

Request for Proposals #20337 Questions and Answers

Question #	Reference	Bidder's Question	Department of Health's Answer
1	Section 1.0 (Page 4)	Does the Department of Health have an estimated date of award notification?	As the anticipated contract start date is October 1, 2024.
2	Section 1.0 (Page 4)	Is there a pre-bid meeting to find out more about the Request for Proposals?	No.
3	Section 2 (Page 4)	Who are the incumbent vendor/s providing services and how long has each vendor been contracted?	C031294 – Island Peer Review Organization Inc. 10/01/2016 -09/30/23 C031295 – Island Peer Review Organization Inc. 10/01/2016-09/30/24 C031296 – Island Peer Review Organization Inc. 10/01/2016-09/30/23 C031297 – New York County Health Services Review Organization 10/01/2016 – 09/30/2023
4	Section 2 (Page 4)	What is the annual spend associated with the services outlined in the Request for Proposals, for each Component?	The requested information may be requested under the Freedom of Information Law (FOIL). To submit a FOIL request, please write to the Department's Records Access Office at FOIL@health.ny.gov . Additional information regarding the FOIL process is available online at http://www.health.ny.gov/regulations/foil/ .
5	Section 2.0 (Page 4)	There are different Components for consideration. Are surveyors responsible for all these components or are they shared among contractors? If so, how?	The bidder may bid on one (1) or more Components, noting that Components C and D are inextricably linked. Accordingly, if a bid is submitted for Component C the bidder must bid on Component D and if a bid is submitted for Component D, then the bidder must also bid on Component C. It is the Department's intent to award three (3) contracts from this procurement, one each for Components A and B, and one for Components C and D. The selected bidder will be individually responsible for completion of all deliverables for the contracted Component(s).

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6	Section 2.0 (Page 4)	Are we approving licensing for unlicensed agencies if they are in compliance with state and federal regulations?	No, see section 4.1.1- Unit Descriptions /Specifications
7	Section 2.0 (Page 4)	What are the current per unit fees for Components A and B?	The requested information may be requested under the Freedom of Information Law (FOIL). To submit a FOIL request, please write to the Department's Records Access Office at FOIL@health.ny.gov . Additional information regarding the FOIL process is available online at http://www.health.ny.gov/regulations/foil/ .
8	Section 2.0 (Page 4)	Were these contract activities ever performed by a contractor?	Yes
9	Section 2.0 (Page 4)	Will the Department of Health share the bids associated with the existing or prior contract/s?	The requested information may be requested under the Freedom of Information Law (FOIL). To submit a FOIL request, please write to the Department of Health's Records Access Office at FOIL@health.ny.gov . Additional information regarding the FOIL process is available online at http://www.health.ny.gov/regulations/foil/ .
10	Section 2.0 (Page 4)	How many Full-Time Equivalents and Part-Time Equivalents are employed by the current contractor/s?	The requested information may be requested under the Freedom of Information Law (FOIL). To submit a FOIL request, please write to the Department of Health's Records Access Office at FOIL@health.ny.gov . Additional information regarding the FOIL process is available online at http://www.health.ny.gov/regulations/foil/ .
11	Section 2.1 (Pages 4-5)	Is there an example of a completed investigation that can be shared?	No
12	Section 2.1 (Pages 4-5)	Are there inspection guidelines already established?	Yes

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13	Section 3.1 (Pages 7-8)	Is the experience required to entail multiple placements within the nine-month period, or would it suffice for the experience to involve a single professional staffing engagement (one professional/executive placement) with a contract term of nine months, provided that the contractor possesses at least two years of such experience?	There is no requirement to provide multiple placements.
14	Section 3.1 (Pages 7-8)	What would you recommend as the best way to connect with the Prime Contractor who would be awarded the Components C and D?	Send an email to the Designated contact of this RFP indicating interest.
15	Section 3.1 (Pages 7-8)	Please confirm if the owner of a potential bidder also owns a licensed home care services agency, can the owner apply for any of the components of this Request for Proposals?	Confirmed. See section 3.0 of this RFP.
16	Section 3.1 (Page 7) and Section 6.2.3 (Page 52)	In that the requirement that " <i>A bidder may not be an organization whose previous New York State contracting experience has been subject to corrective actions plans</i> " is unduly restrictive of competition, may eliminate an offeror that successfully performed all prior contracts, and is ambiguous, will the agency remove that clause from this Request for Proposals?	See Amendment 1 to this RFP
17	Section 3.1 (Page 7) and Section 6.2.3 (Page 52)	Will the Department of Health please explain how a bidder having "previous New York State contracting experience" that "has been subject to corrective action plans" makes that bidder unqualified to bid for this Request for Proposals?	See Amendment 1 to this RFP
18	Section 4.0	What are the federal and state regulations that surveyors will focus on during surveillance and investigation activities?	The federal and state regulations are Component specific and outlined through this RFP.
19	Section 4.0	Are deficiencies determined based the federal and state laws?	Deficiencies are determined by the applicable statutes and/or regulations. Section 4.1.1 Unit Descriptions/Specifications identifies the governing authority for each Component.

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20	Section 4.0 (Pages 8-38)	Can the Department of Health project where work is expected to be performed (e.g., 20% in Western New York-Buffalo, 20% in Capital District, etc.)?	<p>While a specific breakdown is unavailable, and acute or long-standing factors may exist at various times (e.g., pandemic response surveillance), the following table illustrates by Component, the regional provider density ranked highest to lowest.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #D9E1F2;"> <th style="text-align: center;">Component</th> <th style="text-align: center;">Rank</th> <th style="text-align: center;">Region</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: center;">A</td> <td style="text-align: center;">1</td> <td>Metropolitan Area – New York City</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Western – Buffalo</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Metropolitan Area - Long Island</td> </tr> <tr> <td rowspan="3" style="text-align: center;">B</td> <td style="text-align: center;">1</td> <td>Metropolitan Area - New York City</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Metropolitan Area - New Rochelle</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Capital District</td> </tr> <tr> <td rowspan="3" style="text-align: center;">C</td> <td style="text-align: center;">1</td> <td>Metropolitan Area - New York City</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Metropolitan Area - New Rochelle</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Central New York</td> </tr> <tr> <td rowspan="3" style="text-align: center;">D</td> <td style="text-align: center;">1</td> <td>Metropolitan Area - New Rochelle</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Metropolitan Area – New York City</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Metropolitan Area – Long Island</td> </tr> </tbody> </table>	Component	Rank	Region	A	1	Metropolitan Area – New York City	2	Western – Buffalo	3	Metropolitan Area - Long Island	B	1	Metropolitan Area - New York City	2	Metropolitan Area - New Rochelle	3	Capital District	C	1	Metropolitan Area - New York City	2	Metropolitan Area - New Rochelle	3	Central New York	D	1	Metropolitan Area - New Rochelle	2	Metropolitan Area – New York City	3	Metropolitan Area – Long Island
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21	Section 4.0 (Pages 8-9)	If we are only interested in applying for Component C, but not Component D, should we apply?	Bidders who apply for Component C must apply for Component D and vice versa. Section 4.0 of this RFP.																															
22	Section 4.0 (Pages 8-38)	Would a Medical Doctor be acceptable as part of the team?	Yes, as long as the requirements in this RFP are met.																															
23	Section 4.0 (Pages 8-38)	How many inspections are typically conducted each month?	<p>Annual inspection projections are outlined under each Component of the Request for Proposals. Prospective bidders who desire a monthly projection can divide the annual projection by 12. For example:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #D9E1F2;"> <th style="text-align: center;">Annual Projection</th> <th style="text-align: center;">/12</th> <th style="text-align: center;">Monthly Projection</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1000 surveys</td> <td style="text-align: center;">/12</td> <td style="text-align: center;">83.3 surveys</td> </tr> </tbody> </table>	Annual Projection	/12	Monthly Projection	1000 surveys	/12	83.3 surveys																									
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24	Section 4.0 (Pages 8-38)	How many completed Statements of Deficiencies have aged beyond ten days from survey exit for each Components A and B?	All Statements of Deficiencies issued under Components A and B in the past three calendar years have aged beyond ten days from survey exit.																															

