NEW YORK STATE DEPARTMENT OF HEALTH

Request for Applications
NY State Dementia Grant Program
January, 2008 – December, 2010

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Table of Contents

I. Overview of the Dementia Grant Program

A. Overview

The New York State Dementia Grant Program has, since 1988, funded nursing homes to implement projects that aim to produce better health and quality of life outcomes for nursing home residents with dementia. The Program also subsidizes an annual or biennial statewide dementia conference that showcases the best practices and training developed through the Program and has financed the development of a web-based care planning tool for nursing home residents and other populations with dementia. The Electronic Dementia Guide to Excellence (EDGE) can be accessed at http://www.health.state.ny.us/diseases/conditions/dementia/edge/.

This Request for Applications (RFA) solicits projects to improve quality of life and quality of care outcomes for nursing home residents with dementia. Only nursing homes licensed under Article 28 of New York's Public Health Law are eligible to apply. Nursing homes must propose three year projects. Funding after the initial year of the project is subject to the availability of funds. Approximately $2.75 million per year is available for projects funded through this Program. Grant awards are capped at an average of $300,000 per year for the term of the project. Approved budgets for funded projects will be paid via an add-on to the applicant's Medicaid rate. This is described in more detail in Section IV B. An approximate start date for these projects is January, 2008.

Historically, the grant award process has been extremely competitive. Applicants should not only provide a strong case for the effectiveness of their proposed intervention, they must also include and budget for an evaluation to determine how effective it actually is. The application must describe in detail the evaluation design and who will conduct the evaluation. The rigor and quality of the project's evaluation will be scored. Nursing homes that do not have in-house research skills and experience are strongly encouraged to partner with organizations, such as academic institutions or other nursing homes, that do. Grant awards are capped at an average of $300,000 per year to help ensure that the budget for each funded project is sufficient to cover the costs of a rigorous evaluation. Nursing homes that need to partner with appropriate researchers but do not know how to find them are encouraged to contact their provider associations for assistance.

The objectives for the Program's 2007-2009 cycle are:

- Disseminate evidence-based best practices into nursing homes that have not yet adopted them such that these nursing homes sustain the practices over time. These practices must have been proven to improve health and/or quality of life outcomes for residents with dementia. They may also address the work environment for staff.

- Develop evidence-based best practices that improve health and/or quality of life outcomes for nursing home residents with dementia.

An optional deliverable under both objectives is the development of high quality training and implementation materials that other nursing homes can use to train staff on the best practice and to implement it. Proposals that include this optional deliverable are eligible for five preference points.

Application requirements under this RFA are complex. Applicants are urged to strictly adhere to the application Table of Contents provided Attachment 2 to this RFA in order to ensure that the reviewers who will score applications on the criteria listed in Section IID are able to find all of the information they need to assign a score. Failure to use the Table of Contents in Attachment 2 will result in the application being rejected without review. Failure to provide all of the information required by the RFA and the Table of Contents will result in a lower score. Such failure may also result in an application that scores too low to be funded.

B. Consortia

The Department is committed to expanding participation in the Dementia Grants Program and is especially interested in encouraging the participation of nursing homes that do not have the resources to prepare a competitive proposal or play the lead role in the developing and managing a project. Nursing homes that do not have the staff or resources to prepare a competitive application are strongly encouraged to partner with those that do.

While the primary focus of the Dementia Grant Program is to fund projects that produce better outcomes for nursing home residents with dementia, it is recognized that changes and interventions that are good for nursing home residents with dementia may also be effective for people with dementia who live in other settings. Applications from consortia that include both nursing homes and other settings, such as adult care facilities, are encouraged. However, a nursing home must be designated and must function as the lead organization in the consortium.

Preference points will be given to high scoring applications (i.e., those whose scores on the technical criteria are 53+ points) submitted by a nursing home that has additional nursing homes and adult care facilities participating in its project. Consortia may include not-for-profit, public and proprietary nursing homes and adult care facilities:

- Consortium of three nursing homes and adult care facilities including the nursing home applicant = 3 points
- Consortium of four nursing homes and adult care facilities including the nursing home applicant = 4 points
- Consortium of five or more nursing homes and adult care facilities including the nursing home applicant = 5 points

A nursing home may participate in more than one consortium. However, no nursing home may submit more than one application. If a nursing home submits more than one application on which it is the lead nursing home, i.e., the applicant, all of the applications for which it is the applicant will be rejected without review.

The lead nursing home is the applicant and primary contractor. All grant funds will be paid to the lead nursing home. All other nursing homes participating in the project, other providers and research consultants, etc., who are paid grant funds are sub-contractors. The lead nursing home, as the primary contractor, is responsible for administering its grant and all payments to sub-contractors. As the lead nursing home applicant recruits additional facilities to participate in the project, it should be sensitive to the impact on its management responsibilities for the project and budget accordingly. The application should also address how the lead nursing home applicant will ensure an appropriate level of managerial oversight and direction of all project activities in all entities that are members of its consortium.

It is anticipated that most, but not all, nursing homes will find it desirable to sub-contract the evaluation to an organization with the requisite research skills. The same organization (whether nursing home, academic or research institution or consultant), may design and conduct the evaluation for more than one project or application, and need not be located in New York State. A nursing home that has in-house research capacity may be the lead nursing home applicant on a project and may also design and conduct the evaluation for other project(s).

C. Areas of Interest

1. Resident Outcomes

The Department encourages interventions and best practices that address:

- resident outcomes as defined in the CMS Quality Measures with MDS data, especially pain, pressure sores, ADL decline, mobility decline, depressed or anxious, and weight loss; and/or

- other resident outcomes (not necessarily based on MDS measures) such as falls and falls with injury; difficult to manage behaviors; mood/affect; resident-to-staff and resident-to-resident abuse; and positive social interactions between residents, between residents and staff and between residents and family members.

The best practices that produce the desired resident outcomes may be direct resident care interventions; staff organization and assignments (e.g., permanent assignment of CNAs to residents, CNAs working in teams, or CNAs participating in assessment, care planning and care plan evaluation); staff training, supervision and mentoring; etc. Regardless of the desired resident outcomes and best practices used to obtain these outcomes, applications must address one or both of the following two program objectives. Applications that do not address one or both of these objectives will be deemed non-responsive to the requirements of the RFA and are not eligible to be funded.

1. Program Objective 1: Dissemination of Evidence-Based Best Practices

Disseminate evidence-based best practices into nursing homes that have not yet adopted them such that these nursing homes sustain the practices over time. These practices should have been proven to improve health and/or quality of life outcomes for residents with dementia. They may also address the work environment for staff. The focus of projects under this objective is not to develop new knowledge, but rather to disseminate proven best practices into nursing homes that have not yet adopted them. A sample list of evidence-based best practices can be found in Attachment 8. This list is by no means exhaustive. Applicants may use evidence based best practices other than those listed in Attachment 8.

Dissemination projects that involve a best practice or intervention for which there is little or no evidence of effectiveness will probably not score high enough on the evaluation criteria to be funded. Such projects should be proposed under Objective 2 (develop an evidence-based best practice) rather than Objective 1.

Evidence of effectiveness, for purposes of this RFA, means that there is research data that demonstrates that the best practice or intervention produces improved health and/or quality of life outcomes for nursing home residents with dementia. Previous research results, if available, should be appropriately cited, presented and discussed in the proposal. If research results are not available, the applicant should take care to discuss why the proposed intervention is likely to produce the desired outcomes.

An optional deliverable under this objective is the development of high quality training and implementation materials that other nursing homes can use to train staff on the best practice and to implement it. Nursing homes that choose to develop high quality training and implementation materials should budget sufficient funds to develop and reproduce the materials and distribute them to every nursing home in New York. This is discussed in more detail in Section I C 3.

Applications should include the following information in the narrative section for the best practice or intervention. Failure to include all of the information listed below will result in lower scores on the technical review criteria:

- Description of best practice or intervention;
- Specific measurable resident outcomes produced by the best practice or intervention;
- Specific measurable staff and/or family outcomes, if any;
- Description of target population – demographics, functional health, dementia disease stage, etc.;

- Disease staging methodology, appropriately referenced;
- Literature review -- cite and discuss the research literature on the best practice with specific attention to the research that establishes the best practice as evidence-based, i.e., the research that demonstrates that the practice produces the resident outcomes, and staff and/or family outcomes, if any, specified above;
- Barriers to implementation in the participating nursing homes and how they will be addressed;
- How the best practice or intervention will be integrated into participating facilities' philosophy and culture of care;
- Staff training, if any;
- Assurances that there are no legal impediments to use of the best practice and/or training materials;
- Consortium information (if applying as a consortium); and
- Other narrative description.

At minimum, the evaluation of projects that address this objective should answer the following research questions:

- To what degree did the participating facilities implement the evidence-based best practice? Did they implement it the way it was designed, or did they modify it? How did they modify it and why?

- How was the best practice integrated into facilities' philosophy and culture of care?

- What was the impact on residents? To what degree were the predicted resident outcomes obtained? What other resident effects were obtained? What were the characteristics of the residents (including stage of dementia) for whom the predicted outcomes were obtained? What were the characteristics of the residents (including stage of dementia) for whom the predicted outcomes were not obtained?

- What was the impact of the best practice on staff and family members? How did they perceive the best practice and its impact on their responsibilities?

- What was the impact on nursing home costs? Was the best practice cost-effective?

- How long did the nursing homes continue to use the best practice? Did they continue to use it through the end of the project? Did they modify it along the way? Did any nursing homes fail to implement the best practice, or stop using it before the project ended? Why?

2. Program Objective 2: Develop an Evidence-Based Best Practice

Develop an evidence-based best practice that improves health and/or quality of life outcomes for residents with dementia. Projects that address this objective will develop new knowledge. An optional deliverable under this objective is the development of high quality training and implementation materials that other facilities can use to train staff on the best practice and to implement it. Applicants that choose to develop not only the best practice but also high quality training and implementation materials, should budget sufficient funds to develop and reproduce the materials and distribute them to every nursing home in New York. However, the effectiveness of the best practice must first be documented before project funds can be spent on developing, reproducing and distributing final training materials.

