



Department of Health

Request for Proposals

RFP # 20190

Regional Lead Resource Centers

Issued: January 9, 2023

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the New York State Department of Health (hereinafter referred to as the “**Department**” or as “**DOH**”) identifies the following designated person to whom all communications attempting to influence the Department’s conduct or decision regarding this procurement must be made.

Sue Mantica
Bureau of Contracts
New York State Department of Health
Corning Tower, Room 2827
Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12237
Telephone: 518-474-7896
Email Address: sue.mantica@health.ny.gov

PERMISSIBLE SUBJECT MATTER CONTACT:

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health identifies the following allowable contact for communications related to the submission of written proposals, written questions, pre-bid questions, and debriefings.

Rachel Cates
New York State Department of Health
Center for Environmental Health
Empire State Plaza, Corning Tower Bldg., Room 1629
Telephone: 518-402-7500
Email Address: LPPP@health.ny.gov

TABLE OF CONTENTS

(Hyperlinked; click to go directly to desired topic.)

TABLE OF CONTENTS2

1.0 CALENDAR OF EVENTS4

2.0 OVERVIEW4

 2.1 Introductory Background 4

 2.2 Important Information 5

 2.3 Term of the Agreement 6

3.0 BIDDERS QUALIFICATIONS TO PROPOSE6

 3.1 Minimum Qualifications 6

4.0 SCOPE OF WORK7

 4.1 Tasks/Deliverables 7

 4.2 Staffing 10

 4.3 Reporting 11

 4.4 Information Technology 11

 4.5 Security 11

 4.6 Transition 12

 4.7 Payment 13

 4.8 Subcontracting 13

 4.9 Contract Insurance Requirements 13

 4.10 Minority & Women-Owned Business Enterprise (M/WBE) Requirements 13

 4.11 Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses . 15

5.0 ADMINISTRATIVE INFORMATION 15

 5.1 Restricted Period 15

 5.2 Questions 16

 5.3 Right to Modify RFP 16

 5.4 DOH's Reserved Rights 16

 5.5 Debriefing 17

 5.6 Protest Procedures 17

 5.7 Freedom of Information Law ("FOIL") 17

 5.8 Piggybacking 17

6.0 PROPOSAL CONTENT 17

 6.1 Administrative Proposal 18

 6.1.1 Bidder's Disclosure of Prior Non-Responsibility Determinations 18

 6.1.2 Freedom of Information Law – Proposal Redactions 18

 6.1.3 Vendor Responsibility Questionnaire 18

 6.1.4 Vendor Assurance of No Conflict of Interest or Detrimental Effect 18

 6.1.5 M/WBE Forms 18

 6.1.6 Encouraging Use of New York Businesses in Contract Performance 19

 6.1.7 Bidder's Certified Statements 19

 6.1.8 Diversity Practices Questionnaire 19

 6.1.9 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination 19

 6.1.10 Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia 19

 6.1.11 State Finance Law Consultant Disclosure Provisions 19

 6.1.12 Sales and Compensating Use Tax Certification (Tax Law, § 5-a) 20

 6.2 Technical Proposal 20

 6.2.1 Title Page 21

 6.2.2 Table of Contents 21

 6.2.3 Documentation of Bidder's Eligibility Responsive to Section 3.0 of RFP 21

 6.2.4 Technical Proposal Narrative 21

 6.2.4.1. Statement of Need and Program Plan/Outcomes– Performing Tasks/Deliverables 21

 6.2.4.2 Staffing and Qualifications 23

 6.2.4.3 Proposed Approach - Reporting (see Scope of Work Section 4.3) 23

 6.3 Cost Proposal 24

7.0 PROPOSAL SUBMISSION 24

 7.1 No Bid Form 25

8.0 METHOD OF AWARD 25

8.1	General Information	25
8.2	Submission Review	26
8.3	Technical Evaluation.....	26
8.4	Cost Evaluation.....	26
8.5	Composite Score	27
8.6	Award Recommendation	27
9.0	ATTACHMENTS.....	27
	ATTACHMENT A.....	28
	ATTACHMENT B.....	1

1.0 CALENDAR OF EVENTS

RFP #20190 – REGIONAL LEAD RESOURCE CENTERS	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	January 9, 2023
Deadline for Submission of Written Questions	Questions Due By January 30, 2023 at 4:00 p.m. ET
Responses to Written Questions Posted by DOH	Responses Posted On or About February 17, 2023
Deadline for Submission of Proposals	Proposals Due On Or Before March 10, 2023 4:00 p.m. ET
<i>Anticipated</i> Contract Start Date	January 1, 2024

2.0 OVERVIEW

Through this Request for Proposals (RFP), the New York State (State) Department of Health (DOH) is seeking competitive proposals from qualified bidders such as Hospitals, Pediatric or Family Residency Programs, and Pediatric intensive care units as specifically outlined in section 3.1. This RFP seeks to support and promote a standard of excellence statewide among health care providers (HCPs), local health departments (LHDs), and communities to prevent childhood lead poisoning and to identify and care for children and pregnant individuals exposed to lead, as further detailed in Section 4.0 (Scope of Work), and in accordance with generally accepted medical standards, Public Health Law (PHL), regulations, and guidelines.

It is the Department’s intent to award up to three (3) contracts, with up to one award in each of the following regions:

- Metropolitan/Hudson Valley (Up to one contract in this combined region)
- Western (Up to one contract in this region)
- Central/Eastern (Up to one contract in this combined region)

NOTE: ONLY one proposal is allowed to be submitted per bidder. Bidders may not propose for multiple regions. Bids that fail to follow this protocol may be disqualified.

2.1 Introductory Background

New York State (NYS) has been a leader in the prevention of childhood lead poisoning and in the diagnosis and treatment of children with elevated blood lead levels (EBLLs) for over two decades. In 1993, NYS adopted Public Health Law (PHL) Title 10 of Article 13 and Administrative Rules and Regulations Part 67, also defining an elevated blood lead level as a blood lead concentration > 10 µg/dL. Beginning October 1, 2019, NYS revised the PHL definition of an elevated blood lead level as a blood lead concentration ≥ 5 µg/dL. NYS was one of the first states to mandate universal blood lead testing of children at one and two years of age and pregnant individuals found to be at risk of exposure. Surveillance regulations, control measures to prevent lead poisoning, and guidelines to identify and manage children and pregnant individuals exposed to lead were adopted. In addition, roles and responsibilities of HCPs, LHD Lead Poisoning Prevention Programs (LPPPs), and laboratories were established. Among other duties, LHDs were, and still are, responsible for ensuring completion of follow-

up services for lead poisoned children. This includes care coordination activities and environmental assessments at a blood lead level (BLL) of $>5\mu\text{g}/\text{dL}$.

