Request for Offers (RFO)

RFO # 20039

New York State Fiscal Intermediaries for the Consumer Directed Personal Assistance Program

SURVEY OF QUALIFIED OFFERORS

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contact to whom all communications attempting to influence the Department of Health'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
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 offers, written questions, pre-bid questions, and debriefings.

Michael Lewandowski
New York State Department of Health
Bureau of Programmatic Support
Division of Employee and Program Support
Office of Health Insurance Programs
One Commerce Plaza, Room 1450
Albany, NY 12237
Telephone: 518-473-4657
Email Address: OHIPContracts@health.ny.gov

1.0 CALENDAR OF EVENTS

NEW YORK STATE FISCAL INTERMEDIARY FOR CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM – SURVEY OF QUALIFIED OFFERORS CALENDAR OF EVENTS	
EVENT	**DATE**
Publication of Survey for Inspection by Qualified Offerors	June 15, 2021
Question and Answer Webinars	June 21, 2021 – 2:00pm EST June 23, 2021 – 11:00am EST
Deadline for Submission of Additional Written Questions	June 25, 2021 at 5:00pm EST
Question and Answer Document Emailed to Qualified Offerors	June 30, 2021
Issuance of Survey Document to Qualified Offerors	June 30, 2021
Deadline for Submission of Survey Responses	July 30, 2021 at 5:00pm EST
Anticipated Contract Start Date for All Awards	On or After November 1, 2021

2.0 PURPOSE OF AND IMPORTANT INFORMATION REGARDING REQUIREMENTS FOR SUBMITTING SURVEY RESPONSES

On December 18, 2019, the Department of Health ("DOH" or "Department") issued Request for Offers ("RFO") #20039: New York State Fiscal Intermediaries ("FI") for the Consumer Directed Personal Assistance Program ("CDPAP"). Under the authority and provisions of section 365-f of the Social Services Law, paragraphs (a) and (b) of subdivision (4-a) in particular, the RFO sought competitive responses from potentially qualified entities to enter into contract with the Department to provide FI services under CDPAP for persons enrolled in fee for service Medicaid and the Medicaid managed care program (collectively "NY Medicaid").

In February 2021, awards were announced for 68 qualified offerors, which enabled these entities to contract to serve as FIs across or in specific counties of New York State. Information on these awards can be found here.

Following announcement of these awards, Part LL of Chapter 57 of the Laws of 2021, as part of the enacted State Fiscal Year 2021-22 budget, included new authority under section 365-f of the Social Services Law, paragraphs (b-1), (b-2) and (b-3) of subdivision (4-a) for the Department to make additional awards under the RFO based on survey responses to additional criteria set forth below.

Consistent with Section 365-f(4-a)(b-1), (b-2) and (b-3) of the Social Services Law, the Department considers this Survey and the resulting additional awards as a continuation of RFO #20039 and thus will not proceed to the contracting process with *any* awarded fiscal intermediary until the Survey process is complete and the total number of awards have been made.

For purposes of this Survey of Qualified Offers, the following definitions are applicable:

- An "**additional award**" means a new award issued by the Department to a non-awarded offeror as a result of the new authority and selection criteria established by the State Fiscal

Year 2021-22 enacted budget and based exclusively on responses to this Survey of Qualified Offerors.

- An "**awarded offeror**" means a qualified offeror that received an award from the Department on February 11, 2021, as posted on the Department's RFO website.

- A "**non-awarded offeror**" means a qualified offeror that did not receive an award from the Department on February 11, 2021.

- A "**qualified offeror**" means an entity that submitted a timely offer under the RFO and was determined by the Department to have met the minimum requirements as outlined in RFO Section 3.1.

All other terms and conditions in the original RFO and submitted offers remain in effect.

For additional contracting information, please reference the RFO, RFO Amendments and the Questions and Answers document, all of which can be found on the RFO web page.

