work where applicable, and a description of procedures used to ensure confidentiality of all information collected by the bidder or the subcontractors.
43	§6.2.6 (Page 24)	Do the referenced 20-30 requests represent the number of requests received or the number for which hearings were required to be held?	The volume of fair hearing requests cited in the RFP represent the number of requests submitted. Not every request results in a hearing, as an appellant has the option to withdraw a request prior to hearing. This information is provided as an indication of past volume, and is not a guarantee of future volume. Actual volume may be higher or lower.
44	§6.2.6 (Page 24)	Please clarify both the number of appeal requests for hearings per year and the number of actual hearings conducted per year.	Please see the Department's Answer to Question #16.

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45	§6.2.7 (Page 24)	The current PASRR quality assurance program includes a 20% review of services of lesser intensity (SLI) cases whereby the Contractor does an onsite post-recommendation review of the case to ensure that the SLI recommendation has been appropriately implemented. Is this quality assurance process no longer to be included in the PASRR program?	This specific question is not relevant to the current RFP. Please refer to RFP §3.2, §3.4, §6.2.5 and §6.2.7 for information on the quality assurance processes for this RFP #16476.										
46	§6.2.8 (Pages 24-25)	Please identify the regions and provide if possible the number of face-to-face evaluations by region.	<p>Please refer to the table below containing the regions and calendar year 2015 cases. Note, the table contains all cases including those performed via telephone.</p> <table border="1"> <thead> <tr> <th>Region</th> <th>CY 2015 # Cases</th> </tr> </thead> <tbody> <tr> <td>Downstate</td> <td>1,425</td> </tr> <tr> <td>Upstate</td> <td>470</td> </tr> <tr> <td>Out-of-State</td> <td>20</td> </tr> <tr> <td>Veteran's Hospital</td> <td>6</td> </tr> </tbody> </table> <p>This information is provided as an indication of past volume, and is not a guarantee of future volume. Actual volume may be higher or lower.</p>	Region	CY 2015 # Cases	Downstate	1,425	Upstate	470	Out-of-State	20	Veteran's Hospital	6
Region	CY 2015 # Cases												
Downstate	1,425												
Upstate	470												
Out-of-State	20												
Veteran's Hospital	6												
47	§6.2.10 (Page 25)	Will this section be scored according to the extent of the bidder's relationship with Level II evaluations and similar mental illness/developmental disabilities examinations, or only experience delivering services under contract with New York State?	Specific evaluation criteria will not be released.										
48	§7.0 (Pages 26-27)	Please provide a delivery telephone number as this is required for certain delivery modes such as FedEx or UPS.	The delivery telephone number is (518) 485-8781.										

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49	§7.0 (Pages 26-27)	<p>The RFP states: "A type size eleven (11) points or larger should be used."</p> <p>Will the Department of Health allow a smaller font size (e.g., nine [9] point font) for tables and graphics?</p>	<p>The Department will allow a smaller font size in tables and graphics. However, use of font sizes that result in an evaluator's inability to read the table or graphic will be scored accordingly.</p>
50	§8.1 (Page 27)	<p>The RFP states that "the evaluation process will include separate technical and cost evaluations..."</p> <p>Where does the Administrative Proposal fit into the evaluation?</p>	<p>Specific evaluation criteria will not be released.</p> <p>§7.0 Proposal Submission states:</p> <p><i>"A proposal consists of three distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal..."</i></p>
51	§8.1, 8.3 and §8.4 (Pages 27-28)	<p>Please provide the number of points for the Technical and Cost Proposals. Is it the same as the percentages, i.e., 70% and 30%, for a total of 100 points?</p>	<p>See §8.0 Evaluation Process/Criteria.</p>
52	State of New York Agreement §III.C.	<p>The RFP states the Department of Health can terminate for cause upon ten (10) days' written notice.</p> <p>Will the Department of Health revise §III.C to include the 30 business days to cure any breach or failure of the Contractor to comply with the terms and conditions of the Agreement?</p>	<p>As part of the Bidder's Certified Statements (Attachment A), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP. NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that they constitute the best interests of New York State.</p>

**A Request for Proposals (RFP) for Pre-Admission Screen Resident Review (PASRR) Level II Evaluation
RFP #16476**

QUESTIONS AND ANSWERS

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Question #	RFP Reference	Bidder's Question	Department of Health's Answer
53	State of New York Agreement §V.A.	Will the Department of Health narrow the scope of Indemnification to cover only those claims, suits, actions, damages and costs caused by negligence or willful misconduct of the Contractor?	As part of the Bidder's Certified Statements (Attachment A), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP. NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that they constitute the best interests of New York State.
54	Attachment A	<p>This Attachment is intended as a "fill-in" document, but has been rendered inoperative and cannot be completed electronically.</p> <p>Please provide the activated "fill-in" version of this attachment.</p>	The "fill-in" version of Attachment A is available online at http://health.ny.gov/funding/rfp/16476/index.htm .
55	Attachment D	<p>This Attachment is intended as a "fill-in" document, but has been rendered inoperative and cannot be completed electronically.</p> <p>Please provide the activated "fill-in" version of this attachment.</p>	The "fill-in" version of Attachment D is available online at http://health.ny.gov/funding/rfp/16476/index.htm .
56	Attachment G	<p>This Attachment is intended as a "fill-in" document, but has been rendered inoperative and cannot be completed electronically.</p> <p>Please provide the activated "fill-in" version of this attachment.</p>	The "fill-in" version of Attachment G is available online at http://health.ny.gov/funding/rfp/16476/index.htm .