The 2003-05 cycle of Dementia Grant Program nursing home projects produced a number of promising training packages for nursing home staff. These materials, which will be available at www.nehealth.com/dementiagrantsprogram by mid-September, address such areas as staff recruitment and retention, culture change, basic education in aging and dementia,

communication skills for direct care staff, pain assessment and management, palliative care and the EDGE (Electronic Dementia Guide to Excellence). (In the meantime, applicants who wish to obtain these materials should e-mail a request for project summaries to dementiagrantsprogram@nehealth.com. Based on the project summaries, applicants can then decide which final project products they wish to obtain and request them from the same e-mail address.) Some of these in-services address the same sub-topics, but the approach and the materials used may vary, or they may focus on different types of staff. Some have been constructed as multiple independent modules, and different teaching technologies are used. Although all of the training packages reflect the particular needs of the nursing home(s) that developed them, many nursing homes across the State might also benefit from implementing the practices that are taught in these in-services. Nursing homes are encouraged to review these materials and consider their potential for becoming an evidence-based best practice. Applicants are not required to use these materials as they are currently formulated. They may revise and reformat them if needed to meet their specific needs.

Applications should include the following information in the narrative section for the best practice or intervention:

- Description of the intervention;
- Specific measurable resident outcomes hypothesized to be produced by the intervention;
- Specific measurable staff and/or family outcomes, if any;
- Description of target population – demographics, functional health, dementia disease stage, etc.;
- Disease staging methodology, appropriately referenced;
- Literature review -- cite and discuss the research literature on the intervention with specific attention to the research that supports the hypothesis that the intervention will produce the resident outcomes, and family and/or staff outcomes, if any, specified above;
- Barriers to implementation in the participating nursing homes and how they will be addressed;
- How the intervention will be integrated into participating facilities' philosophy and culture of care;
- Staff training, if any;
- Assurances that there are no legal impediments to use of the intervention;
- Consortium information (if applying as a consortium); and
- Other narrative description.

At minimum, the evaluation of projects under this objective should determine the following:

- How was the intervention integrated into facilities' philosophy and culture of care?

- What was the impact on residents? To what degree were the predicted resident outcomes obtained? What other resident effects were obtained? What were the characteristics of the residents (including stage of dementia) for whom the predicted outcomes were obtained? What were the characteristics of the residents (including stage of dementia) for whom the predicted outcomes were not obtained?

- What was the impact of the intervention on staff and family members? How did they perceive the intervention and its impact on their responsibilities?

- What was the impact on nursing home costs? Was the intervention cost-effective?

- How long did the nursing homes continue to use the intervention? Did they continue to use it through the end of the project? Did they modify it along the way? Did any nursing homes fail to implement, or stop using it before the project ended? Why?

3. Optional Deliverable Under Both Objectives:
Production and Distribution of Training and Implementation Materials

An optional deliverable under both objectives is the development of high quality training and implementation materials that other nursing homes can use to train staff on the best practice and to implement it. Applications that score at least 53 points on the technical criteria and that include this deliverable are eligible for up to five preference points but should submit a separate (i.e., "stand alone") itemized budget and budget narrative for this deliverable. This deliverable could also be improving existing training materials.

Nursing homes that propose to undertake this deliverable should take care to budget sufficient funds to:

- Produce high quality, professional-looking and appropriately packaged materials. This may require the expertise of consultants with experience in developing and reproducing adult education training materials on various media such as paper, dvd, cd-rom and/or video.

- Reproduce the materials. The project budget should include sufficient funds to make 730 copies.

- Distribute a copy to every nursing home in New York (about 700) and mail 30 copies to the Department of Health. The Department will provide the nursing home mailing list, but the applicant will be responsible for all shipping and handling costs.

The final package of training materials should be complete and self-contained, i.e., it should include everything a nurse educator (or other trainer) would need to provide an in-service on the subject. Implementation forms, e.g., pre- and post-tests for the training, care documentation forms, supervisory checklists, etc., should also be included. These materials can be presented in manuals, videotape, audio-tape, cd-rom, etc., or any combination of these. However, each package must include a cd on which is stored all materials that are also provided in hard copy form, such as handouts, pre- and post-tests, supervisory check lists, instructions for training exercises, etc., in a format that allows users to download and modify the documents. This will enable other nursing homes that wish to use the training to easily modify it to meet their own specific needs. Web-based interactive instruction can also be developed. Host sites should be proposed for web-based training.

The training package should also include a section with guidance on implementation of the best practice or intervention from consortium members, based on their analysis of their experience, for example:

- Who needs to commit to and support the best practice if it is to be implemented successfully?

- Which staff, including administrators, supervisors, department heads, etc., need to participate in the training?

- Do different types of staff need different training?

- What must the nursing home put in place in order to implement the best practice, e.g., written policies and procedures, supervisory structures, documentation, feedback loops, communication across shifts, monitoring and follow-up, etc.;

- How can nursing homes integrate the intervention into their culture of care?

- How can documentation and paperwork be reduced or reorganized so as to minimize the impact on staff time?

- Problems and issues that occurred during implementation;

- How they were addressed;

- Whether they were successfully resolved; and

- What the consortium would do differently if it had the opportunity to start all over again from scratch.

Applicants who choose to include this deliverable in their application should adhere to the outline provided in the Table of Contents (Attachment 2 to this RFA). The application should include a detailed description of:

- Media to be used;
- Outline of content and currriculum;
- Who will develop the materials and their qualifications to do this;
- How will materials be packaged;
- Who will reproduce them and how; and
- Who will distribute them and how.

The consultants and organizations that will be responsible for various parts of design, development, production, packaging, shipping, etc., should be identified and their skills and experience in doing this work described. Preference points will be awarded based on the quality of the proposed materials.

In addition to supplying the Department with 30 copies of the complete training package, applicants must also provide the Department with electronic copy of all materials in the package so that the Department can make them accessible to the public through its website. Funded projects are expected to work closely with the Dementia Grants Program Coordinator and the Department to ensure that all materials (videos, training manuals, overheads, slides, etc.) that are provided to the Department for posting on its website meet the Department's specifications for material posted on its website.

All products and deliverables, including but not limited to the training and implementation materials described above, that are developed with funds awarded to nursing homes under this RFA are the property of the Department and the Department may modify, reproduce and distribute them in such fashion as it sees fit. However, the Department views these materials as being in the public domain. Therefore anyone may modify, reproduce and distribute grant products and deliverables without the Department's permission.

D. Evaluation

1. Overview

Each proposal should include a detailed evaluation. Nursing homes that do not have dedicated research staff who can prepare the proposal and evaluation research design and implement the evaluation are strongly encouraged to partner with other organizations that do have this capacity, such as nursing homes with dedicated research staff, provider associations, colleges and universities. New York's provider associations are aware of this RFA; most are

prepared to assist nursing homes to find appropriate research and evaluation partners. Some provider associations have research divisions or research staff that may be willing to partner with nursing homes.

It is critical that the evaluation produces valid and reliable results. Proposals whose evaluations will probably not produce valid and reliable results, as evidenced by poor evaluation design (e.g., the evaluation design has inadequate sample sizes or uses data or measures of questionable reliability and validity), will probably not score high enough on the technical review criteria to be funded. If such application does score high enough to be funded, the applicant will be required to correct the defects in evaluation design to the satisfaction of the Department, allocating additional funds to the evaluation if necessary (but without increasing the total amount of funds originally requested) as a condition of funding. If such applicants are not able to correct the defects in evaluation design, the project will not be funded.

The detailed evaluation design submitted as part of the application should present at minimum the following information:

- Conceptual model;
- Research questions;
- Research hypotheses;
- Research design and analytical approach and methods for each research hypothesis;
- Research design issues and how they will be handled, e.g., unequal sample sizes in participating nursing homes, clustering effects at the unit and nursing home level, contamination of control groups, etc.;
- Fidelity measures;
- Primary variables of interest, which must include resident outcomes, and their definitions;
- Specific measure for each primary variable of interest, why this measure was selected rather than other measures of the same variable; and the measure's psychometric properties (e.g., validity, reliability, sensitivity, specificity, etc.) especially when used with elderly persons with dementia;
- Data sources for each measure;
- Who will collect the data;
- Training methods for data collectors, i.e., how will they be trained on data collection tools; who will train them and the qualifications of these trainers to train others on the tools; and minimum accuracy, reliability and inter-rater agreement scores that all data collectors must achieve on items used in measures before they are allowed to collect such data;
- Resident sample eligibility criteria (at minimum, type of dementia, specific diagnostic tests and test results that confirm physician's diagnosis of dementia, disease stage(s));
- Disease staging methodology;
- Resident sample sizes and the power analyses that generated these sample sizes, including the anticipated effect size; and
- How residents eligible to be sampled will be identified.

2. Resident Sample(s)

Eligibility to be included in the resident sample must be restricted to residents who have a physician's diagnosis of dementia documented in the resident's chart with the results of an appropriate medical work-up. An ICD-9 code for a dementia on the MDS is not sufficient documentation. A score on a cognitive impairment screen such as the Mini Mental Status Exam (MMSE or Folstein) is not acceptable. The types of dementias that will be the focus of the project must be identified. Disease stage(s) must be specified. Residents who do not have a physician's diagnosis of one of the specified dementias and the specified disease stage(s), and residents who do not have a dementia or who are not cognitively impaired, may participate in the project but may *not* be included in the resident sample that is the focus of the project evaluation.

The evaluation design must delineate how eligible subjects will be identified, e.g., what criteria (diagnostic tests, test results and values, disease stage criteria, etc.) from the resident's chart will be used to determine whether the resident is eligible to be sampled. The design must provide evidence that sufficient numbers of eligible subjects live in the participating facilities such that the sample size can be attained. The results of the power analyses and effect size that generated the specified sample sizes must also be included. Attrition rates from baseline to follow-up data collection must be estimated. The disease staging methodology must be described, its developers identified, and relevant citations from the literature provided.