3.0 SURVEY QUALIFICATIONS AND ADDITIONAL AWARD CATEGORIES

Through this Survey of Qualified Offerors ("Survey"), the Department is surveying all qualified offerors, including both awarded and non-awarded offerors, for additional information about the entity's FI line of business ***as of March 3, 2020, the RFO's deadline for submission of offers by qualified offerors.***

Survey responses must be limited to the qualified offeror only, rather than any corporate affiliates (e.g., LHCSA line of business) and/or Collaborating Partners.

All qualified offerors, including awarded offerors and non-awarded offerors, ***should respond*** to this Survey and submit documentation of meeting the criteria, as specified, where applicable. Non-awarded offerors will only be considered for an additional award if they respond to the Survey. Responses to the survey will not affect the status of current awards to awarded offerors but will serve to inform whether additional awards are necessary based on the new selection criteria.

Consistent with the updated provisions of section 365-f of the Social Services Law, the following criteria will be used by the Department to determine which non-awarded offers will receive an award under the RFO.

- **Not-For-Profit Status.** Not-for-profit ("NFP") corporate status of the offeror, as evidenced by its NYS business entity registration through the New York State Department of State or a copy of the offeror's certified and last amended Certificate of Incorporation;

- **County Location.** Address of the offeror, as evidenced by the address listed on their last tax filing with New York State to determine the county where the offeror is based;

- **Continuous Operations.** The date on which the offeror first began billing the Medicaid program for FI services and attestation of whether the entity has been continuously provided FI services since 2012, as evidenced by the NYS business operations showing incorporation prior to 2012 and an attestation of the first date on which the Lead FI billed Medicaid for FI services;

- **I/DD Experience.** Whether the offeror is licensed or certified by the Office for People with Developmental Disabilities ("OPWDD") to provide Medicaid State Plan or Home and Community Based waiver services and supports ("HCBS") to individuals with intellectual or developmental disabilities ("I/DD"), as evidenced through the FI's operating certificate or license number, as issued by OPWDD;

- **Experience Serving Racial, Ethnic and Religious Minorities and New Americans.** The offeror's experience serving racial and ethnic minorities, religious minorities, or New Americans as defined by section 94-b of the Executive Law, as evidenced by the offeror providing date-stamped copies of informational or educational materials made available to CDPAP consumers reflecting such experience, including materials made available in the primary languages, or that reflect other service customizations based on the distinct cultural or religious needs, that correspond to the populations being served; and

- **M/WBE Status.** Whether the FI offeror is certified as a minority or women-owned business enterprise ("M/WBE"), and the date on which M/WBE status was initially conferred.

Individual offeror scores resulting from the Department's review of the proposals submitted in response to the RFO will not be changed or modified as a result of the Survey. The Survey results will be used only to determine where additional awards are needed to meet the requirements of State law.

For all categories, additional awards will be made to the next highest scoring qualified offeror(s), to the extent such qualified offerors exist, until the selection criteria in State law are met. Nothing contained in the RFO or State law allows an organization that did not submit an offer in response to the RFO to be considered for award by the Department through a response to this Survey.

Consistent with the original RFO, the Department intends to make as few additional awards as needed to satisfy the legislative criteria and to provide geographic distribution and ensure access in different regions of the State, consist with section 365-f of the Social Services Law.

The award categories are as follows:

<u>Award Category 1: County Population Based</u>

- One or two additional awards to non-awarded offerors that are located in counties with a population greater than 500,000, as evidenced by the address on the offeror's most recent State tax filing or its most recent Federal Return of Organization Exempt from Income Tax, to the extent that such non-awarded offeror exists. One or two additional awards will be made for each of the following counties:
    - Suffolk
    - Nassau
    - Queens
    - Kings
    - New York
    - Bronx
    - Westchester
    - Monroe
    - Erie

- One or two additional awards to non-awarded offerors in counties with a population greater than 200,000 but less than 500,000, as evidenced by the address on the offeror's

most recent State tax filing or its most recent Federal Return of Organization Exempt from Income Tax, to the extent that such non-awarded offeror(s) exists. One or two additional awards will be made for each of the following counties:

- Richmond
- Rockland
- Orange
- Dutchess
- Albany
- Saratoga
- Oneida
- Onondaga
- Niagara

The Department will first issue additional awards under Category 1 and apply the results to Categories 2, 3, and 4, prior to determining whether additional awards are separately required under Categories 2, 3, and 4.