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25	Section 4.0 (Pages 8-38)	As salaries vary by region, what are the top three regions (e.g., Metropolitan Area Regional Office – New York City, Capital District, Western – Buffalo, etc.) likely to see the most activity volume for this contract over each component?	<p>While acute or long-standing factors may exist at various times (e.g., pandemic response surveillance), the following table illustrates by Component, the regional provider density ranked highest to lowest.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Component</th> <th style="text-align: center;">Rank</th> <th style="text-align: center;">Region</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: center;">A</td> <td style="text-align: center;">1</td> <td>Metropolitan Area – New York City</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Western – Buffalo</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Metropolitan Area - Long Island</td> </tr> <tr> <td rowspan="3" style="text-align: center;">B</td> <td style="text-align: center;">1</td> <td>Metropolitan Area - New York City</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Metropolitan Area - New Rochelle</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Capital District</td> </tr> <tr> <td rowspan="3" style="text-align: center;">C</td> <td style="text-align: center;">1</td> <td>Metropolitan Area - New York City</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Metropolitan Area - New Rochelle</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Central New York</td> </tr> <tr> <td rowspan="3" style="text-align: center;">D</td> <td style="text-align: center;">1</td> <td>Metropolitan Area - New Rochelle</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Metropolitan Area – New York City</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Metropolitan Area – Long Island</td> </tr> </tbody> </table>	Component	Rank	Region	A	1	Metropolitan Area – New York City	2	Western – Buffalo	3	Metropolitan Area - Long Island	B	1	Metropolitan Area - New York City	2	Metropolitan Area - New Rochelle	3	Capital District	C	1	Metropolitan Area - New York City	2	Metropolitan Area - New Rochelle	3	Central New York	D	1	Metropolitan Area - New Rochelle	2	Metropolitan Area – New York City	3	Metropolitan Area – Long Island
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26	Section 4.0 (Pages 8-38)	Must a bidder cover all regional offices or may the bidder request to cover only certain regions?	All regions/counties where activities take place under the applicable unit/s must be considered.																															
27	Section 4.0 (Page 9)	Is the contractor required to embed a supervisor within each regional office for which the contractor has employees?	Each component requires a supervisor be on staff.																															
28	Section 4.0 (Page 9)	If the contractor is required to embed a supervisor within each regional office for which the contractor has employees, is a separate rate permissible for the supervisor's salary?	<i>Pursuant to Section 4.1 Administrative Specifications, all administrative activities are to be included in the per-unit pricing.</i>																															

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29	Section 4.0 (Page 9)	What is the minimum number of staff required to work in each regional office to fulfill the duties for surveillance and quality assurance as outlined in each Component and Unit?	Staff outlined in section 4.2 of this RFP are required to be trained and on staff at all times over the life of the contract.
30	Section 4.0 (Page 9)	What is the time period by which the Department of Health will be able to deem the contractor's deliverables completed?	The time period depends on a variety of factors. As such, the Department of Health cannot provide a specific time period in response to this question.
31	Section 4.0 (Pages 8-38)	Does the Department of Health cover the cost of the time spent in actual training (virtual or in-person) by employees for the eight weeks and other training?	No.
32	Section 4.0 (Pages 8-38)	The contract states in many instances: "...contractor will be required to provide the following type(s) and number of staff..." Does this mean that all of those staff types must be on call and employed, or selected categories from this pool of job categories, or the contractor has discretion to deploy qualified employee type based on survey activity as needed?	Staff outlined in section 4.2 of this RFP are required to be trained and on staff at all times over the life of the contract.
33	Section 4.0 (Pages 8-38)	Does Agency anticipate or require that all contractor staff be Full-Time Equivalents, or Part-Time Equivalents, or a combination?	Contractor staff should be Full-Time Equivalents.
34	Section 4.1 (Page 9)	Are there any prevailing wage directions for this contract?	No
35	Section 4.1 (Page 9)	Can the Department of Health please confirm that "off-site training" refers to training located at one or more of the Department of Health offices?	Required training (listed in each Component), which will be provided by the Department, is either web-based, self-paced training that individuals complete on their own time at their workstations and available upon contract start, or on-the-job training by Department staff. Training requirements are outlined in each Component. Additional training, which may require travel, may be required. IF off-site training is required, it will be "reimbursed directly to the contractor for actual expenses and cannot exceed the amount allowed for New York State employee travel..." Off-site training may include trainings at provider locations and/or other Department of

