

**Questions and Answers
Regional Resource Development Centers
Nursing Home Transition and Diversion / Individuals with Traumatic Brain Injury
RFA # 0905010831**

July 29, 2009

1. Question:

What are the minimum staffing requirements for each waiver?

Department of Health (DOH) Response:

As stated in the Request for Applications (RFA) on page 9, Section III C, the Regional Resource Development Center (RRDC) is responsible for “Employing, either directly or by contract, qualified individuals, with the education, training and experience specified in this RFA to fulfill the appropriate functions and activities of the Regional Resource Development Specialist (RRDS) and the Nurse Evaluator (NE). One RRDS will be dedicated full-time to the Nursing Home Transition and Diversion (NHTD) program and, one RRDS dedicated full-time to the Traumatic Brain Injury (TBI) program.” It is understood that one NE may be employed to meet RRDC quality assurance activities for both waivers.

2. Question:

In reference to page 12 of the RFA, the RFA talks about someone with two contracts needing a Lead RRDS for each waiver. Is that correct? Can one hundred percent Lead RRDS be split to ninety percent and ten percent? Is there an oral or written concept of cross training a Lead RRDS for both waivers? Can a Lead RRDS from the other waiver cross cover?

DOH Response:

As stated in the RFA on page 9, Section III C, “One RRDS will be dedicated full-time to the NHTD program and, one RRDS dedicated full-time to the TBI program”. The nomenclature of the Lead RRDS refers to the dedicated full-time RRDS. Therefore, a Lead RRDS can not be split or cross cover on the basic staff plan and budget.

3. Question:

If we split a staff person’s time, do we need to indicate how we are splitting the percentages?

DOH Response:

Information regarding the percentages of time a person spends on a waiver program should be indicated on the waiver budget and in corresponding forms. If a contractor uses an allocation method it must be documented and can be subject to audit by the state.

4. Question:

The two waivers are separate and have a separate staff/contact person. Can the Executive Director be written into the contract with money allocated to that position?

DOH Response:

Yes, money can be allocated to the Executive Director as long as the budget supports this position, is auditable, and all contract deliverables are met.

5. Question:

Can the Executive Director or a non-RRDS step in and cover for vacations or other absences of the Lead RRDS?

DOH Response:

Yes, however anyone who covers for the Lead RRDS during vacations or other absences must meet the qualifications of the Lead RRDS.

6. Question:

Can the Assistant RRDS do intakes for both waiver programs in the same facility?

DOH Response:

Cross waiver work can be accommodated when the budget supports the position and staff are adequately trained in the program policies and criteria for each waiver.

7. Question:

Can staff that work on both waivers do provider recruiting and training for both waivers at the same time?

DOH Response:

Yes, staff funded by both waivers may recruit and train providers for both waivers at the same time.

8. Question:

Can the secretary also be split between the two waivers?

DOH Response:

Yes. Each agency determines how to effectively utilize its resources. This may be done through budget development, staff allocation and in-kind efforts.

9. Question:

Can there be a supervising RRDS that spends 50% of their time on each waiver along with a Lead RRDS for each program?

DOH Response:

Yes, there can be a supervising RRDS on each waiver as long as each budget supports this position and all contract deliverables are being met.

10. Question:

Can one person be the Nurse Evaluator (NE) in both waivers?

DOH Response:

Yes, one person can be the NE for both waivers.

11. Question:

Can the NE also be the RRDS?

DOH Response:

Yes, the NE can also be an RRDS as long as all contractual obligations are met. The NE cannot also be the Lead RRDS.

12. Question:

Does the NE need to see all of the medically complex cases on the TBI waiver?

DOH Response:

No, however DOH expects that the RRDC will establish mechanisms to assess medically complex cases, and ensure the provision of adequate services appropriate to the required level of care. Please see the NHTD Program Manual, Section IV, page 9, (http://www.nyhealth.gov/facilities/long_term_care/waiver/nhtd_manual/index.htm)

13. Question:

On page 9 of the RFA, it states a quality assurance component for the NE. Will the NE quality assurance component include Serious Reportable Incident (SRI) management under both the NHTD and TBI waivers?