NYS has made great strides in reducing the proportion of children with EBLLs. Many successful strategies have been implemented to prevent childhood lead poisoning, including the Childhood Lead Poisoning Primary Prevention Program (CLPPPP) that began in 2007, the Healthy Neighborhoods Program (HNP) that began in the late 1980s, and the Regional Lead Resource Centers (RLRCs), who provide statewide lead poisoning prevention outreach and education, consultations with HCPs and/or medical management of children and pregnant individuals with lead poisoning, support to LHDs, and increase capacity building through the formation of coalitions.

The incidence and prevalence of childhood lead poisoning has been declining in New York State in recent years, but much work remains. NYS PHL and regulations mandate universal blood lead testing by HCPs for all children at or around age one (1) and again at or around age two (2), as well as annual risk assessment with blood lead testing as indicated at ages six (6) months to six (6) years. The number of children receiving risk assessments and blood lead testing in accordance with regulations has not yet reached the desired level in a number of localities.

As we now know, there is no safe BLL. Exposure to even small amounts of lead resulting in blood lead levels $< 5 \mu\text{g}/\text{dL}$ may contribute to behavior problems, learning disabilities, and lowered intelligence scores. Children who live in older housing are more likely to have BLLs $\geq 5 \mu\text{g}/\text{dL}$ than the population of children in the United States as a whole. Blood lead testing at age one (1) is intended to identify children soon after they become mobile, when they may potentially be exposed to environmental sources of lead. Testing all children for blood lead again at age two (2) is critical, even if the initial blood lead test result is less than the reference value of $5 \mu\text{g}/\text{dL}$. Children's lead exposure generally peaks at age two (2) due to increased exploration of the environment and normal hand-to-mouth behavior, which results in the ingestion of lead dust. Lead poisoning affects children from all backgrounds; however, children at or below the poverty level, children enrolled in Medicaid, children from racial/ethnic minority groups, and immigrant and refugee women and children continue to be at higher risk.

2.2 Important Information

The Bidder **must** review, and is requested to have its legal counsel review, [Attachment 8](#), the DOH Agreement (Standard Contract), as the successful Bidder must be willing to enter into the Contract awarded pursuant to this RFP in the terms of [Attachment 8](#), **subject only to any amendments to the Standard Contract agreed by the Department during the Question and Answer Phase of this RFP** (see [Section 5.2](#)). Please note that this RFP and the awarded Bidder's Bid will become part of the Contract as Appendix B and C, respectively.

It should be noted that Appendix A of [Attachment 8](#), "Standard Clauses for New York State Contracts", contains important information, terms and conditions related to the Contract to be entered into as a result of this RFP and **will be incorporated, without change or amendment**, into the Contract entered into between DOH and the successful Bidder. By submitting a response to this RFP, the Bidder agrees to comply with all the provisions of the Contract, including all of the provisions of Appendix A.

Note, [Attachment 7](#), the Bidder's Certified Statements, **must** be submitted by each Bidder and includes a statement that the Bidder accepts, **without any added conditions, qualifications or exceptions**, the contract terms and conditions contained in this RFP including any exhibits and attachments, including, without limitation, [Attachment 8](#). It also includes a statement that the Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with its Bid, such alternate proposals or extraneous terms will not be evaluated by the DOH.

Any qualifications or exceptions proposed by a Bidder to this RFP should be submitted in writing using the process set forth in [Section 5.2](#) (Questions) prior to the deadline for submission of written questions indicated in [Section 1.0](#) (Calendar of Events). Any amendments DOH makes to the RFP as a result of

questions and answers will be publicized on the DOH web site and will be available and applicable to all Bidders equally.

2.3 Term of the Agreement

The term of the Contract that will be entered into pursuant to this RFP between the Department and the successful Bidder is expected to be for a period of five (5) years commencing on the date shown on the Calendar of Events in [Section 1.0](#), subject to the availability of sufficient funding, successful Contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).

3.0 BIDDERS QUALIFICATIONS TO PROPOSE

For the purposes of this RFP, a prime contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime contractor undertakes to perform a complete contract and may employ (and manage) one or more subcontractors to carry out specific parts of the contract.

Subcontractors must meet the same Minimum Qualifications as the prime contractor. Failure to meet these Minimum Qualifications by the prime contractor or their subcontractors will result in a proposal being found non-responsive and eliminated from consideration.

3.1 Minimum Qualifications

NYSDOH will accept proposals from organizations with the following types and levels of experience as a prime contractor.

- Hospital licensed under Article 28 of the PHL (Bidder must submit a copy of their license as proof of eligibility);
- Pediatric or Family Residency Program with a current Accreditation Certificate (Bidder must submit a copy of their current Accreditation Certificate as proof of eligibility); and
- Pediatric intensive care unit with five (5) years of experience in chelation therapy for lead poisoning.

4.0 SCOPE OF WORK

This Section describes the Consulting/Training services that are required to be provided by the selected Bidder. The selected Bidder must be able to provide all of these services throughout the contract term.

PLEASE NOTE: Bidders will be requested to provide responses that address all of the requirements of this RFP as part of its Technical Proposal.

The terms “bidders”, “vendors”, “contractors”, and “proposers” are also used interchangeably. For purposes of this RFP, the use of the terms “shall”, “must” and “will” are used interchangeably when describing the Contractor’s/Bidder’s duties.

4.1 Tasks/Deliverables

The Contractors (RLRCs) will provide education, support, and direction to HCPs. The RLRCs will identify ways to assess the needs of these target individuals, groups, and communities; improve communication among those involved; design and deliver effective strategies to accomplish the outcomes of this initiative; and evaluate the effectiveness of activities. Their work will assist NYSDOH in the elimination of childhood lead poisoning through the achievement of the following outcomes:

4.1.1 Educate

The Contractor will increase health care providers’ knowledge in coordination with LHDs about lead poisoning prevention, assessment, blood lead testing, clinical care, and public health follow-up of children and pregnant individuals exposed to lead according to NYS PHL and regulations, best practices, and generally accepted medical standards and public health guidelines.

Education for HCPs is the major emphasis of the RLRC work. The RLRCs may educate HCPs one-on-one, in groups, by mailings, or web-based, as long as an attempt is made to contact 100% of HCPs actively caring for children and pregnant individuals in NYS.

To educate the HCPs, the Contractor must:

- Assess the educational needs of HCPs in each region through method of choice, such as visiting sites and maintaining written records of discussions.
- Develop, deliver and evaluate education to HCPs to best meet the needs of patients and families in each region.
- Develop regional educational materials, such as newsletters, educational PowerPoint presentations, or other preferred methods for use within the HCP practice, in collaboration with NYSDOH and local chapters of professional medical groups.
- Track and document activities within the quarterly reports. Quarterly report templates will be provided by the NYSDOH after award.