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			Health offices that are not the contracted staff persons assigned office.
36	Section 4.1 (Page 9)	What is the current staffing provided by the current contractor in each regional office for components A and B?	The requested information may be requested under the Freedom of Information Law (FOIL). To submit a FOIL request, please write to the Department of Health's Records Access Office at FOIL@health.ny.gov . Additional information regarding the FOIL process is available online at http://www.health.ny.gov/regulations/foil/ .
37	Section 4.1 (Page 10)	Are specific work assignments assigned by Department of Health staff assigned to the contractor's project manager to schedule contractor staff accordingly, or are assignments made directly to each contracted staff by the Department of Health?	Staff assignment protocol will be established between the Regional Office Program Manager/s and the contractor project managers.
38	Section 4.1 (Page 10)	For proposed positions that do not require access to Aspen Complaint Tracking System, Aspen Central Office, or other State and Federal databases, must contractor employees utilize laptops supplied by the Department of Health?	Laptops supplied by the Department of Health, with associated security hardware and software, are required to preserve data integrity.
39	Section 4.1 (Pages 10-11)	Can the Department of Health assist with obtaining a Federal Surveyor Identification Number from the Centers for Medicare and Medicaid Services for newly trained surveyors?	Yes, the Department of Health facilitates the assignment of Federal Surveyor Identification Numbers.
40	Section 4.1 (Pages 10-11)	Will new surveyors hired by the contractor be able to take the Surveyor Minimum Qualifications Test?	Yes, in fact newly hired surveyors must take the Surveyor Minimum Qualifications Test to achieve the required certification.
41	Section 4.1 (Pages 10-11)	What is the maximum amount of vendor trainees that the Department of Health can train concurrently?	Depending on the training platform, deliverables, and content, the Department of Health can train up to 1000 individuals concurrently.
42	Section 4.1 (Pages 10-11)	Will the Department of Health pay an hourly fee for staff during training, or is that expense to be covered by the contractor?	Unit-specific payment parameters are illustrated within each Component. Unless otherwise specified, training costs are borne by the contractor.

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43	Section 4.1 (Page 9)	Will the contractor be able to secure car rentals and air travel at established government rates through the State contracted travel agent?	No
44	Section 4.1 (Page 10)	As described within the Request for Proposals, the Department of Health retains authority for work assignments and as such, directs the contractor's work volume. Can the Department of Health please qualify the expectation of the vendor's supervisor, distinguish the supervisor's duties from the Department of Health staff, and how the supervisor is involved in work volume considerations?	A supervisor is required to be trained and on staff for each component to perform the job duties outline in section 4.1 Administrative Specifications and throughout each Component of the RFP.
45	Section 4.1 (Page 10)	Will contractor staff be assigned to a specific regional office?	As stated in the Request for Proposals: "...Contractor staff will be centrally located in the Department's Metropolitan Area Regional Office ("MARO"), which contains field offices in New York County, Suffolk County, and Westchester County; Central and/or Capital District Regional Office in Albany; Central New York Regional Office in Syracuse; or the Western Regional Office's Buffalo and/or Rochester field offices. Contractor staff may be assigned to any of these offices..."
46	Section 4.1 (Page 10)	Will the onboarding process occur after the 30-day time period during which a candidate is approved for hire?	Yes, the onboarding process takes place after the candidate is approved to hire.
47	Section 4.1 (Page 10)	If recusal is required, will there be a centralized location to submit the written information?	Yes, recusal information will be coordinated with the Contractor.
48	Section 4.1 (Page 10)	Will the contract supervisor be solely responsible for review of the surveyor's work product?	No. While the contractor supervisor will review the surveyor's work product, the Department of Health staff will participate in quality assurance review and ultimately approve the product for finalization.
49	Section 4.1 (Page 10)	Will the contract supervisor undergo a formal training provided by the Department of Health?	Yes, all contractor staff will undergo formal and informal orientation and appropriate training.
50	Section 4.1 (Page 10)	Will the Department of Health assume duties of the contract supervisor whenever the supervisor is on leave?	No

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51	Section 4.1 (Page 10)	Will Contract staff candidate interviews be conducted solely by the Contractor?	Yes, while Department of Health staff will be available to participate in interviews wherever appropriate Contractor candidate interviews will be handled solely by the Contractor.
52	Section 4.1 (Page 10)	Will Contractor staff candidate selection be managed solely by the Contractor?	Pursuant to Section 4.1 Administrative Specifications "Staff oversight", "The contractor's project manager will coordinate with Department staff on all staffing logistical issues", this includes proposed candidates. Contract staff selection will be proposed to the applicable Department of Health Program Manager, who will work with the Contractor on final candidate selection.
53	Section 4.1 (Page 10)	Please clarify if the 30-day time period relates to the time period to make an offer or the time period by which the candidate must be onboarded?	As stated within the Request for Proposals, the 30-day Staff Replacement time period relates to the Contractor's posting of job openings, conducting of interviews, and submitting nominees to the Department.
54	Section 4.1 (Page 10)	What is the process for the contractor to notify the Department of Health for office space, furniture, supplies, and communication equipment to include the contact person?	Resource coordination information will be communicated to the Contractor.
55	Section 4.1 (Page 10)	Is the 30-day notice to the Department for office space, furniture, supplies, and communication equipment required for each new contract staff person hired?	Yes, for each new contract staff member hired, communication regarding resource needs must be submitted to the Department of Health.
56	Section 4.1 (Page 10)	How does the 30-day requirement relate to the recruitment process?	As stated within the Request for Proposals, the 30-day Staff Replacement time period relates to the Contractor's posting of job openings, conducting of interviews, and submitting nominees to the Department.
57	Section 4.1 (Pages 10-11)	Is the formal orientation and training program for contract employees offered by the Department of Health?	Yes, all contractor staff will undergo formal and informal orientation and appropriate training.
58	Section 4.1 (Page 11)	May the contractor commence unit billing once the contractor staff are placed in the field and assigned part of a surveyor team?	Refer to the Request for Proposals, Section 4.3.

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59	Section 4.1 (Pages 11; 35)	Will the contractor be required to provide on-call staff available to coordinate travel arrangements outside regular working hours (i.e., after 5pm on Monday-Friday and on weekends and holidays)?	As stated within the Request for Proposals, "...The contractor must have staff available to coordinate travel arrangements in the event of emergency or urgent situations as they arise..." The Contractor must determine the best methodology to achieve the requirements set forth within the Request for Proposals.
60	Section 4.1 (Pages 11; 35)	Approximately how often are there emergent or urgent situations for each Component?	Other than the data supplied in the tables at the beginning of each applicable Component, the Department of Health has no additional responsive data.
61	Section 4.1 (Page 11)	Can the Department of Health specify what data analysis that the Contractor may be required to provide?	No.
62	Section 4.1 (Page 11)	Will the Department of Health provide the contractor with ongoing access to the ASPEN database?	Yes, as required for each Component
63	Section 4.1 (Page 11)	For the monitoring of staff performance based on the timeline for units started through completion, what does "completion" indicate?	Refer to each component in section 4.0 of this RFP.
64	Section 4.1 (Page 11)	If the Department of Health staff completes review of survey information, what is the expectation for completion of this review?	The timeline depends on a number of complex factors that vary, as such the Department of Health is unable to specify the timeline expectation for their review of survey information.
65	Section 4.1.1 (Page 12)	If the bidder only employs licensed private investigators, licensed insurance adjusters and police officers, are they still eligible to bid on the components, or are nurses, nutritionists, and pharmacists mandatory to be on the bidder's staff?	See section 3.0 Minimum Qualifications to bid and section 4.2, Staffing, which outlines the required staff who must be trained and on staff at all times over the life of this RFP.
66	Section 4.1.1 (Pages 24 and 31)	For Component C, how many hours of training comprise the four mandated areas listed in the Request for Proposals?	The length of time it takes each contracted surveyor to receive training required under Component C varies by surveyor.