DOH Response:

When the new RRDC contracts are in place, all RRDC staff will follow the SRI process currently used for the TBI Program; accordingly, all SRI reports will go to the RRDC. Please refer to the TBI Program Manual, Section X (available at http://www.nyhealth.gov/health_care/medicaid/reference/tbi/.) However, DOH will continue to explore quality improvements for all waiver administrative processes, including SRI responsibilities, to support cross waiver consistency and efficiencies.

14. Question:

What other responsibilities will the NE be taking over regarding quality assurance?

DOH Response:

The role of the NE is established in the NHTD Program Manual, Section IV page 9. Please refer to the NHTD Program Manual and Question 12 for the hyperlink to the manual.

15. Question:

Does the NE work for the Executive Director or the Lead RRDS? What about quality assurance, does that person have a separate monitoring responsibility?

DOH Response:

It is up to an agency to determine an organizational structure that will effectively utilize its staff and resources, while ensuring compliance with DOH standards for quality assurance. This will apply to both waivers. Please refer to the NHTD Program Manual and Question 14.

16. Question:

Can an Assistant RRDS review a Service Plan? I need clarification about the RRDS. Are they the only one that can sign off on all documents as opposed to the Assistant RRDS? Can an RRDS, but not the Lead RRDS, sign the Service Plan?

DOH Response:

Yes, the Assistant RRDS can review a Service Plan, but only an RRDS or Lead RRDS may approve and sign a Service Plan. This refers to both NHTD and TBI waivers. An RRDS, or Lead RRDS, signature is required on all documents.

17. Question:

How many participants are currently being served in each waiver? How many participants are expected to be served in each waiver?

DOH Response:

As of July 1, 2009 there were 144 participants in the NHTD waiver, and 2,809 participants in the TBI waiver.

| Region | NHTD | TBI |
|--------------------------|-------------|------------|
| Long Island | 17 | 239 |
| New York City | 6 | 406 |
| Lower Hudson Valley | 14 | 210 |
| Capital | 10 | 437 |
| Adirondack | 34 | 218 |
| Syracuse | 4 | 284 |
| Binghamton/Southern Tier | 17 | 237 |
| Rochester | 35 | 495 |
| Buffalo | 7 | 283 |

As stated in the RFA on page 4, the NHTD waiver is approved to serve at least 5,000 individuals statewide through August 2010. As stated in the RFA on page 5, TBI is expected to serve up to an additional 200 participants annually. DOH can not guarantee the number of participants that will be enrolled for either waiver at the time contracts are executed. DOH expects that participant numbers will increase throughout the contract period as RRDC contractors meet the participant enrollment objectives described in their work plan.

18. Question:

Will a database be up and running when the waivers come to fruition?

DOH Response:

A database will be available at the beginning of the RRDC contract period.

19. Question:

What is the budgeting rationale for each region?

DOH Response:

The grant award amount for each region is based on historical data, current contract funding and activity levels, and available State appropriations. (Also see answer to Question 20 below)

20. Question:

What is the rationale for the NHTD and TBI budgeting differences?

DOH Response:

Budget differentiation between the two waivers is based on multiple factors: estimated and current number of participants served, current funding, and regional costs associated with implementing a program.

21. Question:

The RFA is silent on whether or not agency overhead is allowed in the contracts. In previous contracts, agency overhead has not been allowed. Is there any allowance for agency overhead?