Each of the above requirements must be met in order for the application to receive a score other than zero on the financial criterion, which is worth 25 points. Applications whose evaluation designs do not explicitly address and conform to each requirement will receive a score of zero on the financial criterion because the financial criterion used in the application scoring process is: cost of the application per resident in the sample. See pages 19-20 of this RFA. Resident sample size when all of the requirements are not met, will be assumed to be zero, and the application's score on this criterion will thus be zero. This is a summary of the eight requirements:

- Sample size(s) must be specified;
- The type(s) of dementia(s) that will be the focus of the project, and disease stage, must be specified;
- Each resident sampled must have a physician's diagnosis of the specified dementia documented in his/her chart with the results of an appropriate medical work-up;
- The process by which eligible residents will be identified must be described, i.e., what criteria (diagnostic tests and test results, disease stage, etc.) from the resident's chart will be used to determine whether the resident is eligible to be sampled and who will do this; will additional diagnostic tests be administered to those whose chart data does not include the results of the required tests; etc.
- Estimated attrition rates from baseline to follow-up data collection;
- Evidence that sufficient numbers of eligible subjects live in the participating facilities such that the sample size(s) can be attained;
- The results of the power analyses and effect size that generated the specified sample size(s); and
- Disease staging methodology, who developed it, and relevant citations from the literature.

Applications may score zero on the financial criterion but nevertheless score high enough to be funded. Such applicants will be required to meet each criterion above for the resident sample as a condition of funding, without increasing the total amount of funds requested. Applicants who are not able to meet all of the resident sample criteria to the satisfaction of the Department of Health are ineligible for an award and will not be funded regardless of score.

4. Measurement Issues

Producing measurable improvements in health and quality of life outcomes for nursing home residents with dementia, especially those in the later stages of the disease, can be difficult. For some resident outcomes, improvements may be simply a reduction in the rate of deterioration. The evaluation design must discuss these difficulties and why it is anticipated that the specified resident outcomes can not only be achieved, but can also be measured.

Careful measurement is critical. The following measurement issues should be addressed. Applications whose evaluation designs fail to adequately address these issues will receive lower scores on the technical review criteria:

- The proposed measures for each resident outcome of interest should be justified. In what ways are the proposed measures superior to other measures of the same resident outcome?

In what ways are other measures better? Why will the proposed measures be used rather than other established measures? Are the proposed measures sufficiently sensitive to detect small changes in the target population at the disease stage required for residents in the sample? How specific are the measures? Cite the research that supports your responses to these questions.

- Who will collect the data? How many data collectors will be used? Have or will all data collectors be appropriately trained on the data collection tools? Who will conduct the training and what are their qualifications to train others on the data collection tools? Describe the training. How will turnover in data collectors be dealt with?

- How good are the data collectors? How accurate and reliable is the data that they collect with the tools that are proposed to be used? What are their accuracy, reliability and inter-rater agreement rates on these tools?

Locally collected MDS data, e.g., the MDS completed by nursing homes and submitted to the Department of Health as per federal and state regulations, should not be used unless the lead nursing has or will implement steps to ensure the accuracy and reliability of the data, for example, in the case of the MDS, standardized item definitions beyond those provided in the CMS MDS user's manual, a quality assurance program that focuses on measuring and improving MDS accuracy, reliability and inter-rater agreement, etc. Applicants who have done this should describe in their applications the steps they have taken to ensure accuracy, reliability and inter-rater agreement on all data collection tools proposed to be used in the evaluation, and provide current data on accuracy, reliability and inter-rater agreement for all staff who will collect data. If the applicant applies as a consortium, all data collection staff in the nursing homes and adult care facilities who are part of the consortium should be similarly trained on the lead nursing home's data collection tools and should demonstrate acceptable accuracy, reliability, and inter-rater agreement prior to using any locally collected MDS data in the project evaluation.

Data collectors must demonstrate appropriate levels of accuracy, reliability and inter-rater agreement prior to completing any MDSs (or any other tool) that will be used in the evaluation in each wave of data collection. This means that data collectors must be tested for accuracy, reliability and inter-rater agreement prior to completing MDSs (or any other tool) that will be used in baseline analyses, and again prior to completing any follow-up MDSs (or any other tool). To summarize, applications must specify the levels of accuracy, reliability and inter-rater agreement that each data collector must achieve on each data collection tool prior to collecting any data with that tool.

An alternative to using locally-collected MDS data is to use MDS data that is collected by project evaluation research staff. Locally collected data, i.e., the MDS that is completed by nursing home or consultant staff and submitted to the Department of Health, would ***not*** be used. Evaluation research staff could use the MDS component of the Long Term Care Facility Resident Assessment Instrument [1]. The researchers who design the evaluation should ensure that all data collectors have been trained on the standardized assessment. Applicants that propose this approach should provide appropriate citations from the literature regarding who developed the tool that they plan to use and the research in which it was used. Applications should provide statistics on the validity, reliability, sensitivity, specificity, etc., for the measures developed with items from these tools when the population that is measured has dementia.

The MDS is primarily a screening tool that, among other things, suggests areas in which additional assessment might be valuable and should be done. But it doesn't include the tools to conduct the additional assessments that are triggered. Additionally, it does not provide adequate

[1] The Long Term Care Facility Resident Assessment Instrument includes an MDS (Morris, J., Hawes, C., Murphy, K., Nonemaker, S., Phillips, C., Fries, B., and Mor, V.) Training is also available for this version of the MDS. For more information, go to www.interRAI.org.

measures of certain outcomes in the nursing home population with dementia, such as affect. For both of these reasons, if the MDS is to be used for some measures, *tools in addition to the MDS should also be used.* There are other well-researched measures available for many outcomes typically used for research on nursing home residents with dementia[2]. If these measures are used in the evaluation, applications should address how data collectors will be trained on these tools and the minimum levels of accuracy, reliability and inter-rater agreement that data collectors must attain prior to collecting any data to be used in the evaluation.

The development of valid measures for the nursing home population with dementia is not an objective of this RFA. Applicants should use existing measures whenever possible. If the evaluation proposes to develop a new measure, or to use measures have not typically been used for nursing home residents with dementia, the application should include plans for testing the validity and reliability of the measures on this population. Alternative measures should be proposed in the application if the new or atypical measures are found to have validity, reliability, sensitivity or specificity problems.

5. Training for Data Collectors

Regardless of data collection methods and tools, applications should include a detailed description of how data collectors will be trained and who will train them, on each data collection tool. Applications should provide the minimum levels of accuracy, reliability and inter-rater agreement that data collectors must achieve on the items in each measure prior to being allowed to collect data to be used in the evaluation, and prior to each wave of data collection.

6. Qualitative Methods

Qualitative methods may be used as an adjunct to quantitative methods. Any use of qualitative methods should be justified in terms of how these methods will add to understanding of intervention implementation and effectiveness. Applicants should specify and justify the guiding qualitative philosophy chosen, state the research questions to be investigated, identify the sample (which must have a physician's diagnosis of dementia), describe methods for data collection and analysis, and discuss the relationship between qualitative and quantitative data gathered. Regardless of the methods used, all of the research questions in C1 or C2, as appropriate to the objective selected for the project, should be addressed by the evaluation.

7. Evaluation Funding

Applicants should anticipate that the costs of the evaluation will probably be a significant portion of the project's budget. Applicants should also consider that interventions that are costly to implement, and that wouldn't be attempted absent subsidization with Dementia Grant Program funds, will probably not be affordable to most nursing homes in the State and may receive a low or zero score on technical criterion 2. The grant award caps of an average of $300,000 per year should enable project research and evaluation staff to collect raw quantitative and qualitative data using appropriate and established methods, tools and measures with data collectors who have been trained to administer the tools.

Applicants should ensure that the researchers who develop the evaluation design are familiar with the discussion in this section. The researchers should also be familiar with the criteria that will be used to score the evaluation design, listed in Section II D, and the resident

[2] See, for example, Apparent Affect Rating Scale (AARS) (Lawton, M. P., Van Haitsma, K., Klapper, J. et al.), Global Deterioration Scale (GDS) (Reisberg, B., Ferris, S.H., De Leon, M.J. and Crook, T.); Brief Cognitive Rating Scale (BCRS); Cohen-Mansfield Agitation Inventory (CMAI); Cornell Scale for Depression in Dementia (Alexopoulos G.S., Abrams, R.C., Young R.C., and Shamoian C.A); Institutional Comprehensive Assessment and Referral Evaluation (CARE and INCARE) (Gurland, B., Wilder, D., Golden, R. and Teresi, J.), Feeling/Tone Questionnaire (Toner, J. A., Teresi, J., Gurland, B., and Tirumalasetti, F.), and Quality of Interactions Schedule (QUIS) (Dean, R., Proudfoot, R., Lindesay, J.)

sample criteria. Proposals whose evaluation designs do not score well on the evaluation criterion will probably not score high enough to be funded.

E. Institutional Review Board (IRB) Review and Approval

Applicants should determine whether IRB review and approval is required for their project and address this in their application. If the project requires IRB approval, applicants must obtain it from an IRB registered with the federal Office of Human Research Protection (OHRP). They may not request review from the Department's IRB. The OHRP website (http://www.hhs.gov/ohrp/) can be helpful in this regard as it has a list, searchable by location, of registered IRBs. The name, address and IRB number of the IRB that will be used should be included in the application.

The Department will also make a determination regarding IRB review and approval for each funded project. Projects that in the Department's opinion require approval but do not obtain it will not be funded. Projects that require approval must obtain it annually for each year of the project and submit documentation to the Department that such approval has been obtained.

Some IRBs charge fees for review and approval. Such fees are eligible project costs and can be included in the proposed budget.

F. Project Budgets and Allowable Costs

As noted above all projects must be three-year projects. Grants awards are capped at an average of $300,000 per year, and $900,000 for the three year term of the project, to ensure that sufficient funds are available for a sound evaluation. This means that the budgets for each year may be different, as long as the average for the three years is no more than $300,000. This average cap will be applied to total project costs which include the intervention, the evaluation and, if proposed, the training materials. Funding after the first year of a project is subject to the continuing availability of funds and contractor performance.