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67	Section 4.1.1 (Page 18)	<p>Was the inclusion of the following regulations an error or are there additional surveillance responsibilities under this contract that have not been included in the narrative?</p> <p><i>“The survey responsibilities for all units are governed by</i></p> <ul style="list-style-type: none"> • <i>10 NYCRR Parts 402, 403, 430, 700, 717, 765, and 794.”</i> • <i>Part 717 - Standards of Construction for New Hospice Facilities and Units;</i> • <i>Part 794.1 - Governing authority hospice;</i> • <i>Parts 717 and 794 pertain to hospice.”</i> 	<p>Unable to locate this reference in RFP. All regulations included in the RFP are complete.</p>
68	Section 4.1.1 (Page 18)	<p>Is it acceptable for the contractor's survey supervisory, scheduling and quality assurance departments/teams to manage the Component requirements rather than provide a specific single individual?</p>	<p>The contractor is “required to provide one (1) administrative supervisor responsible for the day-to-day oversight of all contract activities ...”</p>
69	Section 4.1.1 (Page 27)	<p>Are contractor staff permitted to perform off-site investigations remotely from their private residence and/or the contractor's office rather than reporting to a Department of Health office?</p>	<p>Generally, when programmatically approved and at the discretion of the Department of Health program leadership, contractor survey staff may perform contracted assignments remotely in a location that satisfies all applicable confidentiality, access, and programmatic requirements.</p>
70	Section 4.1.1 (Page 27)	<p>For staff assigned to complaint intake and triage, is it acceptable to send various staff members to the Albany office for limited timeframes, with a minimum of a one-week assignment?</p>	<p>No. The contractor will provide two (2) Nurse Reviewers who are expected to work 7.5 hours a day from 8:30 am – 4:45 pm Monday through Friday and as part of a rotational team providing weekend and holiday coverage.</p>
71	Section 4.1.1 (Page 27)	<p>For email or other electronically submitted complaints, is it acceptable for contractor staff to review those complaints outside of the standard Monday-Friday 8:30AM – 4:45PM hours?</p>	<p>Unless received during their assigned rotation for weekend and holiday coverage, Nurse Reviewers are expected to work 7.5 hours a day from 8:30 am – 4:45 pm Monday through Friday.</p>
72	Section 4.1.1 (Page 30)	<p>Will Component D survey staff be required to obtain Qualified Intellectual Disability Professional designation, or is it sufficient they meet the requirements to apply for the status?</p>	<p>Component D survey staff must achieve Qualified Intellectual Disability Professional designation to satisfy the Request for Proposals and federal requirements at 42 CFR § 488.314.</p>

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73	Section 4.1.1 (Page 31)	The last three bullets related to precepting of Department surveyors, training of Division of Quality Improvement staff, and oversight of enforcement and remedies for facilities are not covered in Unit D5 or any of the other component D unit sections. What constitutes a unit? How should bids for the associated unit be provided?	The last three bullets are not intended for the contractor, but rather illustrate oversight by the Unit supervisor, a Department of Health employee.
74	Section 4.1.1 (Page 34)	Can certification reviews be performed remotely from the reviewer's home and/or the contractor's office?	Generally, when programmatically approved and at the discretion of the Department of Health program leadership, contractor survey staff may perform contracted assignments remotely in a location that satisfies all applicable confidentiality, access, and programmatic requirements.
75	Section 4.1.1 (Page 20)	How many weeks of training are required for Component B? Is completion of such training required to commence services under Component B?	The length of time it takes each contracted surveyor to receive training required under Component B varies by surveyor.
76	Section 4.1.1 (Page 18)	Are contracted staff responsible for performing surveillance to only about 780 of 1427 providers in Component B?	No. As stated in the Request for Proposals, there are about 1,427 licensed home care services agencies in New York State who are surveyed on a triennial basis.
77	Section 4.1.1 (Pages 18-21)	Who initially certifies new licensed home care services agencies?	This question is outside the scope of the Request for Proposals.
78	Section 4.1.1 (Pages 20-21)	What is the average number of days to complete a survey?	Survey timeframes depend on many factors including, but not limited to, sample size and record availability. As such, there is no average number of days available.
79	Section 4.1.1 (Pages 20-21)	Are surveys performed for more than one onsite location such as multiple patients' community-based homes?	Depending on survey type and sample size, and as directed by the applicable Department of Health program manager, home visit observation may take place at more than one patient's home.
80	Section 4.1.1 (Pages 20-21)	On average, how many sites are visited per survey?	Survey site visits depend on many factors including, but not limited to, sample size. As such, there is no average number of sites available.
81	Section 4.1.1 (Pages 12-35)	How many appeals to the Department have there been for Components A and B?	This question is outside the scope of the Request for Proposals.

Question #	Reference	Bidder's Question	Department of Health's Answer
82	Section 4.1.1 (Pages 12-35)	How many appeals proceed to an administrative hearing?	This question is outside the scope of the Request for Proposals.
83	Section 4.1.1 (Pages 12-35)	What is the anticipated responsibilities of contractor staff who are called upon in appeal situations?	This question is outside the scope of the Request for Proposals.
84	Section 4.1.1 (Pages 12-35)	How are contractors paid for participating in administrative hearings?	This question is outside the scope of the Request for Proposals.
85	Section 4.1.1 (Pages 12-21)	Are there any significant spikes in the number of surveys for Components A and/or B that must be completed throughout the year or is the projection relatively consistent?	Refer to Section 4.0 of this RFP for estimated surveys for all Components.
86	Section 4.1.1 (Pages 24 and 31)	For Components C and D, does on-the-job training include training on the ASPEN software?	Yes, Components C and D "on-the-job training" includes, but is not limited to, use of ASPEN software.
87	Section 4.1.1 (Page 36)	For Component C, is it permissible to have a contractor who has not secured their Surveyor Minimum Qualification Test certification shadow another surveyor who has secured their Surveyor Minimum Qualification Test certification?	To function as an independent member of a Component C survey team, a surveyor must achieve Surveyor Minimum Qualifications Test certification. Part of the Surveyor Minimum Qualifications Test includes survey participation with team members who have achieved certification.
88	Section 4.1.1 (Page 24)	Can the Department of Health please confirm that the Surveyor Minimum Qualification Test training and test will be provided to contractor staff by Department of Health staff?	Surveyor Minimum Qualifications Test training is web-based with an onsite component and is delivered by the Centers for Medicare and Medicaid Services Survey and Certification Group.
89	Section 4.1.1 (Page 13)	Will New York City serve as the Contractor supervisor's home base for this Component?	The Contractor must determine the best methodology to achieve the requirements set forth within the Request for Proposals.
90	Section 4.1.1 (Pages 13, 18, 22, 31)	Will the Contractor supervisor be responsible for day-to-day onsite supervision outside their base office?	Yes