Topics that must be addressed include:

- Anticipatory guidance for parents and pregnant individuals emphasizing primary prevention of lead poisoning, including a tool to use within the practice
- Assessing children at every well child visit and pregnant individuals at the initial prenatal visit for risk of exposure with a risk assessment tool and ordering a blood lead test if a risk is identified
- Blood lead testing requirements for all one and two-year-old children
- Blood lead testing a newborn before hospital discharge if the mother had a BLL ≥ 5 ug/dL during pregnancy
- Lead exposure assessment for children with BLLs ≥ 5 ug/dL
- Risk reduction education
- Nutritional assessment, counseling, and referrals, as needed

- Developmental assessment, counseling and referrals as needed
- Evaluating the risk of others living in the home when a child or an adult has a BLL ≥ 5 ug/dL and testing if at risk
- Communicating and coordinating with the LHD where a child resides when a BLL is ≥ 5 ug/dL
- Education of HCPs surrounding the RLRCs of the availability and expertise of the RLRCs concerning children with elevated BLLs.
- Education regarding the current NYSDOH Guidelines for the Identification and Management of Lead Exposure in Children and Lead Poisoning Prevention Guidelines for Prenatal Care Providers

Table 1
4.1.1 Educate

Deliverable	Metropolitan/ Hudson Valley Region	Western Region	Central/Eastern Region
4.1.1 – Education of Health Care Providers	75 Educational Sessions	20 Educational Sessions	20 Educational Sessions

Note: The numbers provided in the table above reflect the *minimum* quantities expected for each service in each region on an annual basis.

4.1.2 Coordinate

The Contractor must provide timely, comprehensive, and coordinated clinical care of children and pregnant individuals with EBLLs and newborns born to individuals with EBLLs in accordance with generally accepted medical standards and public health guidelines. Case management is critical when a BLL is 45 µg/dL or greater, especially when chelation therapy is considered. LHDs are encouraged to refer a HCP to a RLRC for consultation when a child or pregnant individual has an EBLL, and a HCP may request the RLRC provide clinical care and care coordination of the child or pregnant individual, including hospitalization and chelation therapy.

NOTE: LHDs cannot release child specific information to the RLRCs without obtaining parental consent, unless there is an established doctor-patient relationship between the RLRC and the child or pregnant individual, or a consultant arrangement is in place between the LHD and the RLRC provider.

The contracted RLRCs, as NYS’s lead poisoning clinical experts, will:

- Provide individual case consultation or clinical care and care coordination to the HCP of a child, pregnant individual, or post-partum and breastfeeding individual when they have an EBLL; or the HCP of a newborn born to an individual with an EBLL, as necessary.
- Clinical costs are NOT a component of this RFP and the resulting contract. All clinical service costs should be billed to the patient’s third-party payer (health insurance). Parents of children and pregnant individuals without insurance should be referred to a health navigator within the health facility or to NY State of Health - Health Plan Marketplace located at <https://nystateofhealth.ny.gov/> to apply for health insurance.
- Clinical care of a lead poisoned child or pregnant individual must be provided in accordance with generally accepted medical standards and [public health law §1370, Part 67 of Title 10](#).
- At a minimum, one (1) physician must be available to provide consultation services statewide, as needed 24 hours per day, 7 days per week, including holidays. Consultation may be done in-person or virtually (over phone/computer).

- Track and document the number of children and pregnant individuals by deliverable activities; the number of consultations, clinical care and care coordination services, and the number hospitalized for chelation therapy per year in each region,
- Evaluate all activities; evaluation methods may include surveys, pre/post tests, etc.

Table 2
4.1.2 Coordinate

Deliverable	Metropolitan/ Hudson Valley Region	Western Region	Central/Eastern Region
4.1.2.a - Comprehensive Consultations for Clinical Treatment for Lead Poisoning	Children 100 cases	Children 50 cases	Children 50 cases
	Pregnant Individuals 1 case	Pregnant Individuals 1 case	Pregnant Individuals 2 cases
4.1.2.b - Comprehensive Clinical Care and Care Coordination for Lead Poisoning	Children 20 cases	Children 10 cases	Children 10 cases
	Pregnant Individuals 2 cases	Pregnant Individuals 1 case	Pregnant Individuals 1 case
4.1.2.c - Hospitalization and Chelation for Lead Poisoning	Children 10 cases	Children 5 cases	Children 5 cases
	Pregnant Individuals 1 case	Pregnant Individuals 0 cases	Pregnant Individuals 0 case

Note: The numbers provided in the table above reflect the minimum quantities expected for each service in each region on an annual basis.

4.1.3 Build Capacity

The Contractor will increase capacity building and sustainability in health care and public health systems to prevent lead poisoning. Engage HCPs and professional medical groups to take a leadership role in the development of a regional or community coalition (alliance for combined action) or participation in an established coalition to promote lead poisoning prevention efforts. Each region should have at least one (1) lead poisoning prevention coalition.

- Assess the current lead poisoning prevention coalition status in each region.
- Assess current HCP and professional medical group participation in lead poisoning prevention coalitions.
- Contracted RLRCs must actively participate in a regional or community lead poisoning prevention coalition and other community-based lead prevention activities and take steps to engage local HCPs and members of local chapters of professional medical groups to join in community level lead poisoning prevention efforts to increase practice of basic lead poisoning

prevention, hazard identification, and hazard reduction among parent/caregivers, homeowners, landlords, and the general public.

- In regions that do not have a lead poisoning prevention coalition, engage HCPs and members of local chapters of professional medical groups, in collaboration with LHDs, to initiate and establish a new lead poisoning prevention coalition.
- Track and document the name and phone number of HCPs and professional medical groups contacted, number of meetings held, and activities completed by each coalition (or progress toward the development of a coalition), per year in each region.

Table 3
4.1.3 Build Capacity

Deliverable	Metropolitan/ Hudson Valley Region	Western Region	Central /Eastern Region
4.1.3 - RLRC and HCP Coalition Development and Participation in Regional/Community Lead Poisoning Prevention Coalition Meetings	25 Prevention Activities	15 Prevention Activities	15 Prevention Activities

Note: The numbers provided in the table above reflect the minimum quantities expected for each service in each region on an annual basis.

4.2 Staffing

The Contractor must have a part-time (.5 FTE) licensed physician medical director who has at least five (5) years' experience in childhood lead poisoning prevention and at least five (5) years in the medical management of children and pregnant individuals. The Contractor must also have a full-time coordinator for this project (1.0 FTE). The Contractor may employ a full-time coordinator, or if there is a subcontractor(s) within a region, the full-time requirement can be met by combining the effort of the contractor and subcontractor(s) coordinator's time.

The coordinator of the RLRC must have at least 5 years of experience in:

- childhood lead poisoning prevention and risk reduction;
- outreach and education to HCPs, parents, professional groups, and communities; and
- program evaluation.