Requested budgets will be carefully reviewed and could be reduced for several reasons. One problematic area in past cycles has been ineligible expenses, especially any expense that, according to the Department's rules, regulations and policies, is or should be covered by Medicaid rates, e.g., the salary of the Director of Nursing Services, employees that provide care to residents, administrative staff, overhead, etc. The intent of this restriction is to ensure that nursing homes do not use Dementia Grant Program funds to pay for services and activities that they are already providing or are required to provide to their residents. Basically, the nursing home must structure its project so that it can demonstrate that it is incurring new expenses, above and beyond what it normally incurs, due solely to the project. These new expenses are generally allowable. For example, the following are allowable expenses:

- New full or part-time staff (such as a project director, nurse, occupational therapist, etc.) who work solely on the project;
- Current staff who spend all or a portion of their time on the project, and who therefore must be replaced with new staff. The amount of time that current staff spend on the project is an allowable expense if costs are incurred for replacement staff.
- Replacement staff to provide coverage on units when current staff are off the units completing training and other in-services that are an integral part of the proposed project.
- Compensation for overtime costs if staff work overtime on project activities. For example, if a full-time Medical Director works 10 hours per week on the project in addition to his/her normal full-time workweek, and the facility continues to pay the full-time salary to this person, the extra 10 hours per week can be charged to the project's budget.
- Bookkeeping and accounting staff if these additional staff are needed to administer grant funds, or if current staff have to work overtime in order to administer grant funds.

- Audit costs if the grant triggers an A-133 audit. However, audit costs should be apportioned among all Federal and State grants awarded to the nursing home.

Applicants and sub-contractors who participate in Medicaid should note that indirect and overhead costs that are not itemized are not eligible expenses and will be removed from approved budgets. All such expenses must be itemized and justified. Applicants must state why these costs are not covered by Medicaid reimbursement rates. Lack of clarity and insufficient justification may result in the deletion of such expenses from the approved budget.

Sub-contractors who do not participate in Medicaid may charge necessary and reasonable indirect costs to the project's budget. Sub-contractors with federally-approved indirect rates should note that the Department may hold all indirect rates to the same percentage and disallow any indirect expense above that percentage. Sub-contractors that have a federally-approved indirect rate and who donate a portion of their indirect costs to the project, i.e., they charge a reduced indirect rate, should note their federally-approved rate in the budget narrative section for their budget and indicate the amount of indirect costs that they are donating.

Applicants that apply as a consortium are responsible for paying all nursing homes and other sub-contractors that are participating in the project. Such applicants should ensure that their proposed budget recognizes all of the costs of tracking, accounting for and administering grant funds.

Fixed and/or movable capital expenses cannot exceed $5,000 for each individual consortium member over the course of the entire project. For example, a consortium of five nursing homes would be limited to $25,000 in fixed and/or movable capital expense over the term of their project. No nursing home in the project could charge more than $5,000 in capital expense to the budget. Nursing homes that include the costs of fixed and/or movable capital or equipment in their budgets (including equipment needed to train staff) must contribute 50% of the cost. No more than 50% of the cost incurred by the nursing home may be charged to the project's budget. Capital costs that are included at 100% will be reduced by 50%. The value of the 50% reduction will be subtracted from the project's final approved budget, if it is selected to be funded.

Applicants who propose to develop training materials should submit a *separate line item budget* and budget narrative for this deliverable. Only the costs of developing the training materials that will be reproduced and distributed to all nursing homes in the State, should be included in this budget. Budgets should include sufficient funds to retain professional consultants and organizations to design, develop and package the materials and to reproduce and mail them to every nursing home (about 700) in New York. The Department of Health should be provided with 30 copies of the materials. Thus budgets should cover the costs of 730 copies. The Department will provide the mailing list, but the nursing home will be responsible for all reproduction, shipping and handling costs. All such materials produced with grant funds are the property of the NYS Department of Health and the Department may reproduce and modify them as it sees fit.

There are two required one-day orientation meetings in Albany that nursing home and project staff must attend, and project budgets should cover the transportation costs to attend these meetings. These meetings, which start around 10:00 am and end around 3:30 pm, will be scheduled soon after awards are announced. One meeting will focus on the financial aspects of each grant award, e.g., reimbursement and how the Medicaid rate add-ons are calculated, where on the rate sheets this information can be found, quarterly budget reports, and on-site budget reviews and rate reconciliation after projects have been completed. The nursing home awarded the funds is expected to send one to three of its financial and administrative staff to this meeting.

The second orientation meeting is for project and evaluation staff. Nursing homes should send a team of key project staff to this orientation meeting including the project director and the evaluation principal investigator. This orientation meeting will be an opportunity for staff of all

projects to meet Department of Health and Dementia Grants Program Coordinator staff, and begin to share information about their projects and evaluations. This meeting will also cover grant contract deliverables and reporting requirements, and web-based reporting mechanisms.

Grantees will also meet annually in Albany for a one-day structured round table discussion of their projects and experiences. Both project staff and evaluation staff should attend these roundtable discussions. Project budgets should cover all of the costs associated with sending staff to these meetings. Budgets may also include the costs of sending a small number of staff to attend regional, state or national nursing home conferences each year. Subscription costs for journals, newsletters or periodicals that are clearly integral to project objectives and activities may also be included in the budget.

As projects are anticipated to start in early 2008, first year budgets should reflect anticipated expense levels in 2008. Budgets for succeeding years should reflect the effects of inflation. Applicants may not increase their requested budgets after the due date for application submission. Once the project is selected to be funded and its total budget for all years is approved, the grant award will not be increased to reflect expenses that the applicant did not anticipate. Thus applicants should carefully consider the effects of inflation and other cost increases from year to year and include them in their budgets.

Staffing needs should be carefully determined and be reasonable in terms of the scope of the project. The Department may reduce the amount requested for staff and for fixed and/or movable capital and equipment if it feels the amount is excessive or already reimbursed through the Medicaid rate, or if it is not sufficiently justified in the budget narrative. State-mandated nursing home revenue assessments or taxes are **not** an allowable cost. IRB review and approval costs are allowable costs. Applicants should be aware that on-site budget reviews will be conducted after the project ends. Expenses improperly charged to project budgets will be recouped via Medicaid rate adjustments.

Line item budgets must be accompanied by a budget narrative that shows how the amounts were calculated and justifies them. Expenses in the line item budget that are not fully explained and justified in the budget narrative may be subtracted from the final amount awarded to the nursing home, if the proposal is selected to be funded.

II. Application Process

A. Information Meeting

One information meeting on this RFA will be held: October 27, 2006, 1:00 - 4:00, at Krouse Center located at 2212 Burdett Avenue, Troy, NY 12180. Those interested in attending the information meeting should register with the Dementia Grants Program Coordinator Office by phone (518) 238-4164, fax (518) 238-4165 or e-mail: dementiagrantsprogram@nehealth.com.

All questions posed at the information meetings, or faxed or e-mailed to the Dementia Grants Program Coordinator Office by close of business on October 27, 2006 will be compiled into a questions and answers document and posted on the Department's website (www.health.state.ny.us). *Questions will not be accepted via telephone. Telephone callers will be requested to fax or e-mail their questions to the above e-mail address or fax number.*

B. Letter of Intent

Those interested in responding to this RFA are encouraged but are not required to submit a Letter of Intent. This will assist the Department in preparing for application evaluation. Letters of Intent will not be used in the application evaluation process, however. Identify the lead nursing home, whether it is for profit, public, or not for profit and, if the applicant intends to apply with a

consortium, the consortium members that are nursing homes. Briefly describe the proposed project. The Department understands that this information may change by the time the application is prepared.

Please submit Letters of Intent by November 10, 2006, to:

Beth Dichter, Ph.D.
Division of Quality and Surveillance
NYS Department of Health
161 Delaware Avenue
Delmar, NY 12054

C. Application Due Date

An original and six copies of the application must be received by 4:30 pm on December 29, 2006, at the following address:

Beth Dichter, Ph.D.
Division of Quality and Surveillance
NYS Department of Health
161 Delaware Avenue
Delmar, NY 12054

Late submissions will not be considered. Material submitted after the due date, to be appended to a proposal submitted by the due date, will not be considered. Only the material submitted by the due date and time will be reviewed. The Department is not responsible for failures in delivery.

D. Review Criteria and Selection Process

1. Preference Points

a. Consortium Preference Points

In order for the application to receive consortium preference points, the nursing homes and adult care facilities in the consortium must be licensed under Article 28 of the Public Health Law or Article 7 of the Social Services Law, their roles and functions in the project must be described, they must be named on the required face sheet (Attachment 1), and a copy of the Operating Certificate and a letter of participation from each one must be included in the application. Additionally, the application must score 53 points or more on the technical criteria described below. Consortium preference points are awarded as follows:

- three preference point if the consortium has three nursing homes and adult care facilities;
- four preference points if the consortium has four; and
- five preference points if the consortium has five or more.

b. Training Materials Preference Points

Applications that score 53 points or more on the technical criteria described below, and include the development, production and distribution of high quality professional training materials, are eligible for up to five preference points. Points will be awarded based on the quality of the proposed training materials as follows:

High quality, e.g., multi-media, professionally written,

edited, produced and packaged, complete (includes all elements required by a nurse educator to use in an in-service), appropriate for adults and the target audience, appropriately budgeted. = 4 - 5 points

Moderate quality, e.g., a few elements missing, uses only one media (such as a manual), not clear how some elements will be developed or who will develop them. = 2 – 3 points

Low quality, e.g., insufficient description provided to rate the materials, or package missing several elements, or poor reproduction and packaging, or media not the most effective media for the subject, or poorly designed to engage the target audience. = 0 – 1 points

2. Technical Criteria

There are six technical evaluation criteria, worth a total of 75 points. Applications that score fewer than 53 points on the six technical review criteria will not be funded because such applications are of sufficiently low quality that they are not likely to be successful and/or to produce valuable results.

As noted above, applications should include a detailed evaluation design. The evaluation design criterion (number 3) is worth 30 points. Applications whose evaluations will probably not produce reliable and valid results, as evidenced by, for example, inadequate sample size, use of data of questionable reliability and validity, inadequately trained data collectors, and/or measures whose psychometric properties when used for individuals with dementia are not known and/or presented in the application, will fare poorly on this criterion.