Question #	Reference	Bidder's Question	Department of Health's Answer
91	Section 4.1.1 (Pages 13, 18, 22, 31)	Will the Contract supervisor be responsible to review a quantity and quality of work performed outside their base office?	Yes
92	Section 4.1.1 (Page 13)	Will Contract staff participate in pre-opening, partial, infection control, and follow-up inspections and surveys?	The Department of Health urges prospective bidders to review the Request for Proposals which outlines the survey and investigation types for which proposals are requested.
93	Section 4.1.1 (page 13)	Do the Components include plan of correction review and/or post-survey revisits?	As outlined in the RFP, there are instances where contract staff will be responsible for conducting plan of correction reviews and/or post-survey revisits. Bidders are encouraged to review the Request for Proposals which outlines expectations for all survey and investigation types for which proposals are requested.
94	Section 4.1.1 (Page 13)	For Unit A4, if multiple visits or calls are required, is each visit/call a distinct unit, billable under this contract?	<p><i>No. The unit is complete, and payment will be made to the contractor only when:</i></p> <ol style="list-style-type: none"> <i>1. All reports and inspections require by the Department for a monitoring instance are complete; AND</i> <i>2. The program management staff have determined that the event which precipitated the emergency situation has been remediated or otherwise no longer exists; AND</i> <i>3. Contract staff participate at program management direction; AND</i> <i>4. Contract staff have tabulated and submitted to supervisory staff the time they spent addressing the situation.</i>
95	Section 4.1.1 (Pages 14, 24, 27, 31)	For Emergency/Urgent Situations, if there are multiple monitoring visits, phone calls, temporary assignments, or interaction with various emergency personnel within one instance, will the contractor be expected to bill one unit as an instance despite the volume of activities/calls/visits?	<p><i>Yes, this would be one billable unit. The unit is complete, and payment will be made to the contractor only when:</i></p> <ol style="list-style-type: none"> <i>1. All reports and inspections require by the Department for a monitoring instance are complete; AND</i> <i>2. The program management staff have determined that the event which precipitated the emergency situation has been remediated or otherwise no longer exists; AND</i>

Question #	Reference	Bidder's Question	Department of Health's Answer
			<p>3. <i>Contract staff participate at program management direction; AND</i></p> <p>4. <i>Contract staff have tabulated and submitted to supervisory staff the time they spent addressing the situation.</i></p>
96	Section 4.1.1 (Pages 14, 24, 27, 31)	Will the contractor's time sheet suffice as a tool to track participation in Emergency/Urgent Situations?	<i>To receive payment please refer to Section 4.3 Reporting and Vouchering for additional guidance related to submission for payment.</i>
97	Section 4.1.1 (Page 14)	Is the Contract supervisor responsible to train staff outside the supervisor's base office?	See Amendment 1 to this RFP
98	Section 4.1.1 (Page 15)	Is there an expectation that staff hired under Component A must cross-train with Component C staff at any point during the duration of the contract?	No. Component A and Component C require separate and distinct applications.
99	Section 4.1.1 (Pages 15, 24)	Will the use of ASPEN be included in the formal training of contract staff?	Yes, Contractor staff will receive training that includes, but is not limited to, use of ASPEN software.
100	Section 4.1.1 (Page 15)	When complaint investigations are integrated into a recertification inspection, will the complaint be billed as a distinct unit separate from the recertification inspection?	No. As stated within the Request for Proposals, "...Whenever possible, such investigations are integrated into normal inspection schedules..." When applicable, it is expected that the Contractor will voucher for only the recertification unit according to the terms appropriate to that Unit.
101	Section 4.1.1 (Page 15)	Does Unit A1 include desk review?	Yes, Unit A1 includes desk review when assigned.
102	Section 4.1.1 (Page 15)	Under Unit A1, do complaint investigations involve review of a plan of correction?	No. The Department of Health urges prospective bidders to review the Request for Proposals which outlines the expectations of the prospective Contractor/s.
103	Section 4.1.1 (Page 15)	Are contract staff expected to review plans of correction and/or perform follow-up visits if the contract staff themselves did not perform the initial complaint investigation?	No. The Department of Health urges prospective bidders to review the Request for Proposals which outlines the expectations of the prospective Contractor/s.

Question #	Reference	Bidder's Question	Department of Health's Answer
104	Section 4.1.1 (Pages 15, 22)	How long does it generally take to achieve Surveyor Minimum Qualifications Test certification?	The length of time depends on the individual surveyor, but achievement of such certification typically takes at least eight months.
105	Section 4.1.1 (Pages 15, 22)	Who pays for the required training?	The costs of training not otherwise provided by the Department of Health is borne by the Contractor.
106	Section 4.1.1 (Pages 15, 22)	If the costs of training are borne by the contractor, should the proposed Unit pricing reflect that cost?	The Contractor must determine the best methodology to achieve the requirements set forth within the Request for Proposals.
107	Section 4.1.1 (Pages 15, 20, 24, 32)	Regarding use of the ASPEN system, how long does it take to train a surveyor?	The length of time it takes each contracted surveyor to be fully trained varies by surveyor.
108	Section 4.1.1 (Page 16)	In the second bullet of Unit A1, how is the following defined: "...all required data entry is completed...?"	Data entry requirements depend on the individual survey outcomes and will be coordinated with the successful bidder.
109	Section 4.1.1 (Page 16)	For the contractor to receive 75% of the payment under Unit A1, would payment be eligible once the contract staff submit all required surveyor documentation and the inspection is drafted or is the payment received after the Department of Health staff approves the inspection report?	As stated within the Request for Proposals: "... <i>Payment on unit A1 will be made as follows: 75% of the unit will be paid when contract staff member completes all reports and inspections required by the Department for a complaint/incident/death investigation...</i> "
110	Section 4.1.1 (Page 16)	If Department of Health approval is required for 75% of the payment, what is the expected timeline of that review?	The timeline depends on the individual survey/investigation outcomes and as such, the Department of Health cannot provide an expected timeline.
111	Section 4.1.1 (Page 16)	What is the expected time to complete a complaint from start until closed?	The timeline depends on the individual investigation outcomes and as such, the Department of Health cannot provide an expected timeline.
112	Section 4.1.1 (Page 16)	For the contractor to receive the remaining 25% of the payment, how long does it generally take for a complaint to be closed?	The timeline depends on the individual investigation outcomes and as such, the Department of Health cannot provide an expected timeline.
113	Section 4.1.1 (Page 16)	Is the complaint closed in ASPEN by contract or Department of Health staff?	Complaints will be closed on ASPEN by the Department of Health staff.