If there is a subcontractor, they must have a part-time (0.5 FTE) licensed physician medical director who has at least five (5) years' experience in childhood lead poisoning prevention and at least five (5) years in the medical management of children and pregnant individuals. The subcontractor must also have a part-time (0.5 FTE) coordinator for this project.

The coordinator for each subcontractor must have at least five (5) years of experience in:

- childhood lead poisoning prevention and risk reduction;
- outreach and education to HCPs, parents, professional groups, and communities; and
- program evaluation.

4.3 Reporting

The Contractors (RLRCs) will design and implement evaluation methods to monitor and assess the delivery and effectiveness of all activities.

4.3.1 Quarterly Progress Reports

The RLRCs will provide education, support and direction to HCPs. The RLRCs must identify ways to assess the needs of these target individuals and groups; improve communication among those involved; design and provide effective strategies to accomplish the outcomes of this initiative; and evaluate the effectiveness of activities. Progress towards meeting the outcomes must be reported to the NYSDOH Bureau of Community Environmental Health and Food Protection within 30 days of the end of each quarter. Quarterly Reporting templates will be provided by NYSDOH. In addition, quarterly conference calls may be scheduled with the NYSDOH Bureau of Community Environmental Health and Food Protection on an as needed basis. Work conducted by the RLRCs will assist NYSDOH in the elimination of childhood lead poisoning through the achievement of the following outcomes:

- **Educate:** Increase health care providers' knowledge in coordination with LHDs about lead poisoning prevention, assessment, blood lead testing, and clinical care and public health follow-up of children and pregnant individuals exposed to lead according to NYS PHL and regulations, best practices, and generally accepted medical standards and public health guidelines;
- **Coordinate:** Provide timely, comprehensive, and coordinated clinical care of children and pregnant individuals with EBLLs and newborns born to individuals with EBLLs in accordance with generally accepted medical standards and public health guidelines. This coordination of care is extremely important when a BLL is 45 µg/dL or greater and chelation therapy is considered. LHDs are encouraged to refer a HCP to a RLRC for consultation when a child or pregnant individual has an EBLL, and a HCP may request the RLRC provide clinical care and care coordination of the child or pregnant individual, including hospitalization and chelation therapy.
- **Capacity Building:** Increase capacity building and sustainability in health care and public health systems to prevent lead poisoning by engaging HCPs and professional medical groups to take a leadership role in the development of a regional or community coalition (alliance for combined action) or participation in an established coalition to promote lead poisoning prevention efforts. Each region should have at least one (1) lead poisoning prevention coalition.

Payment for services rendered each quarter will not be made until progress reports are received and contract deliverables are met (see [4.7 Payment](#)).

4.4 Information Technology

The application and all systems and components supporting it, including but not limited to any forms and databases that include Personal Health, Personal Identification or other New York State information, must comply with all NYS security policies and standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>.

4.5 Security

The selected Contractor shall comply with all privacy and security policies and procedures of the Department <https://its.ny.gov/policies> and applicable state and federal law and administrative guidance with respect to the performance of this contract. The Contractor is required, if applicable, to execute a number of security and privacy agreements with the Department including a Business Associate Agreement (Appendix H) and a Data Use Agreement (DUA) at contract signing.

The Contractor is expected to provide secure and confidential backup, 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.

The Contractor is required to maintain and provide to the Department upon request their data confidentiality plans and procedures for meeting security requirements as they relate to the deliverables and services within this RFP, including all plans as they relate to subcontractor work where applicable.

The Contractor will develop and maintain adequate fully trained staff to respond to all stakeholder inquiries while protecting confidentiality and maintaining the security and integrity of all systems. Staff must be trained to understand and observe requirements related to confidentiality and operating guidelines for functions included in this RFP.

The Contractor will comply fully with all current and future updates of the security procedures of the DOH/HRI, as well as with all applicable State and federal requirements, in performance of this contract.

4.6 Transition

The transition represents a period when the current contract activities performed by the Contractor must be turned over to the Department, another Department agent or successor contractor during or at the end of the contract.

The Contractor shall ensure that any transition to the Department, Departmental agency or successor contractor be done in a way that provides the Department with uninterrupted education, coordination, and capacity building services. This includes a complete and total transfer of all data, files, reports, and records generated from the inception of the contract through the end of the contract to the Department or another Department agent should that be required during or upon expiration of its contract.

The Contractor shall provide technical and business process support as necessary and required by the Department to transition and assume contract requirements to the Department or another Department agent should that be required during or at the end of the contract.

The Contractor shall manage and maintain the appropriate number of staff to meet all requirements listed in the RFP during the transition. All reporting and record requirements, security standards, and performance standards are still in effect during the transition period.

The Contractor is required to develop a work plan and timeline to securely and smoothly transfer any data and records generated from the inception of the Contract through the end of the contract to the Department or another Department agent should that be required during or upon expiration of its contract. The plan and documentation must be submitted to the Department no later than twelve (12) months before the last day of its contract with the Department of Health or upon request of the Department.

No additional payments will be made to the Contractor for any activities, services, and support required to be performed during any transition period.

4.7 Payment

Payment of invoices and/or vouchers submitted by the successful Bidder pursuant to the terms of the Contract entered into pursuant to this RFP by the Department shall be made in accordance with Article XI-A of the New York State Finance Law.

Payment for services provided will be made on a quarterly basis contingent on the submission to the Department of all acceptable, required programmatic narrative reports within 30 days from the end of each reporting quarter (March, June, September, December), and meeting all contract deliverables. Payment under this contract will be based on a deliverable fee schedule.

Clinical costs are NOT a component of this RFP and the resulting contract. All clinical service costs should be billed to the patient's third-party payer (health insurance). Parents of children and pregnant individuals without insurance should be referred to a health navigator within the health facility or to NY State of Health - Health Plan Marketplace located at <https://nystateofhealth.ny.gov/> to apply for health insurance.

4.8 Subcontracting

Bidders may propose the use of a subcontractor. The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that all the requirements of this RFP is met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between the DOH and the Contractor. DOH reserves the right to request removal of any Bidder's staff or subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Contract.

NOTE: Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime Contractor.

4.9 Contract Insurance Requirements

Prior to the start of work under this Contract, the CONTRACTOR shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of this Contract, insurance of the types and in the amounts set forth in [Attachment 8](#), the New York State Department of Health Contract, Section IV. Contract Insurance Requirements.

4.10 Minority & Women-Owned Business Enterprise (M/WBE) Requirements

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

Business Participation Opportunities for M/WBEs

For purposes of this RFP, DOH hereby establishes an overall goal of 0% for M/WBE participation, 0% for Minority-Owned Business Enterprises ("MBEs") participation and 0% for Women-Owned Business Enterprises ("WBEs"), based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms. The successful Bidder who becomes the Contractor under the Contract entered into with the Department pursuant to this RFP must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Contract consistent with the M/WBE participation goals established for this procurement, and Contractor must

agree that DOH may withhold payment pending receipt of the required M/WBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right-hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE 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 to establish Contractor’s “good faith efforts”.

