

QUESTION and ANSWER SUPPLEMENT #1 to REQUEST FOR PROPOSALS (RFP)

Adult Care Facilities Emergency Preparedness Coordination

Issued by Public Health Solutions (PHS)

On behalf of

New York City (NYC) Department of Health and Mental Hygiene (DOHMH)

Office of Emergency Preparedness and Response (OEPR)

This **Question and Answer Supplement #1**, dated **August 16, 2018**, amends the RFP for **Adult Care Facilities Emergency Preparedness Coordination** released by PHS on behalf of the NYC DOHMH on August 8, 2018. It contains important information that is necessary in order to prepare a responsive proposal. Failure to comply with the amended requirements and instructions included in this supplement may result in the proposal being deemed non-responsive and ineligible for consideration for funding.

Please note that only communications received in writing from PHS shall serve to supplement, amend, or alter in any way, a solicitation released by PHS. Any other communication is not binding and should not be relied upon by any party in interpreting or responding to any solicitation released by PHS.

QUESTION and ANSWER

(Answer is in italics)

General

1. Can you provide information on who will review each proposal?

No.

2. What is the breakdown of the clinical specialties of the 78 ACFs (i.e., geriatric assisted living, behavioral health, dialysis, etc.)?

Adult Care Facilities (ACFs) provide long-term, non-medical residential services to adults who are substantially unable to live independently due to physical, mental, or other limitations associated with age or other factors. Residents must not require the continual medical or nursing services provided in acute care hospitals, in-patient psychiatric facilities, skilled nursing homes, or other health related facilities, as ACFs are not licensed to provide for such nursing or medical care. To learn more about the different types of Adult Care Facilities, please click on:

https://www.health.ny.gov/facilities/adult_care/intro.htm. Currently, NYC DOHMH does not have data on clinical specialties with the 78 ACFs.

3. Will the selected vendor be allowed to review any existing emergency operations plans or HVAs from the 78 ACFs?

The selected vendor cannot review any existing emergency operations plans or HVAs from the 78 HVAs until there is a fully executed contract with PHS on behalf of with DOHMH. Additionally, since this emergency management initiative is non-regulatory, ACFs volunteer to participate and can opt out or decline to share their emergency operations plans or HVAs with DOHMH and the selected vendor. However, DOHMH will ask the ACFs to voluntary share their emergency operations plans or HVAs with the selected vendor.

4. Are all/any of the ACFs accredited by the Joint Commission, DNV or Centers for Medicare and Medicaid Services?
The ACFs are not accredited by the Joint Commission, DNV, or Centers for Medicare and Medicaid Services. ACFs are regulated by New York State Department of Health. New York State Department of Health issued a Dear Administrator Letter (DAL) in December 2015 that describes the regulatory requirements for Adult Care Facilities as it relates to emergency planning: “New York State Department of Health regulations at 18 NYCRR Sections 487.12 and 488.12 require each Adult Care Facility (ACF) to have a written emergency plan detailing the procedures necessary to protect residents and staff in the event of an actual or threatened emergency or disaster”. Additional Information may be found here: https://www.health.ny.gov/facilities/adult_care/dear_administrator_letters/2015-12-23_dal_15-13_evacuation_planning.htm.
5. Is one-on-one communication the selected vendor and each ACF allowed to ensure understanding of the program and its benefits to the ACF?
Yes, the selected vendor will be responsible for communicating directly with each ACF to complete the program deliverables.
6. Will there be any contract specific requirements for the selected vendor that are in excess of the current industry standard for the creation, retention, and transportation of the documentation and outreach information created?
As stated on page 6 of the RFP, all Work Product, materials, publications, videos, curricula, reports, and other material produced as a direct requirement of the contract will be considered “work-made-for-hire” and will be the sole property of DOHMH. A contractual requirement for record retention is: For six (6) years after the Expiration Date, or sooner termination of the Agreement, Contractor shall maintain copies of all financial and work reports, evaluation surveys and audits which reflect all Services rendered hereunder and fiscal accountability for all monies appropriated and spent thereby, all training curricula and materials (if any) prepared or compiled in connection with Services provided under the Agreement, and all attendance sheets and training rosters collected and prepared in connection with trainings and activities (if any) held pursuant to this Agreement.
7. What is the projected reimbursement schedule for the project? By invoiced task or single lump sum invoice?
Vendors should provide a proposed cost for each Minimum Required Activity within a Deliverable. A final list of approved Deliverables and payment schedule will be developed in partnership between the selected vendor and DOHMH prior to contract execution.