Question #	Reference	Bidder's Question	Department of Health's Answer
114	Section 4.1.1 (Page 16)	If there are operational issues related to a specific complaint that prevent closure of that complaint in a timely manner, is the 25% payment withheld from the contractor?	As stated within the Request for Proposals, the 25% payment will be paid when "... <i>The complaint is closed on the then-current database...</i> "
115	Section 4.1.1 (Page 16)	If multiple complaints are investigated on the same day, can the contractor voucher for each complaint as a separate unit?	Yes, each complaint may be billed as a distinct unit.
116	Section 4.1.1 (Page 16)	Does Unit A2 include a review of a plan of correction?	Yes. The Department of Health urges prospective bidders to review the Request for Proposals which outlines the expectations of the prospective Contractor/s.
117	Section 4.1.1 (Page 16)	Are follow-up visits expected as part of Unit A2?	No. The Department of Health urges prospective bidders to review the Request for Proposals which outlines the expectations of the prospective Contractor/s.
118	Section 4.1.1 (Page 16)	Is there any expectation that contract staff will review plans of correction or perform follow-up visits if the contract staff were not part of the recertification survey?	No. The Department of Health urges prospective bidders to review the Request for Proposals which outlines the expectations of the prospective Contractor/s.
119	Section 4.1.1 (Page 16)	If contract staff are required to review plans of correction or perform follow-up visits in cases where they themselves were not part of the recertification survey, which unit would cover the plan of correction or follow-up visit?	Please refer to the Answer to Question #118.
120	Section 4.1.1 (Pages 16, 21, 33, 34)	If delays in the Statement of Deficiency are outside the contractor's control, will there be delays in the 75% payment?	Yes. As stated within the Request for Proposals, "... <i>75% of the Unit will be paid when the survey is completed and a Statement of Deficiencies...is prepared for issue...</i> "
121	Section 4.1.1 (Pages 16, 21, 33, 34)	For the contractor to receive the remaining 25% payment, when the plan of correction is received, what is the average time for the Department of Health to render a determination on the plan of correction?	The timeline depends on the individual correction requirements and as such, the Department of Health cannot provide an expected timeline.

Question #	Reference	Bidder's Question	Department of Health's Answer
122	Section 4.1.1 (Page 16)	Is the contractor responsible to create a log for Unit A3?	No. As stated within the Request for Proposals, "...In addition to conducting investigations, contractor staff may be required to maintain, update and/or review the log of facilities determined to be operating without a license on a quarterly basis, as assigned by the Regional Office..."
123	Section 4.1.1 (Page 17)	What is the average time to close a unit under Unit A3?	The timeline depends on the individual investigation outcomes and as such, the Department of Health cannot provide an expected timeline.
124	Section 4.1.1 (Page 17)	For closures and emergency events, what is the average time to close a unit under Unit A4?	The timeline depends on the individual circumstances and as such, the Department of Health cannot provide an expected timeline.
125	Section 4.1.1 (Pages 18, 22)	Will the Central Islip office serve as the contract supervisor's home case for Components B and C?	The Contractor must determine the best methodology to achieve the requirements set forth within the Request for Proposals.
126	Section 4.1.1 (Page 21)	What is the average time for a revisit to occur after the initial survey?	This question is outside the scope of this Request for Proposals.
127	Section 4.1.1 (Page 21)	How long does it take to close a unit under Unit B1?	The timeline depends on the individual survey outcomes and as such, the Department of Health cannot provide an expected timeline.
128	Section 4.1.1 (Pages 20, 21)	What precautions will take place to ensure contract staff's safety in patients' community-based homes or elsewhere?	At minimum, the Department of Health makes available a field worker safety training that is available to Contractor staff.
129	Section 4.1.1 (Page 22)	What is a Rehabilitation Specialist as described under Component C?	A Rehabilitation Specialist may reflect the job title of an individual who provides a comprehensive range of physical or psychosocial rehabilitative services.
130	Section 4.1.1 (Page 22)	What are the minimum qualifications for the contract supervisor assigned to Component C?	The Component C Contract Supervisor must qualify as a surveyor as listed within the Request for Proposals and possess the Surveyor Minimum Qualifications Test certification.

Question #	Reference	Bidder's Question	Department of Health's Answer
131	Section 4.1.1 (Page 24)	Is the Central Office in Albany the only regional office to conduct offsite investigations under Component C?	Yes. The Department of Health urges prospective bidders to review the Request for Proposals which outlines the expectations of the prospective Contractor/s.
132	Section 4.1.1 (Page 25)	Will contract staff be assigned to review plans of correction for surveys conducted only by Department staff?	No. The Department of Health urges prospective bidders to review the Request for Proposals which outlines the expectations of the prospective Contractor/s.
133	Section 4.1.1 (Page 25)	When complaints or Facility Reported Incidents are incorporated into the Federal Standard Survey, will the contractor only voucher for the Federal Standard Survey?	Yes. As stated within the Request for Proposals, <i>"...Investigation of complaints and Facility Reported Incidents ("FRIs") are part of the federal standard survey process..."</i> When applicable, it is expected that the Contractor will voucher for only the Federal Standard Survey unit according to the terms appropriate to that Unit.
134	Section 4.1.1 (Page 25)	Will the Department require contract staff to perform a post-survey revisit for a survey conducted only by Department staff? If so, which unit is applicable to this activity?	Yes. When applicable Unit C1 applies.
135	Section 4.1.1 (Page 26)	Under Units C1 and C2, for the contractor to receive the remaining 25% payment for the Recertification Survey, how long does it typically take to put the nursing home back into compliance?	The timeline depends on the individual facility and survey circumstances and as such, the Department of Health cannot provide an expected timeline.
136	Section 4.1.1 (Page 26)	For cases triaged as an offsite investigation, will the contractor use Unit C2 to voucher?	Unit C2 is only applicable to onsite investigations. The Department of Health urges prospective bidders to review the Request for Proposals which outlines the expectations of the prospective Contractor/s.
137	Section 4.1.1 (Page 26)	For multiple complaints bundled on an abbreviated survey for a specific nursing home, will the contractor voucher for each separate case?	Yes, each complaint may be billed as a distinct unit.
138	Section 4.1.1 (Page 26)	Is the 75% unit payment predicated on the contractor supervisor's approval?	No. The 75% unit payment is payable <i>"...when contract staff member completes the survey and submits an approvable Statement of Deficiencies to the survey supervisor..."</i> The survey supervisor is a Department of Health staff member.