By submitting a Bid in response to this RFP, a Bidder agrees to complete an M/WBE Utilization Plan ([Attachment 5](#), Form #1) for this RFP. DOH will review the submitted M/WBE Utilization Plan. If the Plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days after Bidder’s receipt of such notice. DOH may disqualify a Bidder as being non-responsive to this RFP under the following circumstances:

- a) If a Bidder fails to submit a M/WBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Bidder has failed to document good-faith efforts to provide meaningful participation by M/WBEs under the Contract in accordance with the goals for this RFP established by the Department;

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified in its M/WBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOH but must be made no later than prior to the submission of a request for final payment on the Contract.

The Contractor will be required to submit a Contractor’s Quarterly M/WBE Contractor Compliance & Payment Report to the DOH, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the M/WBE goals of the Contract.

If (a) the Department determines that the Contractor is not in compliance with the M/WBE requirements of the Contract and the Contractor refuses to comply with such requirements, or (b) the Department finds that the Contractor has willfully and intentionally failed to comply with the M/WBE participation goals established in the Contract, the Contractor may be required to pay to the Department liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to M/WBEs had the Contractor achieved the contractual M/WBE goals; and (2) all sums actually paid to M/WBEs for work performed or materials supplied under the Contract.

A New York State certified Minority- and Women-Owned Businesses (M/WBE) may request that their firm’s contact information be included on a list of M/WBE firms interested in serving as a subcontractor for this procurement. The listing will be publicly posted on the Department’s website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS M/WBE certification to LPPP@health.ny.gov before the Deadline for Questions as specified in [Section 1.0](#) (Calendar of Events). Nothing prohibits an M/WBE Vendor from proposing as a prime Contractor.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.)

4.11 Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by NYS-certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. DOH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of DOH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, DOH conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidders are encouraged to contact the Office of General Services’ Division of Service-Disabled Veteran’s Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

5.0 ADMINISTRATIVE INFORMATION

The following administrative information will apply to this RFP. Failure to comply fully with this information may result in disqualification of your proposal.

5.1 Restricted Period

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“IFB”), or solicitation of proposals, or any other method for soliciting a response from bidders intending to result in a procurement contract with DOH and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies designated contacts on face page of this RFP to whom all communications attempting to influence this procurement must be made.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the bidder is non-responsible and therefore ineligible for this contract award. Two (2) violations within four (4) years of the rules against impermissible contacts during the “restricted period” may result in the violator being debarred from participating in DOH procurements for a period of four (4) years.

5.2 Questions

There will be an opportunity available for submission of written questions and requests for clarification with regard to this RFP. All questions and requests for clarification of this RFP should cite the particular RFP Section and paragraph number where applicable and must be submitted via email to LPPP@health.ny.gov. It is the bidder's responsibility to ensure that email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in [Section 1.0](#) (Calendar of Events). Questions received after the deadline may **not** be answered.

5.3 Right to Modify RFP

DOH reserves the right to modify any part of this RFP, including but not limited to, the date and time by which proposals must be submitted and received by DOH, at any time prior to the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events). Modifications to this RFP shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If a bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the Bidder shall immediately notify DOH of such error in writing at LPPP@health.ny.gov and request clarification or modification of the document.

If, prior to the Deadline for Submission of Proposals, a bidder fails to notify DOH of a known error or an error that reasonably should have been known, the Bidder shall assume the risk of proposing. If awarded the contract, the Bidder shall not be entitled to additional compensation by reason of the error or its correction.

5.4 DOH's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the Department's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the State's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the Department's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
13. Conduct contract negotiations with the next responsible bidder, should the Department be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;

15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty- five days, any bid is subject to withdrawal communicated in a writing signed by the bidder; and,
16. 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 a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation.

5.5 Debriefing

Once an award has been made, a Bidder may request a debriefing of their Bid. The debriefing will be limited solely to the Bidder's own Bid and will not include any discussion of other bids. A Bidder's request for a debriefing must be received by the Department no later than fifteen (15) business days after the date of the award notification to the successful Bidder or non-award announcement to the unsuccessful Bidder, depending upon whether the Bidder requesting the debriefing is the successful Bidder or an unsuccessful Bidder.

5.6 Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

5.7 Freedom of Information Law ("FOIL")

All Bids may be disclosed or used by the Department to the extent permitted by law. The Department may disclose a Bid to any person for the purpose of assisting in evaluating the Bid or for any other lawful purpose. All Bids will become State agency records, which will be available to the public in accordance with the New York State Freedom of Information Law. **Any portion of the Bid that a Bidder 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 Bid as specified in Section 6.1.2. of this RFP.** If the Department agrees with the proprietary claim, the designated portion of the Bidder's Bid 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.

5.8 Piggybacking

New York State Finance Law section 163(10)(e) (see also <https://ogs.ny.gov/procurement/piggybacking-using-other-existing-contracts-0>) allows the Commissioner of the NYS Office of General Services to consent to the use of the Contract entered into pursuant to this RFP by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

6.0 PROPOSAL CONTENT

The following includes the format and information to be provided by each Bidder. Bidders responding to this RFP must satisfy all requirements stated in this RFP. All Bidders are requested to submit complete Administrative and Technical Proposals, and are required to submit a complete Cost Proposal. A proposal that is incomplete in any material respect may be rejected.

To expedite review of the proposals, Bidders are requested to submit proposals in separate

Administrative, Technical, and Cost packages inclusive of all materials as summarized in Attachment A, Proposal Documents. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and Bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals received in response to this RFP will be conducted separately. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

DOH will not be responsible for expenses incurred in preparing and submitting the Administrative, Technical, or Cost Proposals.

6.1 Administrative Proposal

The Administrative Proposal should contain all items listed below. An Administrative Proposal that is incomplete in any material respect may be eliminated from consideration. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy. Please provide the forms in the same order in which they are requested.

6.1.1 Bidder's Disclosure of Prior Non-Responsibility Determinations

Submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determinations."

6.1.2 Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of their proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 5.7](#), (Freedom of Information Law)

6.1.3 Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that bidders 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 at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep System online at www.osc.state.ny.us/vendrep.

Bidders 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 OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Bidders opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form. Bidders should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

6.1.4 Vendor Assurance of No Conflict of Interest or Detrimental Effect

Submit [Attachment 4](#), Vendor Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the Bidder, members, shareholders, parents, affiliates or subcontractors. [Attachment 4](#) must be signed by an individual authorized to bind the Bidder contractually.