Award Category 2: Office for People with Developmental Disabilities Certification

To the extent that such offers were received, the Department will make at least two additional awards to non-awarded offerors that meet the following criteria:

- The non-awarded offeror is currently authorized, funded, approved or certified to deliver state plan or home and community-based waiver supports and services to individuals with intellectual and developmental disabilities by OPWDD; ***and***, either:
    - The qualified offeror is formed as a charitable corporation under article two of the not-for-profit corporation law or authorized as a foreign corporation under article thirteen of the not-for-profit corporation law; ***or***
    - The qualified offeror has been providing continuous FI services since 2012.

The Department will make two additional awards under Category 2. Awards made under Categories 1, 3 or 4 that also meet Category 2 criteria will count towards these awards. In the Department's sole discretion, it may issue more than two awards to provide geographic distribution and ensure access in different regions of the State, the determination of which will consider the geographic locations and the other survey responses from awarded offerors.

Award Category 3: Experience Serving Racial, Ethnic and/or Religious Minorities and/or New Americans

To the extent that such offers were received, the Department will make at least two additional awards to non-awarded offerors that meet the following criteria:

- The qualified offeror provides documentation that it has experience serving racial, ethnic and/or religious minorities or New Americans as defined by section 94-b of the Executive Law; ***and***, either:
    - The qualified offeror is formed as a charitable corporation under article two of the not-for-profit corporation law or authorized as a foreign corporation under article thirteen of the not-for-profit corporation law; ***or***
    - The qualified offeror has been providing continuous FI services since 2012.

The Department will make two additional awards under Category 3. Awards made under Categories 1, 2 or 4 that also meet Category 3 criteria will count towards these awards. In the Department's sole discretion, it may issue more than two awards to provide geographic

distribution and ensure access in different regions of the State, the determination of which will consider the geographic locations and the other survey responses from awarded offerors.

Award Category 4: Minority and Women Owned Business Enterprises (M/WBE)

To the extent that such offers were received, the Department will make at least two additional awards to non-awarded offerors where the Lead FI is a NYS certified MBE and/or WBE.

The Department will make two additional awards under Category 4. Awards made under Categories 1, 2 or 3 that also meet Category 4 criteria will count towards these awards. In the Department's sole discretion, it may issue more than two awards to provide geographic distribution and ensure access in different regions of the State, the determination of which will consider the geographic locations and the other survey responses from awarded offerors.

4.0 QUESTIONS AND ANSWERS (Q&A)

The Department will host two webinars on the dates/times outlined in Section 1.0 ("Calendar of Events") to provide an overview of the survey and answer questions. The webinars will allow written questions to be submitted via a chat or Q&A function and will be answered during the webinars as time allows.

In addition to the webinars, written questions will also be accepted until the date in the Calendar of Events. Submit all written questions to OHIPcontracts@health.ny.gov.

Answers provided orally during the webinars are not considered final. Final written answers to all questions related to the survey will be emailed to all qualified offerors on or about the date listed on the Calendar of Events.

The Department will answer questions related to this survey process ONLY. Any questions related to the original RFO, the initial award process, contracting or any other area will not be answered other than to direct offerors back to previously posted materials. Offerors should consult the original RFO Questions and Answers document found on the RFO web page for information on other aspects of the procurement.

Webinar registration is required. Registration information has been sent to all qualified offerors. If you have questions regarding registration, please contact Ohipcontracts@health.ny.gov.

5.0 SURVEY OF QUALIFIED OFFERORS

Offerors are required to complete the RFO Survey of Qualified Offerors in Attachment 1 below and provide additional information as detailed therein.

For all questions, only include information related to the offeror's FISCAL INTERMEDIARY line of business. Do not include information related to affiliate organizations (e.g., LHCSA) or Collaborating Partners included in the initial submission.