The six technical criteria are:

1. The application makes a strong case that the intervention or best practice is likely to result in the specified resident outcomes. 0 - 10 points.

2. The project is important to the field, i.e., the intervention or best practice is likely to be affordable to most NY nursing homes and is likely to have a significant and broad impact on a significant proportion of nursing home residents with dementia. 0 - 10 points.

3. The evaluation design is likely to produce reliable and valid results (0 - 30 points). The design:
   a. is well-organized, clearly laid out and easy to understand;
   b. will determine the cost-effectiveness of the intervention or best practice;
   c. includes a conceptual model, research questions and hypotheses;
   d. defines all major variables of interest, including resident outcomes, and specifies the measure for each one;
   e. uses established data collection tools;
   f. ensures that all data collectors have been trained on the data collection tools and will collect data that is accurate and reliable;
   g. uses measures that are appropriate for populations with dementia and whose psychometric properties (e.g., validity, reliability, sensitivity, specificity, etc.) when used with such populations have been established; provides a sound rationale for why these measures were selected rather than others;
   h. will produce reliable and valid data;
   i. uses appropriate sampling frames with adequate power (i.e., will produce statistically significant and valid results, analyses and conclusions);
   j. uses data collection techniques that are appropriate for the data collection tools;

k. identifies and discusses validity, reliability and design issues; approaches to resolving or minimizing these issues are proposed, discussed and justified;
l. includes an analytic approach that is appropriate to each research question or hypothesis; and
m. was developed and will be conducted by individuals with appropriate education, skills and experience in research on elderly populations with dementia.

NOTE: The project evaluation will be scored on each of the individual sub-criteria listed above. Each sub-criterion is worth either 0, 1, 2 or 3 points.

4. The work plan and the description of project organization, staffing and management, demonstrates that the applicant understands the tasks, timeframes, staff, lines of communication and accountability, and other management skills needed to carry out the project and its evaluation. 0 - 10 points.

5. Key individuals have the knowledge, experience and commitment necessary to carry out the project and its evaluation successfully. If key project staff have been associated with Dementia Grant Program projects in the past, they submitted all required reports and products in a timely fashion, provided appropriate supervision and management to project staff, and completed their project substantially as designed in their original application. This criterion applies to all key individuals regardless of where they were employed at the time of their association with a previously funded project. Key individuals include those named in the application as well as any staff not named in the application but who are deemed key staff by the Department. 0 - 5 points.

6. The application provides a plausible approach for sustaining the intervention after funding ends. 0 - 10 points.

3. Financial Criterion

The financial criterion is worth 25 points and is basically a measure of each application's cost per subject (i.e., per resident in the baseline sample) relative to the least costly application. It will be calculated as follows.

Total cost for each application includes the costs of training materials and is the amount recorded on the Budget Face Page (see Attachment 5 to this RFA) on line c. This amount will be divided by three to produce an average annual cost. Baseline resident sample size is the number provided on the Budget Face Page. However, all of the required information relevant to the baseline resident sample, as stated on the Budget Face Page, must be present in the technical application itself, in order to score the application on the financial criterion. ***If any of this information is missing in the technical application, the application receives a score of zero on the financial criterion.***

The average annual cost will be divided by baseline resident sample size. The result is the cost of the application. For example, if the average annual cost of the project is $240,000, and the time one (baseline) resident sample size is 220 residents (and all of the required information on the resident sample is included in the technical application and the resident sample is developed in compliance with RFA requirements), then the cost of the application is $240,000/220 = $1,091.

This cost will be calculated for each application. Each application's cost will then be weighted with this formula: (a/b)c = score, where a = application with the lowest cost, b = cost of this application, and c = points available for this criterion, or 25. For example, if the lowest cost application is $1,091, the cost of the application being scored is $1,500, and there are 25 points available for this criterion, then ($1,091/$1,500)(25) = (.73)(25) = 18.3 points.

While applications that propose to develop training materials may tend to have a higher cost per resident than those that do not propose this deliverable, the preference points they receive will help to mitigate these effects. Applications that are awarded the maximum number of preference points for this deliverable will get 5 points. This is equal to 20% of the points available on the financial criterion. Thus if the cost of training materials results in an application being up to 25% more expensive than the lowest cost application, the higher cost application can "recoup" all of the lost financial criterion points via the five preference points awarded for high quality training materials.

As noted above, applications will receive zero points on the financial criterion if all of the following information on the resident sample is not included in the technical application:

- Sample size(s);
- The type(s) of dementia(s) that will be the focus of the project, and disease stage;
- Each resident sampled must have a physician's diagnosis of the specified dementia documented in his/her chart with the results of an appropriate medical work-up;
- The process by which eligible residents will be identified must be described, i.e., what criteria (diagnostic tests and test results, disease stage, etc.) from the resident's chart will be used to determine whether the resident is eligible to be sampled and who will do this; will additional diagnostic tests be administered to those whose chart data does not include the results of the required tests; etc.
- Estimated attrition rates from baseline to follow-up data collection;
- Evidence that sufficient numbers of eligible subjects live in the participating facilities such that the sample size(s) can be attained;
- The results of the power analyses and effect size that generated the specified sample size(s); and
- Disease staging methodology, who developed it, and relevant citations from the literature.

4. Summary: Total Points Available

The total number of points that could be awarded to an application is 110. This is the sum of the six technical criteria (up to 75 points), the financial criterion (up to 25 points), the consortium preference points (up to 5 points), and the training materials preference points (up to 5 points).

5. Application Review, Scoring and Selection Process

The application review, scoring and selection process for all applications under this RFA is as follows. Department of Health staff, assisted by Dementia Grants Program Coordinator/Evaluator staff, will screen all applications submitted by the due date and eliminate from further consideration applications that:

- are, according to the information on the required face page for the application, submitted by an applicant that is **not** a nursing home licensed under Article 28 of New York's Public Health Law, and/or

- do not include the financial part of the application in a separate, labeled envelope; and/or

- did not complete and submit without alterations (other than those specified in this RFA) the required Face Page and Table of Contents, and/or

- are submitted by a nursing home that is the applicant for more than one application; and/or

- do not address one or both of the objectives listed in Section IC of the RFA;

- are not three year projects; and/or

- do not focus on improving health and quality of life for nursing home residents with dementia; and/or

- do not have a nursing home that is designated and functions as the lead organization for the project; and/or

- are submitted by a lead nursing home that has a history of survey compliance issues. This does **not** mean that any application from a lead nursing home with deficiencies from its last survey will be rejected. The Department's intent here is to avoid awarding Dementia Grant Program funds to lead nursing homes that have serious quality problems that have not been resolved or have been only recently resolved, because such nursing homes should be directing all of their resources into restoring and maintaining compliance with all rules and regulations. Such nursing homes include, for example, those providing substandard quality of care or those in immediate jeopardy; and/or

- request an annual average budget that exceeds $300,000.

The Department reserves the right to remove applicants at any stage of the selection process if the applicant (lead nursing home) has quality issues. As noted earlier, applications will not be eliminated solely because a consortium member other than the applicant (lead nursing home) has quality issues. Applicants are encouraged to include such nursing homes in their consortia especially if the project addresses those quality issues.

Applications will be reviewed and scored by two to three staff of, for example, the Department of Health, State Office for the Aging, and the Department's School of Public Health. Staff from the Dementia Grants Program Coordinator/Evaluator may also participate in the scoring process. While reviewers will not be allowed to share their scores with other members of their review team, they will discuss each criterion for each application and then revise their scores if they feel it appropriate to do so. For example, they may share with each other the information in the application that they considered in determining a score, identify for one another the information that they thought was missing, or discuss how they interpreted a criterion and the information in the application that was relevant to that criterion.

The scores on each criterion will be averaged. The average scores on the six criteria will be summed for each application. Applications that score fewer than 53 points will be eliminated. The technical scores for the remaining applications will be weighted with the following formula: (a/b) * 75, where a is the technical score of the application being scored and b is the technical score of the application with the highest technical score. Thus the application with the highest score has a weighted technical score of 75, and all other applications receive a fraction of 75 points

The score for each application will then be increased by the number of preference points for which the application is eligible.

The envelopes with the budgets for each application will be opened. Those whose annual average requested budget exceeds $300,000 will be eliminated and will not be funded. Financial scores will be computed as described elsewhere in this RFA and added to technical scores plus preference points. The result is the application's final score.

Budgets will be reviewed and ineligible costs removed. The resulting amount is the application's final approved budget.

Applicants will then be reviewed for vendor responsibility based on the information in the Vendor Responsibility Questionnaire and any other information that the Department may have or

obtain on the applicant. Applicants who are determined to be non-responsible will be removed from consideration and are not eligible to be funded. The highest scoring applications among the remaining applications will be funded at their final approved budget level, starting with the application that scores the most points and including each of the next highest scoring applications, until the Department has awarded the funds available for this initiative.

If no application scores at least 53 of the 75 technical points (this does not include preference points) no awards will be made under this RFA.

E. Summary of Timeframes for Application Process

Information meeting	October 27, 2006
Letter of intent (optional)	November 10, 2006
Application deadline	December 29, 2006
Anticipated award notification	September 1, 2007
Anticipated project start date	January 1, 2008

F. Debriefing

Following the award of grants from this RFA, applicants may request a debriefing from the NYS DOH, Division of Quality and Surveillance, Dementia Grants Program, no later than six months from the date of the awards announcement. This debriefing will be limited to the positive and negative aspects of the subject application.

III. Application Requirements

Applications should be typed, single-sided and paginated. The font size should be clearly readable, and the page limit guidelines should be adhered to as much as possible. Applicants must use the following outline.

- **Face Page**. The form in Attachment 1 must be used. It may be reproduced or re-typed with a different font and expanded to more than one page as long as all text is identical to and in the same order as the original. It may not be altered in any other way.

- **Operating Certificate(s).** Include a clear, legible copy of the applicant's Operating Certificate. If applicant is applying for consortium preference points, include a clear, legible copy of the Operating Certificate for each member of the consortium.