Question #	Reference	Bidder's Question	Department of Health's Answer
139	Section 4.1.1 (Page 26)	Under Unit C2, if the investigative activity does not result in the identification of non-compliance, what is the process for the contractor to receive payment?	As stated within the Request for Proposals: "...75% of the Unit will be paid when a contract staff member completes the survey and submits an approvable Investigation Summary and an approvable Statement of Deficiencies if non-compliance is identified..." For purposes of clarity, an investigation summary is required for every complaint.
140	Section 4.1.1 (Page 27)	What is the average time to close Unit C2A?	The timeline depends on the individual investigation circumstances and as such, the Department of Health cannot provide an expected timeline.
141	Section 4.1.1 (Page 27)	Will the Department of Health provide supervision, scheduling, and oversight for Units C3 and C4?	Yes, the Department of Health will provide supervision, scheduling, and oversight for Units C3 and C4.
142	Section 4.1.1 (Page 27)	Are the contract staff responsible for all activities associated with Unit C3, including drafting of letters and uploading the investigation report into ASPEN?	No. The Department of Health will provide supervision, scheduling, and oversight for Unit C3.
143	Section 4.1.1 (Page 27)	What is the average time to close Unit C3?	The timeline depends on the individual circumstances and as such, the Department of Health cannot provide an expected timeline.
144	Section 4.1.1 (Page 27)	What are the criteria for the contractor to receive payment for completing Unit C4?	Unit C4 is intended for hourly or salaried staff compensation.
145	Section 4.1.1 (Pages 27-28)	How is Unit C4 paid to the vendor?	Please refer to Section 5.4.
146	Section 4.1.1 (Page 31)	What is the average time to close Component D?	The timeline depends on the individual survey circumstances and as such, the Department of Health cannot provide an expected timeline.
147	Section 4.1.1 (Page 31)	Which regional office will serve as the contract supervisor's home base?	The Contractor must determine the best methodology to achieve the requirements set forth within the Request for Proposals.
148	Section 4.1.1 (Page 31)	Must the Contractor supply a contract supervisor?	No. The Contractor Supervisor will be a Department of Health employee.

Question #	Reference	Bidder's Question	Department of Health's Answer
149	Section 4.1.1 (Page 31)	What are the minimum qualifications for the contract supervisor?	At minimum, the Contractor Supervisor, a Department of Health employee, will actively possess the surveyor minimum qualifications.
150	Section 4.1.1 (Page 33)	Is a plan of correction review to be included within the Unit D1 pricing?	<i>Yes. Unit D1 will not be fully paid until a plan of correction, if applicable, is received and reviewed by contractor staff and approved by the Department and all data entry is complete.</i>
151	Section 4.1.1 (Page 33)	Is a plan of correction review to be included within the Unit D2 pricing?	<i>Yes. Unit D2 will not be fully paid until a plan of correction, if applicable, is received and reviewed by contractor staff and approved by the Department and all data entry is complete.</i>
152	Section 4.1.1 (Page 33)	May the contractor bill for each complaint when bundled into one onsite investigation?	Yes, each complaint may be billed as a distinct unit.
153	Section 4.1.1 (Page 34)	Is a plan of correction review to be included within the Unit D3 pricing?	<i>Yes. Unit D3 will not be fully paid until a plan of correction, if applicable, is received and reviewed by contractor staff and approved by the Department and all data entry is complete.</i>
154	Section 4.1.1 (Page 34)	Is a plan of correction review to be included within the Unit D4 pricing?	<i>Yes. Unit D4 will not be fully paid until a plan of correction, if applicable, is received and reviewed by contractor staff and approved by the Department and all data entry is complete.</i>
155	Section 4.1.1 (Page 34)	Is a plan of correction review to be included within the Unit D5 pricing?	<i>Yes. Unit D5 will not be fully paid until a plan of correction, if applicable, is received and reviewed by contractor staff and approved by the Department and all data entry is complete.</i>
156	Section 4.1.2 (Page 35)	Due to the uncertainties of the overall staff levels required in the contract, the labor market and training outcomes of new employees, is the Department of Health willing to remove the penalty related to delays in replacing staff lost due to attrition or dismissal?	No.
157	Section 4.1.2 (Page 35)	If the Liquidated Damages cannot be modified or removed, is the Department of Health able to provide a specific number of Full-Time Equivalents that are to be assigned to this contract, below which number the penalty will be incurred?	No.

Question #	Reference	Bidder's Question	Department of Health's Answer
158	Section 4.1.2 (Page 35)	For the current contractor/s under each Component, how many instances has the Department of Health had to proof, correct, reformat, reorganize, rewrite, etc.?	<i>This question is outside the scope needed to be responsive to the Request for Proposals. / OR / FOIL response</i>
159	Section 4.1.2 (Page 35)	For the current contractor/s under each Component, how many instances was contractor material determined to be incomplete?	<i>This question is outside the scope needed to be responsive to the Request for Proposals. / OR / FOIL response</i>
160	Section 4.1.2 (Page 35)	Is there any weather-related exemption to the Liquidated Damages?	There are no weather-related exceptions to the Liquidated Damages.
161	Section 4.1.2 (Page 35)	Who is responsible for making a final decision on an assessment of Liquidated Damages?	The Department of Health's designated contract manager is responsible for the final decision on an assessment of Liquidated Damages.
162	Section 4.1.2 (Page 35)	Is there any appeal process afforded to the contractor?	There is no appeal process afforded to the contractor.
163	Section 4.1.2 (Page 35)	Is the Liquidated Damages assessment determined for each staff member replacement?	Yes, as stated within the Request for Proposals, the Department may impose Liquidated Damages of up to \$100/day beyond the specified 30-day timeframe that a contractor fails to replace staff lost due to attrition or dismissal.
164	Section 4.1.2 (Page 35)	What is the average frequency of editing of materials for any given case, as described by the Department?	The Department of Health does not have the data requested in this question.
165	Section 4.1.2 (Page 35)	Will the Department of Health please define "professionally written, organized, and displayed"?	Materials supplied to supervisory staff to illustrate investigation completion should be proofread, regulatorily accurate, appropriate to the assignment, and otherwise meet professional standards. Upon orientation, Department of Health staff will provide necessary expectations.
166	Section 4.2 (Page 35)	All Registered Nurse positions are listed as requiring licensure and registration in New York State. Are Registered Nurse surveyors who are licensed in other states also required to apply for a New York license?	Yes, those Registered Nurses so licensed in another state or United States territory must obtain New York State licensure.
167	Section 4.6 (Page 38)	Is there a current contractor or vendor that will transition to the awarded vendor/s?	Yes, contractors have historically performed services outlined in this Request for Proposals.