The Department of Health reserves the right to use information outside the survey responses to validate the responses provided.

Survey responses must be emailed to OHIPcontracts@health.ny.gov prior to 5:00pm EST on the date listed on the Calendar of Events. Offerors should ensure all scanned materials are legible in the PDF format before submission. Surveys that are not complete and/or submitted after the due date will not be considered by the Department and the offeror will not be eligible for an additional award. No extensions will be granted by the Department.

ATTACHMENT 1

RFO 20039: NEW YORK STATE FISCAL INTERMEDIARIES FOR THE CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM

SURVEY OF QUALIFIED OFFERORS

An individual with the authority to bind the qualified offeror must attest to the contents of the submitted Survey. This individual must complete the Survey or review its contents before signing and submitting the Survey to the Department. The completed Survey must be emailed to **OHIPcontracts@health.ny.gov** before the deadline. For more information about this Survey and the deadline, please visit: https://www.health.ny.gov/funding/rfo/20039/.

For all questions below, only include information related to the FISCAL INTERMEDIARY line of business. Do not include information related to affiliate organizations (e.g., LHCSA) or Collaborating Partners included in the initial submission.

1. Offeror Information as it appeared on original RFO submission:

   Offeror Name: _____

   Offeror FEIN: _____

   Offeror MMIS (if applicable): _____

2. Offeror Address as provided on the organization's latest filed state tax return or most recent Federal Return of Organization Exempt from Income Tax:

   _____

   _____

   Year of last filed tax return: _____

3. Is the offeror a NYS Certified:
   a. Minority Business Enterprise Yes ☐ No ☐
   b. Women Business Enterprise Yes ☐ No ☐

   If the answer to 3.a. or 3.b. is Yes, provide copy of certification and the Commodity Codes associated with this certification.

4. Is the offeror a charitable corporation pursuant to article two of the not-for-profit corporation law or authorized as a foreign corporation under article 13 of the not-for-profit corporation law?

   Yes ☐ No ☐

   If Yes, provide a copy of the corporation's last amended certificate of incorporation or print-out/screen shot from the NYS Corporate & Business Entity Database.

5. Did the offeror begin providing fiscal intermediary services to CDPAP consumers prior to January 1, 2012?

a. Yes ☐ No ☐

Provide the date on which the offeror began billing for fiscal intermediary services:

___/____/_____(MM/DD/YYYY)

Provide the fiscal intermediaries MMIS number, if not provided in response to a prior question.

b. If the answer to 5.a. is Yes, has the offeror provided continuous fiscal intermediary services to CDPAP consumers since 2012?

Yes ☐ No ☐

6. Is the offeror currently authorized, funded, approved or certified to deliver state plan or home and community-based waiver supports and services (HCBS) to individuals with intellectual and developmental disabilities by the Office for People with Developmental Disabilities (OPWDD)?

Yes ☐ No ☐

If Yes, provide a copy of any OPWDD operating certificates or other certifications. Please also provide the offeror's MMIS number, if not provided in response to a prior question.

7. Has the offeror historically provided FI services to CDPAP consumers and personal assistants who are racial, ethnic, religious minorities or new Americans as defined in section 94-b of the Executive Law?

Yes ☐ No ☐

If Yes, provide evidence of information and materials provided to consumers who are racial, ethnic, or religious minorities, or New Americans, in the consumers' primary language or languages if other than English, or that reflect other service customizations based on the distinct cultural or religious needs, including copies of informational materials, website snapshots and other such documentation in the primary languages that correspond to the populations being served.

Any copies of information materials should include date stamps of when the materials were first distributed and produced to show that they were created prior to March 3, 2020 and may highlight those areas to which the offer wants to draw the Department's attention.

By signing here, the individual below attests that, to the best of their knowledge, the information submitted in and attached to this Survey is complete, accurate, and true in all material respects, and that the individual has actual authority to bind the qualified offeror submitting the Survey.

Name of individual authorized to bind the offeror: _____

Email of authorized individual: _____

Phone Number of authorized individual: _____

Signature of authorized individual: _____

Date: _____