- **Table of Contents**. The Table of Contents in Attachment 2 must be used. It may be reproduced or re-typed with a different font as long as all text is identical to and in the same order as the original. It may not be altered in any other way with the exception of entering correct page numbers for the listed sections. If the application includes any appendices or attachments, they and their page numbers should be added to the Table of Contents after the sections that are already listed. The order of the sections may not be altered in any way.

- **Abstract**. The form in Attachment 3 should be used. Summarize the key goals, resident outcomes of interest, intervention, and evaluation design.

- **Narrative Application and Evaluation Design**. The narrative should include a detailed description of the project, its evaluation, and training materials if applicable. Evaluation design should be a "stand alone" section and should use the evaluation design outline in the Table of Contents (Attachment 2). The narrative application and evaluation design section may not exceed 25 pages. Material in excess of the first 25 pages will not be reviewed or considered in scoring the application.

- **Institutional Review Board (IRB).** Discuss why IRB review and approval is or is not required for the project. If required, provide name, address and registration number for the IRB that will be used.

- **Work Plan.** Use the format in Attachment 4. Present major or significant tasks in chronological order, including those for conducting the evaluation. Provide for each task a start and end date. Include the titles, names (if known) and consortium members and/or evaluation staff who will be responsible for the task. Describe what you will have achieved when the task is completed.

- **Project Organization, Staffing and Management**. Consortium, if proposed, and all collaborative relationships should be defined and described and nursing homes that have never received funds from the Dementia Grant Program should be identified. The responsibilities of each organization, and the responsibilities of specific staff in each organization, should be clearly delineated. A project organization chart should be included that shows how each organization is related to the others in terms of carrying out project tasks and achieving project objectives.

- **Key individuals should be profiled** in terms of their *qualifications* and *commitment*, as well as their *capacity* and *ability* to guide and manage the project. Key individuals are those who will have the most accountability for implementing the project, ensuring that the proposed project achieves its goals and objectives, and evaluating it. Vita and/or resumes are not profiles and should not be used in this section.

- **Letters of Participation from Consortium Members and/or Other Organizations and Consultants Involved in the Project.** A letter from each consortium member, consultant and/or sub-contractor, including those responsible for the evaluation, should be included with the application. If the applicant seeks preference points for a consortium, a letter of participation from each nursing home and adult care facility should be included in the application. Letters should state the intent and capability of the provider to participate and to fulfill its project role as indicated in the application. If the application does not include such letter for a nursing home and/or adult care facility listed as part of the consortium, that facility will not be counted for purposes of determining consortia preference points.

- **Resumes or Vita for Project Staff and for Evaluation Staff.** The application should include a resume or vita for key project staff including the principal research staff who designed and will conduct the evaluation. The resumes of research staff should demonstrate that these individuals have the education, experience and skills required to conduct evaluation research on elderly persons with dementia.

- **Vendor Responsibility Questionnaire.** Use Attachment 7. All applicants and all sub-contractors should complete the Vendor Responsibility Questionnaire regardless of the amount of grant funds that will be paid to them.

Place the following in a separate sealed envelope. Label the envelope with the lead nursing home applicant's name, address and operating certificate number. The label information should match the information on the nursing home's operating certificate:

- **Budget Face Page.** Use Attachment 5. Applications that do not include a completed Budget Face Page will receive zero points on the financial criterion.

- **Budget.** Use Attachment 6. Applications that propose to develop high quality training materials should prepare a separate budget for this deliverable. Budgets should be annual and one should be prepared for each year of the project. In addition, a summary budget should be prepared for all years of the project. Identify by name and current function,

position or title any current nursing home staff or employees whose compensation in whole or in part is to be charged to the project's budget. Staff to be hired should be identified as such. Prepare separate budgets for each sub-contractor, consultant and consortium member.

- **Budget Narrative.** Each budget should be accompanied by a budget narrative. The budget narrative should address expenses in the same order that they appear in the budget itself. All items should be as specific and detailed as possible, and explained or justified. If any current staff or employees are listed as project staff compensated with project funds, their current job functions should be described and an explanation provided of why the services they provide are not already reimbursed through the facility's Medicaid rate. Consultant and contractual services, including those with other collaborators, should be fully explained in terms of cost and benefit to the project. The Department will not pay for items or services recognized within the nursing home's Medicaid reimbursement rate or the Medicaid reimbursement rate for any collaborators. Failure to provide sufficient descriptive information on budget items may result in deductions from the project's proposed budget.

IV. Terms and Conditions

A. Eligibility

With the exception noted immediately below, only a nursing home licensed under Article 28 of the New York Public Health Law is eligible to apply under this RFA. However, other settings may be included in the nursing home's consortium and project funds may be shared with these organizations.

Nursing homes affiliated with or part of the same corporate organization as the Dementia Grants Program Coordinator/Evaluator are not eligible to apply. This is necessary to avoid a conflict of interest in the application selection process.

B. Reimbursement

The total approved budgeted costs for the entire term of the project will be paid to the lead nursing home through an adjustment to its Medicaid reimbursement rate. Basically, the calculation is as follows. Total approved budgeted costs for the entire term of the project will be summed and divided by three (for a three year project) producing an average annual cost. This amount will be divided by the nursing home's historical annual number of Medicaid days. ***This means that, with the possible exception noted below, the rate add-on will not change over the term of the project, regardless of actual expenditures. Unless approved budgeted expenditures are the same for each year of the project, applicants must anticipate that in some years of the project, expenditures will exceed grant revenues. In other years, revenue will exceed expenditures.*** Absent adequate planning, this could precipitate cash flow issues for some applicants. A rate correction may be made for the third year if the Department determines that the nursing home's actual billed Medicaid days are significantly different from historical days.

Following project completion, a retroactive rate adjustment will be made to ensure that each nursing home receives no more and no less than its approved budget.

Funding in years two and three is contingent upon the availability of funds, contractor performance, and the Department's need for the services. Should available funding in years two and/or three be less than in year one, the allocation of funds to contractors will follow the same methodology used to determine which of the highest scoring projects would be funded in year one. That is, the Department will fund at the level of 100% as many projects as it can, starting with the highest scoring application and continuing in descending order with the next highest scoring applications, until all available funds have been awarded.

C. Contract

A contract will be executed with successful applicants. The following will be incorporated as appendices to the contracts:

Appendix A	Standard Clauses for All New York State Contracts
Appendix A-1	Agency Specific Clauses for All Department of Health Contracts
Appendix A-2	Program Specific Clauses (for the Dementia Grants Program)
Appendix A-3	Institutional Review Board (IRB) If IRB approval is needed for the nursing home's project, Appendix A-3 will be incorporated into the contract.
Appendix B	Budget See Attachment 6 to this RFA. It must be used as the format for the budget submitted as part of the application. If awarded, the contract will incorporate the final budget as Appendix B.
Appendix C	Payment and Reporting Schedule
Appendix D	Program Workplan
Appendix D-2	Deliverables and Timeframes
Appendix E	Proof of Disability and Workers' Compensation Insurance Coverage
Appendix H	Federal Health Insurance Portability and Accountability Act ("HIPAA") Business Associate Agreement ("Agreement").

D. Conditions On Use of Funds

Project funds may not be used to cover any costs recognized in the nursing home Medicaid rates.

E. Accounting Records

Nursing homes will be required to maintain accounting and other records related to costs incurred by the project and to make the records available to the Department or its representatives at reasonable times during the project and for three years after the project ends.

F. Project Monitoring and Accountability

Quarterly reports and a final report must be submitted to the Coordinator. Quarterly reports are due within 30 days of the end of the quarter. The final report is due within 90 days of the end of the project. Non-compliance with standard contract provisions will result in recoupment of grant funds.

G. Dissemination

Nursing homes and members of their consortia are required to:

- Submit an article for publication in a journal that is read by nursing home staff. The article should describe the project design and results.

- Present information on project design and/or results at a conference attended by long term care staff. This can be a local, regional, national, or international conference or meeting, including the Department's statewide dementia conference. Acceptable presentations include participation on a panel, leading a workshop or speaking session, and poster presentations.

These two deliverables must be completed within one year of expiration of the contract and can be conducted in collaboration and cooperation with others including DOH. Costs associated with these deliverables may be included in the proposed budget.

H. Dementia Grant Products

Training modules and materials and any other products developed with funds awarded under this program are the property of the Department of Health. Grantees may not license, sell or copyright the products of their grants, nor may they limit in any way public access to and use of the final products, without the explicit and written agreement of the Department of Health.

I. Institutional Review Board (IRB)

For applications for which IRB approval is required, nursing homes and members of their consortia may use an outside IRB, unless the organizations have internal IRBs. The Department reserves the right to require an IRB review. Projects that decline to obtain IRB approval at the Department's request will not be funded. IRBs must be registered with the federal Office of Human Research Protection (http://www.hhs.gov/ohrp/).

J. Federal Health Insurance Portability and Accountability Act (HIPAA)

Nursing homes awarded funds will be responsible for maintaining compliance with HIPAA requirements governing protected health information. The obligations and activities of the nursing home contractor will be described in Appendix H to the contract: Federal Health Insurance Portability and Accountability Act Business Associate Agreement.

K. General Specifications

By signing the "Face Page" (Attachment 1) each applicant attests to its express authority to sign on behalf of the applicant.

Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA. If this applicant does not accept a certain condition or term, this must be clearly noted in a cover letter to the application.

An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

Provisions Upon Default

a. The services to be performed by the applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

b. In the event that the applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the applicant.

c. If, in the judgement of the Department of Health, the applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the contractor. In such case the contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

L. Other Terms and Conditions

Applicants whose projects are funded under this RFA are ineligible to submit a bid in response to the RFP for a contractor to coordinate the Dementia Grants Program for the years 2007 – 2012.

The Department of Health reserves the right to:

- Reject any and all applications received in response to this RFA.
- Award more than one contract resulting from this RFA.
- Waive or modify minor irregularities in applications received after prior notification to the applicant.
- Require awardees to correct deficient evaluation designs to the satisfaction of the Department. This may require reallocation of project funds to the evaluation from other budget lines. In no case will the total amount of funds awarded to the applicant be increased to cover the increased costs, if any, of the evaluation.
- Adjust or correct cost figures with the concurrence of the applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
- Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State, e.g., the Department may require the applicant to modify its evaluation design and/or sample design as a condition of being awarded funds.
- Modify the detailed specifications should no proposals be received that meet all these requirements.