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57	Attachment L	<p>This Attachment is the DOH Preadmission Screen Resident Review (PASRR) Level II Adult Mental Health Evaluation Report, use of which is identified as a contract performance standard. However, Attachment L, Page 6 of 6, lists a specific contact for the individual to access documents or his or her case file.</p> <p>Is the contact information on Page 6 of 6 expected to change?</p>	<p>The applicable contact information on Attachment L will be updated accordingly upon award of this contract.</p>
58	Attachment L	<p>For each Level II Evaluator recommendation conducted pursuant to this RFP, is there a list of standard codes or established categories with definitions that correspond to these recommendations?</p>	<p>The Department cannot provide this information as Level II recommendation-related coding and corresponding definitions are developed by the Contractor.</p>
59	Attachment L	<p>The RFP included a copy of the current NYS Level II Adult Mental Health Evaluation Report at Attachment L. Please provide a copy of the current Level II evaluation tool.</p>	<p>The current Level II evaluation tool, document number DOH-5026, titled the <i>Preadmission Screen Resident Review (PASRR) Level II Mental Health Evaluation</i>, is available online at http://health.ny.gov/funding/rfp/16476/index.htm.</p>
60	Not Applicable	<p>What is the current pricing per PASRR Level II evaluation?</p>	<p>The Department is unable to share the requested information.</p> <p>Information regarding the current contract value may be requested under the Freedom of Information Law (FOIL). To submit a FOIL request, please write to the Department's Records Officer at FOIL@health.ny.gov.</p> <p>Additional information regarding the FOIL process is available online at http://www.health.ny.gov/regulations/foil/.</p>
61	Not Applicable	<p>Please report the current price per Level II evaluation.</p>	<p>Please see the Department's Answer to Question #60.</p>

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62	Not Applicable	Are the mental illness and intellectual/developmental disabilities PASRR evaluations completely independent and done by separate evaluators or does some level of collaboration exist for dually diagnosed individuals? If collaboration is expected, how does that typically occur between the mental illness and intellectual/developmental disabilities evaluators?	As indicated in RFP §2.1: <i>“The New York State Office for People With Developmental Disabilities (OPWDD) has the responsibility to ensure that PASRR reviews are conducted for [nursing facility] applicants and residents with [intellectual disability] or a related diagnosis. The local Developmental Disabilities Services Offices (DDSO) maintains responsibility for conducting PASRR Level II Evaluations for those individuals with possible [intellectual disabilities]...”</i>
63	Not Applicable	In light of initiatives introduced by the Center for Medicare and Medicaid Services (CMS) regarding Specialized Services, does the Department of Health have plans to re-evaluate the State's definition of specialized services during the term of this contract?	No, the Department does not anticipate reevaluating the State's definition of specialized services during the term of this contract.
64	Not Applicable	To permit qualified non-incumbents with established PASRR programs sufficient time to onboard stakeholders impacted by Level II activities, what length of time post contract execution will the Department of Health allot for implementation activities?	See Amendment #2, B. Scope Of Work, 3.2 Tasks.
65	Not Applicable	Does the Department of Health require the Contractor to electronically push any data to a Medicaid or Departmental information technology system? If so, please describe all interface requirements.	No. The Department does not require data to be electronically pushed to any Medicaid or Departmental information technology system.
66	Not Applicable	Has the Department established a maximum value for this contract? If so, what is the maximum value for this contract?	No. It is expected that the bidder will propose a successful plan and associated costs to meet the requirements of this RFP.

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67	Not Applicable	<p>Does the Department of Health anticipate the need for, or will the Department of Health require, the Contractor to attend any onsite meetings or conduct any onsite trainings or outreach?</p> <p>If so, please describe the likely number of onsite meetings or trainings to be delivered.</p>	No. The Department does not anticipate the need for any onsite meetings or conduct any onsite trainings or outreach.
68	Not Applicable	What are the Department of Health's sign/foreign language interpretation requirements for onsite PASRR evaluations for individuals requiring such services in order to participate in the onsite evaluation?	See Amendment #2, B. Scope of Work, page 7, Section 3.0 Scope of Work, 3.2 Tasks.
69	Not Applicable	Please provide the estimated number of evaluations per year that may require use of interpretation services.	DOH does not have this information.
70	Not Applicable	<p>Bidder takes exception to the absence of a proprietary software ownership provision and proposes that any resulting contract include the following:</p> <p><i>"To the extent that the services provided by Contractor are generated by Contractor's proprietary software or system(s), nothing contained herein is intended nor shall it be construed to require Contractor to provide such software or system(s) to the State. The State agrees that it has no claims of ownership, including copyright, patents or other intellectual property rights to Contractor's pretexting software or system(s). Nothing in this Agreement shall be construed to grant the State any rights to Contractor's software, systems or documents, records, data, film, tape, articles, memoranda, and other created prior to the execution of this Agreement."</i></p>	As part of the Bidder's Certified Statements (Attachment A), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP. NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that they constitute the best interests of New York State.

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71	Not Applicable	<p>Bidder takes exception to the absence of a limitation of liability provision and proposes that any resulting contract include the following:</p> <p><i>“The State agrees that the Contractor's total liability to the State for any and all damages whatsoever arising out of, or in any way related to, this Agreement from any cause, including but not limited to negligence, errors, omissions, strict liability, breach of contract or breach of warranty shall not, in the aggregate, exceed the amount actually paid to the Contractor. In no event shall the Contractor be liable for indirect, special, incidental, economic, consequential or punitive damages, including but not limited to lost revenue, lost profits, replacement goods, loss of technology rights or services, loss of data, or interruption or loss of use of software or any portion thereof regardless of the legal theory under which such damages are sought even if the Contractor has been advised of the likelihood of such damages, and notwithstanding any failure of essential purpose of any limited remedy.”</i></p>	<p>As part of the Bidder's Certified Statements (Attachment A), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP. NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that they constitute the best interests of New York State.</p>