Question #	Reference	Bidder's Question	Department of Health's Answer
168	Section 5.4 (Page 39)	What is the average timeframe for payment to be made to the contactor following submission of an invoice/voucher?	An average timeframe cannot be supplied in response to this question. Timing depends on many factors including voucher accuracy and completeness, system function, agency designation, pay terms, etc.
169	Section 5.4 (Page 40)	Is the Department willing to accept an hourly rate as opposed to a unit-based pricing model?	No, as stated within the Request for Proposals: <i>"...Payment terms will be: Based on a deliverable/Unit fee schedule."</i>
170	Section 5.5 (Page 40)	Does this Request for Proposals include goals for Minority- and/or Women-owned Business Enterprises?	Yes. Please refer to Section 5.5 which reads, in relevant part: <i>"....For purposes of this solicitation, the Department hereby establishes an overall goal of 30% for [Minority- and/or Women-Owned Business Enterprise] participation, 15% for Minority-Owned Business Enterprises...participation and 15% for Women-Owned Business Enterprises...participation (based on the current availability of qualified [Minority-Owned Business Enterprises] and [Women-Owned Business Enterprises] and outreach efforts to certified [Minority- and/or Women-Owned Business Enterprise] firms)..."</i>
171	Section 5.5 (Page 42)	We are interested in being considered as a subcontractor as a Minority- and/or Women-Owned Business Enterprise. Will you please add us to the list?	As stated in the Request for Proposals, <i>"...A firm requesting inclusion on this list should send contact information and a copy of its New York State [Minority- and/or Women-Owned Business Enterprise] certification to surveyrfp@health.ny.gov before the Deadline for Questions as specified in Section 1.0 (Calendar of Events)..."</i>
172	Section 5.5 (Pages 40-42) Section (Page 50) and Attachment 10	As a Minority-Owned Business Enterprise, is there a questionnaire to be included in the Request for Proposals to confirm the status, or is submitting our Minority-Owned Business Enterprise certification sufficient?	Any NYS Certified Minority-Owned Business Enterprise can submit their certification. All submissions must include as stated in the Request for Proposals, a Diversity Practices Questionnaire is included at Attachment 10 and Attachment 5.
173	Section 5.9 (Page 43)	Are joint ventures allowed for this Request for Proposals?	No. Please refer to Section 5.9 regarding subcontracting.

Question #	Reference	Bidder's Question	Department of Health's Answer
174	Section 6.1 (Pages 49-51)	Attachments 1, 4, 11, and 12 each contain a field that requires a contract number. May this field be left blank by bidders?	Yes, the "Contract Number" may be left blank as the number will be provided when assigned.
175	Section 6.2.4.1 (Page 55)	Can the Department please specify activities the bidder is being asked to describe proposed methods for conducting?	Please refer to Section 4.0, "Scope of Work."
176	Section 6.2.4.1 (Page 55)	<p>The Request for Proposals states: "...<i>The Bidder should provide details regarding the expected number of staff needed to provide a full complement of staff as described for the anticipated annual number of surveys and units within the component...</i>"</p> <p>Does this refer to the types and number of staff for each Component as outlined in Section 4.1.1?</p>	As stated on Page 54, "Unit Descriptions/Specifications (see 'Scope of Work' Section 4.1.1)," yes, Bidders "... <i>should provide details regarding the expected number of staff needed to provide a full complement of staff as described for the anticipated annual number of surveys and units within the component...</i> "
177	Section 6.2.4.1 (Page 55)	<p>The Request for Proposals states: "...<i>The Bidder should provide a description of the roles and responsibilities, by title, for all contractor staff carrying out the units...</i>"</p> <p>Is a bidder to describe roles and responsibilities for staff?</p>	As stated on Page 54, "Unit Descriptions/Specifications (see 'Scope of Work' Section 4.1.1)," yes, Bidders "... <i>should provide a description of the roles and responsibilities, by title, for all contractor staff carrying out the units...</i> "
178	Section 6.2.4.1 (Page 55)	Does " <i>expected number of staff needed to provide a full complement of staff</i> " refer to the Bidder's internal staff?	As stated on Page 54, "Unit Descriptions/Specifications (see 'Scope of Work' Section 4.1.1)," yes, Bidders should detail the " <i>expected number of [contractor] staff needed to provide a full complement of staff.</i> "

Question #	Reference	Bidder's Question	Department of Health's Answer
179	Section 6.3 (Page 56)	What are the current per unit fees being charged by the contracted vendors?	The requested information may be requested under the Freedom of Information Law (FOIL). To submit a FOIL request, please write to the Department's Records Access Office at FOIL@health.ny.gov . Additional information regarding the FOIL process is available online at http://www.health.ny.gov/regulations/foil/ .
180	Section 6.3 (Page 56)	Who are the current vendors providing services under this contract?	See response to question two. Any additional requested information may be requested under the Freedom of Information Law (FOIL). To submit a FOIL request, please write to the Department's Records Access Office at FOIL@health.ny.gov . Additional information regarding the FOIL process is available online at http://www.health.ny.gov/regulations/foil/ .
181	Section 7 (Page 57)	The Request for Proposals states " <i>Where signatures are required, the proposals designated as originals should have a handwritten signature and be signed in blue ink.</i> " Will the Department accept electronic signatures since the proposal submission is electronic?	No, as stated in Section 7, Page 57, a handwritten signature in blue ink is required on proposals designated as originals.
182	Attachment B	Attachment B lists the contract estimated end date as September 31, 2029. Is the contract's correct estimated end-date September 30, 2029?	Yes, the contract's estimated end date is September 30, 2029.
183	None	What are the technical difficulties experienced by previous contractor/s?	The Department of Health cannot comment on technical difficulties experienced by a previous contractor or contractors.
184	None	Will the Department reimburse a separate hourly rate for staff who work on special projects or initiatives?	<i>No. Each Component of this RFP outlines the billable units for which the contractor will be reimbursed.</i>

Question #	Reference	Bidder's Question	Department of Health's Answer
185	None	If the Department will reimburse a separate hourly rate for staff who work on special projects or initiatives, should those hourly rates be included in the cost proposal?	<i>The Department will not reimburse for activities outside of the billable units outlined in each Component of this RFP.</i>