6.1.5 M/WBE Forms

Submit completed Form #1 and/or Form #2, Form #4 and Form #5 as directed in [Attachment 5](#), "Guide to New York State DOH M/WBE RFP Required Forms."

6.1.6 Encouraging Use of New York Businesses in Contract Performance

Submit [Attachment 6](#), "Encouraging Use of New York State Businesses in Contract Performance" to indicate the New York Businesses you will use in the performance of the Contract.

6.1.7 Bidder's Certified Statements

Complete, sign and submit [Attachment 7](#), "Bidder's Certified Statements", which includes information regarding the Bidder. [Attachment 7](#) must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder.

6.1.8 Diversity Practices Questionnaire

The Department has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents to this procurement is practical, feasible, and appropriate. Accordingly, respondents to this procurement should include as part of their response to this procurement, [Attachment 10](#) "Diversity Practices Questionnaire". Responses will be formally evaluated and scored.

6.1.9 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Bidder should complete and submit [Attachment 11](#) certifying that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

6.1.10 Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia

Bidder should complete and submit [Attachment 12](#) certifying the status of their business operations in Russia, if any, pursuant to Executive Order 16.

6.1.11 State Finance Law Consultant Disclosure Provisions

In accordance with New York State Finance Law Section 163(4)(g), State agencies must require all Contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful bidder for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

The successful bidder must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department, the Office of the State Comptroller, and Department of Civil Service.

Submit State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report, available at:
<http://www.osc.state.ny.us/agencies/forms/ac3271s.doc> and
<http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>.

6.1.12 Sales and Compensating Use Tax Certification (Tax Law, § 5-a)

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain Contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractor's sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offeror meeting the registration requirements but who is not so registered in accordance with the law.

The successful Bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link:
<http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Submit these Forms, available through these links:

- ST-220 CA: http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf
- ST-220 TD: http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf

6.2 Technical Proposal

The purpose of the Technical Proposal is to demonstrate the qualifications, competence, and capacity of the Bidder to perform the services contained in this RFP. The Technical Proposal should demonstrate the qualifications of the Bidder and the staff to be assigned to provide services related to the services included in this RFP.

A Technical Proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the information requested to be provided by Bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy.

While additional data may be presented, the following should be included. Please provide the information in the same order in which it is requested. Your proposal should contain sufficient information to assure DOH of its accuracy. Failure to follow these instructions may result in disqualification.

Pricing information contained in the Cost Proposal cannot be included in the Technical Proposal documents.

6.2.1 Title Page

Submit a Title Page providing the RFP subject and number; the Bidder's name and address, the name, address, telephone number, and email address of the Bidder's contact person; and the date of the Proposal.

6.2.2 Table of Contents

The Table of Contents should clearly identify all material (by section and page number) included in the Bidder's proposal.

6.2.3 Documentation of Bidder's Eligibility Responsive to Section 3.0 of RFP

Bidders must be able to meet all the requirements stated in Section 3.0 of the RFP. The Bidder must submit documentation that provides sufficient evidence of meeting the criterion/criteria set forth in Section 3.0. This documentation may be in any format needed to demonstrate how the Bidder meets the minimum qualifications to propose.

- Hospital licensed under Article 28 of the PHL (Bidder must submit a copy of their license as proof of eligibility);
- Pediatric or Family Residency Program with a current Accreditation Certificate (Bidder must submit a copy of their current Accreditation Certificate as proof of eligibility); and
- Pediatric intensive care unit with five (5) years of experience in chelation therapy for lead poisoning.

NOTE: If the Bidder is proposing the use of a subcontractor, documentation that the subcontractor meets the Bidder's eligibility responsive to Section 3.0 is also required.

6.2.4 Technical Proposal Narrative

The technical proposal should provide satisfactory evidence of the Bidder's ability to meet, and expressly respond to, each element listed below.

Elements of the technical proposal are as follows:

6.2.4.1. Statement of Need and Program Plan/Outcomes– Performing Tasks/Deliverables

Describe the intent of the program, targeted area of need, population(s) to be served, scope of activities and the outcomes

A. Statement of Need:

The Bidder should describe the need for services in the one region they are proposing to be the RLRC (Metropolitan/Hudson Valley, Western, or Central/Eastern).

- For the one selected region, the Bidder should describe the evidence base for the need that is identified. Examples of such evidence include community needs assessments, health care provider surveys, focus group reports, surveillance data, and scientific literature. Also describe any barriers that are identified. Include the following:
 - A brief environmental/health assessment of the region, including social, demographic, and health characteristics of the region which at a minimum describe age, race, income, and health status indicators.

- Testing rates, incidence, and prevalence of BLLs \geq 5 ug/dL in children and the local impact of the BLLs on the target population.
- The learning needs of HCPs within the region related to lead testing, lead poisoning prevention practice, and clinical management of children and pregnant individuals with BLLs \geq 5 ug/dL. Identify what services are needed to improve accessibility, availability, acceptability, and affordability of lead-related health care services for children and pregnant individuals. Any other relevant characteristics or needs specific to the regions to be served.

B. Program Plan:

The program plan should fully describe how the proposed RLRCs plans to accomplish the program tasks/deliverables in the required region (Metropolitan/Hudson Valley, Western, or Central/Eastern) that encompass the 57 counties in NYS and the five (5) New York City boroughs (Manhattan, Queens, Bronx, Brooklyn, Staten Island). Include the following:

- Describe how the proposed services complement existing lead prevention tasks/deliverables within the region(s);
- Describe how the proposed services can be targeted toward each specific audience (HCPs, LHDs, communities);
- Identify a timeframe for implementation of each proposed activity; and
- Explain how the proposed tasks/deliverables relate to any or all the three outcomes outlined in Section 4.3.1 Quarterly Progress Reports of this RFP; and address the issues outlined in the section of the bidder's proposal addressing Section 6.2.4.1 A Statement of Need section.

C. Outcomes (3):

1. Outreach and Education

The Bidder's plan should:

- Describe the education and technical assistance needs of HCPs in the region. Provide relevant quantitative and qualitative data to substantiate these needs wherever possible.
- Describe how they plan to conduct outreach and provide education to HCPs in the region regarding lead poisoning prevention including anticipatory guidance, risk assessment, blood lead testing, clinical management of children and pregnant individuals with BLLs \geq 5 μ g/dL or greater, and utilization of other community resources to improve health care provider compliance with NYS Public Health Law, regulations and guidelines.
- Describe how the work can improve lead poisoning prevention and clinical care of children with EBLLs through their work with HCPs and with professional medical groups.
- Describe how they plan to ensure that a newborn born to a pregnant individual who had an EBLL during pregnancy is blood lead tested before being discharged from the hospital or as soon as possible after they are discharged.
- Describe other proposed activities related to outreach, education and technical assistance.

