

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

**NYC Long Term Care Train the Trainer Program**

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 **NYC Long Term Care Train the Trainer Program** 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.

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**QUESTION and ANSWER**

*(Answer is in italics)*

1. Based on Appendix A: Scope of Services Template, there seem to be three programmatic components: a program development piece, pilot training, and a goal to create materials for facilities to conduct training on their own. Would you confirm these are the three components?  
*The overarching goal of the LTCTTT Program is for all of the NYC-based nursing homes and ACFs to effectively maximize their capabilities by having access to the train-the-trainer materials to increase their individual planning efforts and to be resilient during disasters.*

*There are three mandatory Deliverables:*

*1) **Program Outline/Vision for the LTCTTT Program**, which includes a review of existing emergency management materials for the long term care sector (i.e., Nursing Homes and Adult Care Facilities).*

*2) **Development of the LTCTTT Curriculum, Materials, and Toolkit Content**, which includes developing an educational Train-the-trainer curriculum that is a self-study/independent study for Long Term Care Personnel at nursing homes and adult care facilities.*

*3) **Conduct Pilot Utilizing LTCTTT Materials**, which includes piloting the materials with a small cohort of LTC personnel and, based on the pilot, revising the materials LTCTTT materials. The final Toolkit will be made available in an electronic format and in hard copy.*

2. Can a group of organizations apply together as a single applicant, or must the applicant be a single entity?  
*It is anticipated that one vendor will be selected for a contract award. A vendor may subcontract with other vendors to do a portion of the work. You must indicate clearly your intention to use*

*subcontractor(s) in your proposal, including which vendor will serve as prime contractor (lead organization) and which vendor(s) will be the subcontractor(s).*

3. Will the selected vendor pilot the materials with only a small cohort of LTC facilities or will pilot testing be expected for individuals beyond this cohort?  
*The selected vendor will pilot the train-the-trainer curriculum **ONLY** with approximately five (5) to ten (10) LTC facilities (minimum of ten (10) individuals).*
4. Is there an expectation that the curriculum will be completed by participants in a single session or as a series of modules given/taken over time?  
*Either option is acceptable. The vendor is responsible for proposing a means for staff/students (trainees) to complete the content using the strategy the vendor believes is the most effective for retention and assimilation of the material in order for the LTCTTT Program to result in competent trainers. If the staff/students (trainees) will complete the training over time, it is recommended that there be a feature allowing them to track and record progress as well as a feature providing an overall assessment of performance once they have completed the modules.*
5. Should the curriculum strive for a healthcare-specific and/or New York City perspective?  
*Yes, the curriculum should include healthcare and long term care specific information as well as a New York City perspective.*
6. Can materials developed by governmental entities be offered as pre-requisites or otherwise incorporated into the trainings?  
*It is up to the vendor to propose the content of the Toolkit, keeping in mind that content should include but not be limited to measurable educational and learning objectives, see Deliverable B. in the Proposed Scope of Services table (pages 8 and 9 of the RFP). Vendors may include in their proposals a reference list indicating what emergency management courses offered by other entities support topical areas being covered in the curriculum. The selected vendor will be asked to provide DOHMH with links or access information in order for DOHMH to review before final approval. For example, vendors may propose that LTC personnel take required FEMA courses to support the LTCTTT Program and build within the curriculum a tracker to determine if the FEMA courses were completed by staff.*
7. Is there an expectation that trainees will produce documents for use within their facilities during the course?  
*The LTCTTT Program curriculum should be structured so the trainees can print out study guides and other supporting documentation that will help them understand the content and take any quizzes or exams embedded in the curriculum to demonstrate learning objectives have been met. DOHMH does not expect that the trainees/participants who have taken the course will have a completed emergency plan; however, the curriculum should inform them or provide them with knowledge of how to develop such plans at the end of completion.*
8. Is it expected that the curriculum follow a specific sequence or can the content be presented/taken in any order?  
*In general, it is assumed that staff/students (trainees) will not have a foundation of emergency management knowledge. Therefore, foundational information must come first. However, if the*

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*vendor proposes using branching structures via a learning/content management system that allows trainees to skip modules/content they already know, the curriculum should include quizzes/assessments they must pass in order to skip modules/content.*