Deliverable Specific

1. Page 7, Deliverable 1.A, will the selected vendor be provided a comprehensive contact list (names, address, e-mail address, and phone numbers) of the 78 ACFs?
Yes, DOHMH will provide to the selected vendor a list of the 78 ACFs that includes names, address, e-mail address, and phone numbers
2. Page 9, Deliverable 2.A, will there be a penalty if the target metric of 100% (n=78) is not met?
No. However, the selected vendor must indicate what the challenges were to meeting the metric so that DOHMH can use that information for future planning.

Page 10, Deliverable 2.B:

3. Will it be the responsibility of the selected vendor to arrange speakers or will DOHMH?
The selected vendor should have expertise in this area to identify and secure speakers that will benefit the ACF sector. DOHMH must receive from the selected vendor the proposed speakers' bios and CVs and provide approval prior to an event.
4. Will there be a penalty if the target metric of 100% (n=78) is not met?
No. However, the selected vendor must indicate what the challenges were to meeting the metric so that DOHMH can use that information for future planning.
5. Can the pre and post-tests be administered electronically? If so, does DOHMH have a preferred webinar platform that the NYC healthcare organizations are accustomed to?
Yes, the pre- and post-tests can be administered electronically so long as the vendor supplies the test/quiz platform and it has measures built in to prevent using websites, chat or other media to obtain answers to the questions. DOHMH must approve use of the platform.

Page 11, Deliverable 2.C:

6. Can outside organizations such as NYC Emergency Management (NYCEM) make available the city HVA analysis to ensure that the selected vendor has a full understanding of the threats facing the healthcare community within NYC?
DOHMH can request the NYC Emergency Management HVA; however, NYCEM is under no obligation to provide the HVA to the selected vendor. Note that the New York City Hazard Mitigation Plan is available publicly at <https://www1.nyc.gov/site/em/ready/hazard-mitigation.page>. In addition, a Public Health Jurisdictional Risk Assessment conducted by DOHMH is expected to be available by January, 2019.
7. Will food/refreshments be expected for the HVA workshop?
No.
8. Can ACFs attend the HVA workshop via live webcast (e.g., Adobe Connect or Goto Webinar) if they are unable to attend in-person?
Yes, ACFs can participate remotely. It will be the responsibility of the selected vendor to coordinate and establish remote connectivity for those ACFs that cannot participate in person.
9. Will there be a penalty if the target metric of 76% (n=60) is not met?
No. However, the selected vendor must indicate what the challenges were to meeting the metric so that DOHMH can use that information for future planning.

Page 12, Deliverable 2.D:

10. Will select members of other organizations outside of ACFs be allowed to attend the TTX? E.g., FDNY, NYPD, local medical facilities, Transportation, etc.
Yes, with the agreement ahead of the event and consent of DOHMH.

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11. Will food/refreshments be expected for the HVA Emergency Preparedness Conference/TTX?
Since this is a full day conference, vendors may propose to provide light refreshments/modest meals, but it is not required. If proposing light refreshments/modest meals, vendors should be mindful of the GSA costs for meals in NYC.

12. Will there be a penalty if the target metric of 100% (n=78) is not met?
No. However, the selected vendor must indicate what the challenges were to meeting the metric so that DOHMH can use that information for future planning.

13. Will an After Action Conference be scheduled as part of the final presentation of the TTX recommendations and to finalize and prove the Improvement Plan?
Vendors may propose to schedule an After Action Conference.