- Begin contract negotiations with the next qualified applicant(s) in order to serve the best interests of the State if the Department of Health is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame.

- Award grants based on geographic or regional considerations to serve the best interests of the State.

ATTACHMENT 1

FACE PAGE
NEW YORK STATE DEPARTMENT OF HEALTH
2008 – 2010 DEMENTIA GRANT PROJECTS

Name of Applicant: (Lead Nursing Home -- must be identical to Operating Certificate name, including D/B/A if on Operating Certificate):

_____

Operating Certificate Number: |__|__|__|__|__|__|__|_N_| PFI: |__|__|__|__|

Address: _____

Contact Person: _____ Title:_____

Phone:_____ Fax:_____ E-mail: _____

Title of Application: _____

Name of Project Director: _____

****

Institutional Endorsement: This application has the full support and endorsement of the applicant's Administrator of Record:

Name: _____ Title: _____

Signature: _____ Date: _____

****

Complete this section only if applicable. List the nursing homes and adult care facilities in applicant's consortium. Use names exactly as they appear on Operating Certificates, including D/B/A if on Operating Certificate. Include PFI for nursing homes. Do **NOT** list any entities other than nursing homes and adult care facilities.

NURSING HOME OR ACF	OP. CERT. NUMBER	PFI

ATTACHMENT 2
TABLE OF CONTENTS

TABLE OF CONTENTS, CONT'D.

****

In a separate sealed envelope, labeled with the lead nursing home applicant's name, address and operating certificate number:

TABLE OF CONTENTS, CONT'D.

ATTACHMENT 3
ABSTRACT

ATTACHMENT 4
WORK PLAN

- Prepare a work plan for the entire three-year term of your proposed project.
- Describe tasks in sufficient detail to enable those who will be scoring your application to gauge how well you understand what must be done to implement your project, and in what order you need to complete the tasks.
- Include a high level of detail on your intervention, the research evaluation and, if you are proposing to develop training materials, the tasks that are involved in developing, reproducing and distributing these materials. Lack of clarity, significant tasks that are not included, etc., may result in a lower score when your application is scored.
- Use month numbers in columns two and three, e.g., month 1, month 2, month 12, month 36, etc.
- In the "Responsible Person" column, list all key staff and organizations that are responsible for the task's completion.
- In the last column, "How Will You Know That This Task Has Been Completed," put the results of the task, e.g., if the task is training the trainers on the intervention, the task is complete when all trainers have mastered the material and are ready to return to their facilities and train other staff. If the task is keying baseline data on residents in the sample and processing this data into a database, the task is completed when the baseline database is final and ready for analysis.

TASK	MONTH YOU WILL START WORKING ON THIS TASK	MONTH THIS TASK WILL BE COMPLETED	RESPONSIBLE PERSON(S) (include project staff, sub-contractors and consultants)	HOW WILL YOU KNOW THAT THIS TASK HAS BEEN COMPLETED?

ATTACHMENT 5
BUDGET FACE PAGE

Name of Applicant: (lead nursing home -- must be identical to Operating Certificate name, including D/B/A if on Operating Certificate):

_____

Operating Certificate Number: |__|__|__|__|__|__|__|_N_| PFI: |__|__|__|__|

Address on Operating Certificate:

_____

_____

_____

(a) Total requested three-year budget for developing, reproducing and distributing high quality training materials, if this deliverable is included in your application. Enter NA if not applicable……..…$_____

(b) Total requested three-year budget for <u>all other</u> activities……..$_____

(c) Total requested three-year budget for all activities (add amounts on lines (a) and (b))……$_____

NOTE: All of the following information on the resident sample must be included in your technical application. If any of this information is missing from your technical application, your application will receive a score of zero on the financial criterion:

- Sample size(s);
- The type(s) of dementia(s) that will be the focus of the project, and disease stage;
- Each resident sampled must have a physician's diagnosis of the specified dementia documented in his/her chart with the results of an appropriate medical work-up;
- The process by which eligible residents will be identified must be described, i.e., what criteria (diagnostic tests and test results, disease stage, etc.) from the resident's chart will be used to determine whether the resident is eligible to be sampled and who will do this; will additional diagnostic tests be administered to those whose chart data does not include the results of the required tests; etc.
- Estimated attrition rates from baseline to follow-up data collection;
- Evidence that sufficient numbers of eligible subjects live in the participating facilities such that the sample size(s) can be attained;
- The results of the power analyses and effect size that generated the specified sample size(s);
- Disease staging methodology, who developed it, and relevant citations from the literature.

(d) Baseline resident sample size: _____

Verify a, b and c above against your budget sheets. The dollar amounts provided above on this form will be used in the calculation of the financial score for your application. If your application is selected to be funded, the amount of your award will not exceed the totals provided above. If you are awarded the amount of funds requested above on this form, and the amounts on your budget sheets exceed the amounts provided above, you will be required to reduce your budget so that it does not exceed the amounts provided above.

ATTACHMENT 6

BUDGET FORMAT

For applications that include the development of training materials

Using the format below, if the application includes the development, reproduction and distribution of high quality training materials, prepare a separate and independent budget for this deliverable for each year of the project in which expenditures on this deliverable will be incurred. If there is more than one year in which these expenditures will be incurred, complete a summary budget for all of those years. The budgets for the individual years should sum to the amounts on the summary budget.

Check the "yes" box that indicates that this is a training materials budget. Indicate in the designated space whether the budget is a summary budget for all years of the project, or covers just one year. If it is a one-year budget, indicate which year, i.e., year one, year two or year three of your project

For all applications

Using the format below, complete one budget for each year of the project that includes all costs other than those associated with the development, reproduction and distribution of high quality training materials, if this is a deliverable in the application. Complete a summary budget for all years of the project. The budgets for the individual years should sum to the amounts on the summary budget.

Check the "no" box that indicates that this is not a training materials budget. Indicate in the designated space whether the budget is a summary budget for all years of the project, or covers just one year. If it is a one-year budget, indicate which year, i.e., year one, year two or year three of your project.

For all sub-contractors, consultants and consortium members who will be paid grant funds

Complete budgets as per the instructions above. On the line for Consultant, sub-contractor or consortium member budget, check Yes and enter the name of the consultant, sub-contractor or consortium member.

BUDGET

Applicant (name of the nursing home that is applying for the dementia grant):

_____

Training materials budget: |__| Yes |__| No

Consultant, sub-contractor or consortium member budget: |__| Yes |__| No
If yes, name of consultant, sub-contractor or consortium member:
_____

Year number or summary budget: |__| 1 |__| 2 |__|3 |__| Summary

Category 1: Salaries

- Grant specific personnel whose salaries are paid in full or in part from grant funds and paid through the payroll of the sponsoring facility.
- Indicate how much of the individual's time, in terms of FTE, will be charged to grant budget.
- See Category 6 for contract personnel and consultants.

Name and Position on Project	FTE	Salary	Fringe	Total
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
Subtotal	____	_____	_____	_____

Category 2: Travel

- Grant related travel expenses only.
- See Category 6 for travel expenses related to sub-contracts.

Item	Budgeted Amount
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal	_____

Category 3: Supplies

- Medical or non-medical supplies used as part of the grant project.
- See Category 6 for supply expenses related to sub-contracts.

Item	Budgeted Amount
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal	_____

Category 4: Fixed and/or Moveable Capital Expense

- Includes renovation and construction.
- Cannot include more than 50% of the cost.
- Each nursing home participant is capped at $5,000.00 for the term of the project.
- See Category 6 for equipment expenses related to sub-contracts.

Item	Budgeted Amount
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal	_____

Category 5: Other

- Expenditures of grant funds which DO NOT pertain to one of the other expenditure categories, e.g., postage, photocopy, telephone.
- See Category 6 for other expenses related to sub-contracts.

Item	Budgeted Amount
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal	_____

Category 6: Contracts

- Contracts with individuals, nursing homes and/or other licensed health care providers (such as adult care facilities) who will be paid grant funds.
- List each individual and/or organization separately.
- Complete a separate budget using this form for each individual or organization listed in this section.

Individual or Organization	Budgeted Amount
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal	_____
Total	_____

ATTACHMENT 7
VENDOR RESPONSIBILITY QUESTIONNAIRE

(See next page.)

New York State

OFFICE OF THE STATE COMPTROLLER - BUREAU OF CONTRACTS

Vendor Responsibility Questionnaire

A contracting agency is required to conduct a review of a prospective contractor to provide reasonable assurances that the vendor is responsible. This questionnaire is designed to provide information to assist a contracting agency in assessing a vendor's responsibility prior to entering into a contract with the vendor. Vendor responsibility is determined by a review of each bidder or proposer's authorization to do business in New York, business integrity, financial and organizational capacity, and performance history.

Prospective contractors must answer every question contained in this questionnaire. Each "Yes" response requires additional information. The vendor must attach a written response that adequately details each affirmative response. The completed questionnaire and attached responses will become part of the procurement record.

It is imperative that the person completing the vendor responsibility questionnaire be knowledgeable about the proposing contractor's business and operations as the questionnaire information must be attested to by an owner or officer of the vendor. **Please read the certification requirement at the end of this questionnaire.**

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER - BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY QUESTIONNAIRE

FEIN #

1. VENDOR IS: ☐ **PRIME CONTRACTOR** ☐ **SUB-CONTRACTOR**		
2. VENDOR'S LEGAL BUSINESS NAME	**3. IDENTIFICATION NUMBERS** **a) FEIN #** **b) DUNS #**	
4. D/B/A – Doing Business As (if applicable**) & COUNTY FILED:**	**5. WEBSITE ADDRESS** (if applicable)	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE	**7. TELEPHONE NUMBER**	**8. FAX NUMBER**
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE *IN NEW YORK STATE*, if different from above	**10. TELEPHONE NUMBER**	**11. FAX NUMBER**
12. PRIMARY PLACE OF BUSINESS IN NEW YORK STATE IS: ☐ **Owned** ☐ **Rented** If rented, please provide landlord's name, address, and telephone number below:	**13. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE** **Name** **Title** **Telephone Number** **Fax Number** **e-mail**	

14. VENDOR'S BUSINESS ENTITY IS (please check appropriate box and provide additional information):

a) ☐ **Business Corporation**	**Date of Incorporation**	**State of Incorporation***
b) ☐ **Sole Proprietor**	**Date Established**	
c) ☐ **General Partnership**	**Date Established**	
d) ☐ **Not-for-Profit Corporation**	**Date of Incorporation**	**State of Incorporation*** **Charities Registration Number**
e) ☐ **Limited Liability Company (LLC)**	**Date Established**	
f) ☐ **Limited Liability Partnership**	**Date Established**	
g) ☐ **Other – Specify:**	**Date Established**	**Jurisdiction Filed (if applicable)**

* If not incorporated in New York State, please provide a copy of authorization to do business in New York.