DOH Response:

It is past program practice that Contractor agency overhead can be established at a rate of up to 10 percent of the total annual budgeted amount. These costs may include a pro-rated share of personal service, office supplies, and fiscal, accounting, and management expenses. It may also reflect costs of similar common services performed outside a particular program, but which support the program. For example, if the "house" attorney, accountant or personnel administrator spends time reviewing the grant contract before it is signed and notarized, the time these employees spend on the review would fall into the administrative overhead category. If the TBI program uses office equipment that is located in a common area of the contractor's facility, the cost of the equipment could be pro-rated and the TBI Program share of the cost for upkeep and maintenance, paper, etc. would fall into the administrative overhead category. For purposes of recovering the costs of operation, agencies should exercise their own judgment as to the extent to which a particular program should bear the administrative overhead costs.

22. Question:

In reference to the RFA page 17, 3rd paragraph that starts with "Failure to demonstrate...", I need a better understanding of how the Department of Health determines a contract deliverable. Do I have to meet an outcome; or if I do all of the activities in the work plan and still don't meet the outcome, do I still get funding?

DOH Response:

The RRDC should be in communication with DOH during the quarter to discuss problems they are encountering. If activities in the work plan are complete but the contract objectives are not achieved, DOH will discuss the situation and appropriate approach and payment with the RRDC.

23. Question:

In reference to page 53 of the RFA regarding quarterly reports, work plan, and benchmark, if there is a delay in payment will the RRDC receive in writing the problem and time frame for payment?

DOH Response:

In such a situation, notice will be issued, usually via email, identifying the problem(s) with the report and/or voucher. As soon as the issue is satisfactorily resolved, the payment will be processed.

24. Question:

If there is an issue with one contract, will the payment for the other contract still be provided?

DOH Response:

There will only be one contract per region. The contractor will be able to voucher separately for each program within that contract. This is the preferred approach because one voucher could be paid while the other is being corrected.

25. Question:

The start date of the RFA is October 1st, yet we have heard rumblings that it might now be until January 1st?

DOH Response:

Applicants should respond to the date in the RFA, which is October 1st, 2009, providing a one-year budget and workplan.

26. Question:

Understanding that October 1st is the start date of the contract, when do we expect a decision on contracts?

DOH Response:

It is expected that a decision on contract awards will be made by November 2009.

27. Question:

There is a provision that refers to the DOH authority to terminate the personnel of a contractor. What are the employment law ramifications of this? If the employees who work for the contractor take a course of action will it be against DOH or the contractor? If an existing employee no longer meets DOH qualifications do they have to be terminated before the new contract?

DOH Response:

DOH does not tell a contractor to terminate an employee. If a person does not meet the qualifications or has failed in such a way to equal a breach by the contractor, the contractor would need to remove that person from the contract work. A contractor must submit a plan of correction to meet contractual obligations. An employee that does not meet the qualifications may not work on the contract. Please refer to the RFA, Section E, page 12, entitled "Project Leadership".

28. Question:

Do we need to have policies and procedures in place to avoid conflict of interest at the time the application is submitted?

DOH Response:

No. As stated in the RFA, Attachment 4 on pages 65-67, an agency must describe in the application the organizational mechanisms and policies to ensure that the RRDC can function with independence and to prevent a conflict of interest. Once the agency has been selected as an awardee, these mechanisms and policies must be in place prior to the effective date of the contract. If a contract is awarded, these assurances will need to be provided to DOH as part of the contract documents, and will be approved by DOH prior to contract execution.

29. Question:

Will the RFA be scored and determined collectively or split and scored separately?

DOH Response:

Applications will be scored according to the RFA, Section V, pages 21-26.

| Question | Maximum Points |
|-----------------------------|-----------------------|
| 1. Organizational Focus | 5 |
| 2. NHTD/TBI Knowledge | 10 |
| 3. Organizational Structure | 25 |
| 4. Work Plan Development | 40 |
| 5. Budget | 20 |
| Total Points | 100 |

According to the RFA, page 23, Work Plan Development is worth a maximum of 40 points, 20 for NHTD and 20 for TBI. In addition, on page 24, the Budget is worth a maximum of 20 points, 10 for NHTD and 10 for TBI.