2. Consultations, Clinical Management and Care Coordination

Describe how they plan to provide:

- Consultations for HCPs regarding clinical care of children and pregnant individuals with BLLs \geq 5 ug/dL
- Individual clinical management of a lead poisoned child or pregnant individual. If hospitalization is required, describe how the Hospitals, Pediatric or Family Residency

Programs, and Pediatric intensive care units as referenced in section 3.1 can provide appropriate medical care including chelation therapy.

- Care coordination of a lead poisoned child or pregnant individual.

3. Capacity Building at the Regional/Community Levels

The Bidder's plan should:

- Describe how the proposed RLRC can actively participate in community-based lead prevention coalition activities.
- Describe the steps that should be taken to engage other HCPs and professional groups in community-level lead poisoning prevention efforts.

6.2.4.2 Staffing and Qualifications

Describe hiring practices and methods for vetting personnel to ensure only those qualified to provide the services outlined in this RFP are utilized to do such.

The Bidder should provide a staffing plan for completion of services that includes the following for each:

- A) Title, responsibility, and type of staff available and physical location of bidder's staff to be engaged in performance of the contract work;
- B) How the bidder plans to recruit and train staff; bidder's ability to provide qualified staff to carry out the projected workload during the contract and how they plan to provide staff to meet the scope of work over the entire contract period.
 - Describe how the bidder plans to meet the Minimum Staffing Requirements as stated in Section 4.2. Descriptions which do not address the Minimum Staffing requirements, as stated in RFP Section 4.2 may be considered non-responsive and be disqualified from further review.
- C) Bidder's ability to provide additional management and administrative support staff necessary to organize, prepare and carry out all administrative tasks associated with conducting the services.
- D) Bidder's process for ensuring all Contractor and subcontractor staff are appropriately trained and how the training protocols provide for consistency among contract staff;
- E) How the Bidder intends to maintain the staffing levels and personnel planned.
- F) An organizational chart that delineates the titles of the staff responsible for fulfilling the tasks/deliverable detail in Section 4.0 Scope of Work, their lines of communications, and demonstrates how the organization intends to organize staff and management for this project.
 - Describe the bidder's qualifications, record of performance and experience in delivering age and culturally appropriate health services to children, families and health care professionals. Provide a thorough description of the experience and capabilities of the bidder's institution, including description of programs and services, number and qualifications of staff, and years in operation. Describe previous collaboration experiences in providing health related services and outcomes achieved by the collaboration.

6.2.4.3 Proposed Approach - Reporting (see Scope of Work Section 4.3)

- Bidders are expected to monitor progress on the proposed activities and evaluate outcomes. This should include specific processes and outcome indicators that monitor to measure progress toward delivery of activities and achievement of outcomes by the RLRC.
- Indicators to be monitored should include each of the following:
 - Process measures (implementation of activities and production of materials, trainings and other relevant outputs).

- Short-Term Outcomes (changes in knowledge, attitude, beliefs, skills, confidence, or other factors among variety of target audiences for example, through pre or post-tests or questionnaires).
- Intermediate Outcomes (changes in testing practices, improvements in case management, increase in HCPs participation in lead and other environmental hazard prevention-related community activities).
- Long Term Outcome/Impact (changes in incidence, prevalence, and severity of childhood lead poisoning, including reduction of socioeconomic and geographic disparities). Collaborating with DOH staff to determine statewide impacts on these outcomes.
- Describe the methods to monitor and assess the delivery of the proposed strategies.
- Describe the methods and tools the RLRC proposes to use to evaluate the success of the proposed strategies.

The Contractors (RLRCs) will design and use evaluation tools and methods to monitor and assess the delivery and effectiveness of all activities.

6.3 Cost Proposal

Submit a completed and signed **Attachment B – Cost Proposal**. The Cost Proposal shall comply with the format and content requirements as detailed in this RFP and in Attachment B. Failure to comply with the format and content requirements may result in disqualification.

The bid price is to cover the cost of furnishing all the said services, including but not limited to travel, materials, equipment, overhead, profit, labor, and reports to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.

Clinical costs are NOT a component of this RFP and the resulting contract. All clinical service costs should be billed to the patient’s third-party payer (health insurance). Parents of children and pregnant individuals without insurance should be referred to a health navigator within the health facility or to NY State of Health - Health Plan Marketplace located at <https://nystateofhealth.ny.gov/> to apply for health insurance.

7.0 PROPOSAL SUBMISSION

A proposal consists of three distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal. The table below outlines the requested format and volume for submission of each part. Proposals should be submitted in all formats as prescribed below.

	Electronic Submission
Administrative Proposal	Email labeled “Administrative Proposal, Bidder’s Name, RFP# 20190” containing a standard searchable PDF file with copy/read permissions only.
Technical Proposal	Email labeled “Technical Proposal, Bidder’s Name, RFP# 20190” containing a standard searchable PDF file with copy/read permissions only.
Cost Proposal	Email labeled “Cost Proposal, Bidder’s Name, RFP# 20190” containing a standard searchable PDF file with copy/read permissions only.

1. Submit three (3), standard searchable, open and permission password protected, PDF proposals in three (3) separate emails to LPPP@health.ny.gov with the subject <Type of Proposal Submission, Bidder Name, RFP#20190>.

2. Include, as attachment to each email, the distinct PDF file labeled “Administrative Proposal”, “Technical Proposal”, or “Cost Proposal”. Example: “Technical Proposal Submission, ABC Company, RFP# 20190”.
3. All electronic proposal submissions should be clear and include page numbers at the bottom of each page.
4. The body of the email should also include the password to the file, contact information, and indicate the total number of pages intended, and where indicated, each subset of pages listed. **Example: Technical Proposal 30 pages total, Attachment C, 17 pages.**
5. A font size of eleven (11) points or larger should be used with appropriate header and footer information.
6. In the event an electronic submission cannot be read by the Department, the Department reserves the right to request a hard copy and/or electronic resubmission of any unreadable files. Offeror shall have 2 business days to respond to such requests and must certify the resubmission is identical to the original submission.
7. Where signatures are required, the proposals should have a handwritten signature (wet ink) and be signed in blue ink. A scan of the handwritten (wet ink) signature can be used for electronic submission in the PDF. The Department reserves the right to request hardcopy originals of all signature pages at any time.
8. The NYSDOH discourages overly lengthy proposals. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective proposal, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the NYSDOH to evaluate proposals fairly and completely, proposals should follow the format described in this RFP to provide all requested information. The Bidder should not repeat information in more than one section of the proposal. If information in one section of the proposal is relevant to a discussion in another section, the Bidder should make specific reference to the other section rather than repeating the information; and
9. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team.