15. PRIMARY BUSINESS ACTIVITY - (Please identify the primary business categories, products or services provided by your business)

16. NAME OF WORKERS' COMPENSATION INSURANCE CARRIER:

17. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS AND THE THREE OFFICERS WHO DIRECT THE DAILY OPERATIONS OF THE VENDOR (Attach additional pages if necessary):

a) NAME (print)	**TITLE**	**b) NAME** (print)	**TITLE**
c) NAME (print)	**TITLE**	**d) NAME** (print)	**TITLE**

FEIN #

A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE CONTRACTING AGENCY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.

18. Is the vendor certified in New York State as a (check please): ☐ **Yes** ☐ **No**

☐ Minority Business Enterprise (MBE)
☐ Women's Business Enterprise (WBE)
☐ Disadvantaged Business Enterprise (DBE)?

Please provide a copy of any of the above certifications that apply.

19. Does the vendor use, or has it used in the past ten (10) years, any other Business Name, FEIN, or D/B/A other than those listed in items 2-4 above? ☐ **Yes** ☐ **No**

List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.

20. Are there any individuals now serving in a managerial or consulting capacity to the vendor, including principal owners and officers, who now serve or in the past three (3) years have served as:

a) An elected or appointed public official or officer? ☐ **Yes** ☐ **No**
List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service.

b) A full or part-time employee in a New York State agency or as a consultant, in their individual capacity, to any New York State agency? ☐ **Yes** ☐ **No**
List each individual's name, business title or consulting capacity and the New York State agency name, and employment position with applicable service dates.

c) If yes to item #20b, did this individual perform services related to the solicitation, negotiation, operation and/or administration of public contracts for the contracting agency? ☐ **Yes** ☐ **No**
List each individual's name, business title or consulting capacity and the New York State agency name, and consulting/advisory position with applicable service dates. List each contract name and assigned NYS number.

d) An officer of any political party organization in New York State, whether paid or unpaid? ☐ **Yes** ☐ **No**
List each individual's name, business title or consulting capacity and the official political party position held with applicable service dates.

FEIN #

21. Within the past five (5) years, has the vendor, any individuals serving in managerial or consulting capacity, principal owners, officers, major stockholder(s) (10% or more of the voting shares for publicly traded companies, 25% or more of the shares for all other companies), affiliate[1] or any person involved in the bidding or contracting process:

a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; ☐ **Yes** ☐ **No**
2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;
3. entered into an agreement to a voluntary exclusion from bidding/contracting;
4. had a bid rejected on a New York State contract for failure to comply with the MacBride Fair Employment Principles;
5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;
6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise denied, de-certified, revoked or forfeited;
7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;
8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or
9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract?

b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct? ☐ **Yes** ☐ **No**

c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination for violations of: ☐ **Yes** ☐ **No**
1. federal, state or local health laws, rules or regulations, including but not limited to Occupational Safety & Health Administration (OSHA) or New York State labor law;
2. state or federal environmental laws;
3. unemployment insurance or workers' compensation coverage or claim requirements;
4. Employee Retirement Income Security Act (ERISA);
5. federal, state or local human rights laws;
6. civil rights laws;
7. federal or state security laws;

	8. federal Immigration and Naturalization Services (INS) and Alienage laws; 9. state or federal anti-trust laws; or 10. charity or consumer laws? ***For any of the above, detail the situation(s), the date(s), the name(s), title(s), address(es) of any individuals involved and, if applicable, any contracting agency, specific details related to the situation(s) and any corrective action(s) taken by the vendor.***		
22.	In the past three (3) years, has the vendor or its affiliates[1] had any claims, judgments, injunctions, liens, fines or penalties secured by any governmental agency? ***Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."***	☐ **Yes**	☐ **No**
23.	Has the vendor (for profit and not-for profit corporations) or its affiliates[1], in the past three (3) years, had any governmental audits that revealed material weaknesses in its system of internal controls, compliance with contractual agreements and/or laws and regulations or any material disallowances? ***Indicate if this is applicable to the submitting vendor or affiliate. Detail the type of material weakness found or the situation(s) that gave rise to the disallowance, any corrective action taken by the vendor and the name of the auditing agency.***	☐ **Yes**	☐ **No**
24.	Is the vendor exempt from income taxes under the Internal Revenue Code? ***Indicate the reason for the exemption and provide a copy of any supporting information.***	☐ **Yes**	☐ **No**
25.	During the past three (3) years, has the vendor failed to:		
	a) file returns or pay any applicable federal, state or city taxes? ***Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.***	☐ **Yes**	☐ **No**
	b) file returns or pay New York State unemployment insurance? ***Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.***	☐ **Yes**	☐ **No**
26.	Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates[1] within the past seven (7) years (whether or not closed) or is any bankruptcy proceeding pending by or against the vendor or its affiliates regardless of the date of filing? ***Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.***	☐ **Yes**	☐ **No**

FEIN #

27.	Is the vendor currently insolvent, or does vendor currently have reason to believe that an involuntary bankruptcy proceeding may be brought against it? ***Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.***	☐ **Yes**	☐ **No**
28.	Has the vendor been a contractor or subcontractor on any contract with any New York State agency in the past five (5) years? ***List the agency name, address, and contract effective dates. Also provide state contract identification number, if known.***	☐ **Yes**	☐ **No**
29.	In the past five (5) years, has the vendor or any affiliates[1]: **a)** defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded; **b)** received an overall unsatisfactory performance assessment from any government agency on any contract; or **c)** had any liens or claims over $25,000 filed against the firm which remain undischarged or were unsatisfied for more than 90 days ? ***Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.***	☐ **Yes**	☐ **No**

[1] "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER - BUREAU OF CONTRACTS
VENDOR RESPONSIBILITY QUESTIONNAIRE

FEIN #

State of:)
) ss:
County of:)

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the State or its agencies and political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- has not altered the content of the questions in the questionnaire in any manner;
- has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- is knowledgeable about the submitting vendor's business and operations;
- understands that New York State will rely on the information supplied in this questionnaire when entering into a contract with the vendor; and
- is under duty to notify the procuring State Agency of any material changes to the vendor's responses herein prior to the State Comptroller's approval of the contract.

Name of Business

Address

City, State, Zip

Signature of Owner/Officer_____

Printed Name of Signatory

Title

Sworn to before me this _____ day of _____, 20____;

_____
Notary Public

_____
Print Name

_____
Signature

_____
Date

ATTACHMENT 8

SAMPLE EVIDENCE BASED BEST PRACTICES

NOTE: Some of these evidence–based best practices do not have training materials. Applicants that propose to use them may have to develop their own staff training and implementation materials. There may be fees associated with some of these as well. Questions on the materials should be directed to the contacts listed for each best practice. Applicants may use evidence-based best practices that are not included below.

1. "Bathing Without a Battle." (A. L. Barrick, Joann Rader, P. Sloan and P. Calleson, 2003). This package is an in-service that uses cd-rom or videotape and a training manual to present approaches to bathing residents with dementia without eliciting a catastrophic response. Resident outcomes include a reduction in agitation and discomfort. The authors sent a copy of the package to every nursing home in the country in early 2004. More information is available and copies of the training package can be purchased at www.bathingwithoutabattle.unc.edu.

2. "Vision Awareness." (J. Teresi and E. Yatzin). This videotape and teaching materials educate staff about the decrements in visual acuity that accompany aging and how poor vision affects residents' functioning and socialization. It includes approaches to help staff ensure that residents who need glasses, wear them. Resident outcomes include a decrease in falls and affective disorder, and improvements in functional capacity and ambulation. A limited number of copies of the videotape, "The World Through Their Eyes", produced by Lighthouse International/Java Street Productions, are available at no cost from the Department of Health. When these supplies are gone, the video can be purchased from Lighthouse by e-mail to cczeto@lighthouse.org. Training materials (pre- and post-tests, answers to test questions, script, overheads, etc.) and the videotape are available by request to the Department of Health at profcred@health.state.ny.us.

3. "Staff Training for Dementia Care in Assisted Living Residences (STAR)." (L. Teri, 2003). This training addresses understanding difficult behaviors exhibited by people with dementia and teaches staff how to avoid precipitating them. Resident outcomes include a reduction in difficult to manage behaviors (i.e., resistance, wandering, verbal combativeness and assaults) and mood disorder. Contact Dr. Linda Teri at Northwest Research Group on Aging, Box 358733, University of Washington School of Nursing, Dept of Psychosocial and Community Health, T525, 9709 3rd Ave NE, Suite 507, Seattle, WA 98115-2053.

4. "Behavior Management – Teaching and Maintaining Behavior Management Skills in the Nursing Home." Contact Louis Burgio, Ph.D., Division of Gerontology, University of Alabama at Birmingham Medical School, Birmingham, Alabama, lburgio@sw.ua.edu.

5. "Partners in Caregiving: Cooperative Communication Between Families and Nursing Homes." (Karl Pillemer and Carol Hegeman). Contact Rhoda Meador at rhm2@cornell.edu or Carol Hegeman at chegeman@NYAHSA.org.

6. "Nursing Assistant Checklist – Detecting Behavior Changes Prior to Acute Illness." (Kenneth Boockvar, MD.) Contact Dr. Boockvar at kenneth.boockvar@mssm.edu.