The entire proposal must be received by the NYSDOH in three (3) separate emails to the email account and in the format designated above, no later than the Deadline for Submission of Proposals specified in [Section 1.0](#), (Calendar of Events). Late bids will not be considered.

7.1 No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid form, [Attachment 2](#). Although not mandatory, such information helps the Department direct solicitations to the correct bidding community.

8.0 METHOD OF AWARD

8.1 General Information

DOH will evaluate each proposal based on the “Best Value” concept. This means that the proposal that best “optimizes quality, cost, and efficiency among responsive and responsible offerers” shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

DOH at its sole discretion, will determine which proposal(s) best satisfies its requirements. DOH reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated and scored for technical qualities and cost. Proposals failing to meet the requirements of this document may be eliminated from consideration. The evaluation process will include separate technical and cost evaluations, and the result of each evaluation shall remain confidential until evaluations have been completed and a selection of the winning proposal is made.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted **70%** of a proposal's total score and the information contained in the Cost Proposal will be weighted **30%** of a proposal's total score.

Bidders may be requested by DOH to clarify the contents of their proposals. Other than to provide such information as may be requested by DOH, no Bidder will be allowed to alter its proposal or add information after the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events).

In the event of a tie, the determining factors for award, in descending order, will be:

- (1) lowest cost and
- (2) total number of years of experience using chelation therapy

8.2 Submission Review

DOH will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in [Section 6.0](#) (Proposal Content) and [Section 7.0](#) (Proposal Submission), including documentation requested for the Administrative Proposal, as stated in this RFP. Proposals that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of DOH, may be rejected.

8.3 Technical Evaluation

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of program staff of DOH will review and evaluate all proposals.

Proposals will undergo a preliminary evaluation to verify Minimum Qualifications to Propose (Section 3.0).

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the Technical Score for each responsive Bidder.

The technical evaluation is **70% (up to 70 points)** of the final score.

8.4 Cost Evaluation

The Cost Evaluation Committee will examine the Cost Proposal documents. The Cost Proposals will be opened and reviewed for responsiveness to cost requirements. If a cost proposal is found to be non-responsive, that proposal may not receive a cost score and may be eliminated from consideration.

The Cost Proposals will be scored based on a maximum cost score of 30 points. The maximum cost score will be allocated to the proposal with the lowest all-inclusive not-to-exceed maximum price. All other responsive proposals will receive a proportionate score based on the relation of their Cost Proposal to the proposals offered at the lowest final cost, using this formula:

$C = (A/B) * 30\%$
A is Total price of lowest cost proposal;
B is Total price of cost proposal being scored; and
C is the Cost score.

The cost evaluation is **30% (up to 30 points)** of the final score.

8.5 Composite Score

A composite score will be calculated by the DOH by adding the Technical Proposal points and the Cost Proposal points awarded. Finalists will be determined based on composite scores.

8.6 Award Recommendation

The Evaluation Committee will submit a recommendation for award to the Bidders(s) with the highest composite score(s) whose experience and qualifications have been verified.

The Department will notify the awarded Bidder(s) and Bidders not awarded. The awarded Bidder(s) will enter into a written Agreement substantially in accordance with the terms of [Attachment 8](#), DOH Agreement, to provide the required services as specified in this RFP. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

9.0 ATTACHMENTS

The following attachments are included in this RFP and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>.

1. [Bidder's Disclosure of Prior Non-Responsibility Determination](#)
2. [No-Bid Form](#)
3. [Vendor Responsibility Attestation](#)
4. [Vendor Assurance of No Conflict of Interest or Detrimental Effect](#)
5. [Guide to New York State DOH M/WBE Required Forms & Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
7. [Bidder's Certified Statements](#)
8. [DOH Agreement](#) (Standard Contract)
9. [Diversity Practices Questionnaire](#)
10. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)
11. [Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia](#)

The following attachments are attached and included in this RFP:

- A. Proposal Document Checklist
- B. Cost Proposal

ATTACHMENT A

PROPOSAL DOCUMENT CHECKLIST

Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.

RFP # 20190 – Regional Lead Poisoning Prevention Resource Centers		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.1	Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations, completed and signed.	<input type="checkbox"/>
§ 6.1.2	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.3	Attachment 3- Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.4	Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.5	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 Form 4	<input type="checkbox"/>
§ 6.1.6	Attachment 6- Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.7	Attachment 7 - Bidder’s Certified Statements, completed & signed.	<input type="checkbox"/>
§ 6.1.8	Attachment 10 - Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.9	Attachment 11 - Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination	<input type="checkbox"/>
§ 6.1.10	Attachment 12 - Prohibiting State Agencies and Authorities from Contracting with Businesses Conducting Business in Russia	<input type="checkbox"/>
§ 6.1.11	State Finance Law Consultant Disclosure	<input type="checkbox"/>
§ 6.1.12	Sales and Use Tax Certification	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.2.1	Title Page	<input type="checkbox"/>
§ 6.2.2	Table of Contents	<input type="checkbox"/>
§ 6.2.3	Documentation of Bidder’s Eligibility (Requirement)	<input type="checkbox"/>
§ 6.2.4	Technical Proposal Narrative	<input type="checkbox"/>
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment B- Cost Proposal	<input type="checkbox"/>

**ATTACHMENT B
COST PROPOSAL
RFP #20190**

The bid price is to cover the cost of furnishing all the said services, including but not limited to travel, materials, equipment, overhead, profit, labor, and reports to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.

RFP #20190 - Regional Lead Poisoning Prevention Resource Centers

Fields indicated in orange color below are the only fields that should be completed by the bidder.

Indicate which region this bid is for:

Deliverables	Enter the Annual Price Below	Years
4.1.1 - Educate Increase health care providers' knowledge in coordination with LHDs about lead poisoning prevention, assessment, blood lead testing, and clinical care and public health follow-up of children and pregnant individuals exposed to lead according to NYS PHL and regulations, best practices, and generally accepted medical standards and public health guidelines. (See RFP Section 4.1.1 and RFP Table 1).	\$	5
4.1.2 - Coordinate Increase timely, comprehensive, and coordinated clinical care of children and pregnant individuals with EBLLs, and newborns born to women with EBLLs in accordance with generally accepted medical standards and public health guidelines. (See RFP Section 4.1.2 and Table 2).	\$	5
4.1.3 - Build Capacity Increase capacity building and sustainability in health care and public health systems to prevent lead poisoning by engaging HCPs and professional medical groups to take a leadership role in the development of a regional or community coalition or participation in an established coalition to promote lead poisoning prevention efforts. Each region should have at least one lead poisoning prevention coalition. (See RFP Section 4.1.3 and Table 3).	\$	5

By signing this Cost Proposal Form, bidder agrees that the prices above are binding for 365 days from the proposal due date.

Bidder Name:	
Bidder Address:	
Bidder FEIN:	
Bidder Signature and Date:	