30. Question:

In reference to pages 8, 25, and 45 of the RFA, is the scoring different in this NHTD/TBI RFA than in the last NHTD RFA in terms of reduced points if the applicant bills Medicaid for any services (including waiver services), especially if disclosure can indicate separation and no conflict of interest?

DOH Response:

Yes. The 2006 RFA scoring criteria for applicants providing Medicaid State Plan services will not be used for this RFA. Refer to the RFA, pages 8, 45, and 64-67 regarding information on organizational mechanisms to avoid conflict of interest.

31. Question:

Do existing approved employees need new references, or need to be approved by the DOH again?

DOH Response:

Yes, according to the RFA, page 23, the applicant must include current references for the identified Lead RRDS for each wavier program and the Nurse Evaluator.

32. Question:

When developing a caseload for the RRDS, clarify what you are looking for?

DOH Response:

This question will not be answered as it is a required response in the RFA application.

33. Question:

Are there two different work plans for each waiver program?

DOH Response:

As stated in the RFA Section V, A, page 23, "A separate work plan must be submitted for each waiver program". See Appendix D, page 54 for instructions.

34. Question:

Are deliverables in this work plan exactly what the DOH is looking for?

DOH Response:

Yes, deliverables in the work plan are what the DOH is looking for. DOH is looking for measurable performance with RRDC contractors.

35. Question:

Does the DOH recognize in their review process of the work plan regional diversity? The work plan requires submission of three application packets for providers of each waiver service and two providers per county. I am concerned that in rural counties two providers may not exist.

DOH Response:

Yes, DOH recognizes that there are regional differences in regard to the availability of certain waiver providers, and that contractors in some areas may have difficulty meeting the specified number of provider applications. However, it is the applicant's responsibility to describe how they will meet the established objectives in the RFA work plan.

36. Question:

As an existing RRDC there are barriers related to the definition of services and who can be a provider. The RRDC can not overcome these barriers without working closely with the DOH. Can the RRDC work with the DOH to overcome these barriers?

DOH Response:

Yes, DOH will work with the RRDC to address barriers to implementing their work plan as they arise.

37. Question:

Regarding the work plan, what is a significant number of potential applicants at an out of state facility? One? Ten? Please clarify.

DOH Response:

The reference to a “significant” number of potential applicants refers to where there are a number of potential applicants residing in a particular out of state facility that would warrant a visit. DOH will assist with this identification process once the contract has been executed. Also refer to Question 45.

38. Question:

As an existing RRDC, is it feasible to be building upon outreach efforts that have already been conducted at nursing facilities?

DOH Response:

Yes, an existing RRDC may build upon outreach efforts that have already been completed.

39. Question:

Do we modify the work plan templates for a particular program? Would I delete the section that applies to seniors for the TBI work plan?

DOH Response:

It is up to the applicant to determine which sections of the work plan are relevant to each waiver program after reviewing the respective program manuals. Please do not alter the work plan; applicants should use N/A in places that they have determined not to be relevant to the respective waiver.

40. Question:

In the work plan, waiver providers must be trained within thirty days of enrollment. Is DOH finalizing a curriculum for the training? Does this training apply to only new providers, or do existing providers that may take on new services need the training also?

DOH Response:

DOH has three approved curricula for NHTD and is in the process of revising three additional curricula.

The TBI program anticipates that the curricula implemented by NHTD may be effectively used for TBI providers with minor modifications.

Training requirements apply to both new providers, as well as, existing providers that add a waiver service and are more specifically outlined in Section VIII of the NHTD Program Manual.

41. Question:

Quality Management Specialists (QMS) are not mentioned in this grant application. What is the role of the QMS in this grant cycle?

DOH Response:

All previously contracted QMS and Clinical Consultant activities have been assumed by DOH.

42. Question:

TBI and NHTD do not handle their incident reports in the same way. The DOH primarily handles these reports in the NHTD program. Which way are incident reports going to be handled? This is important because the time to track incidents is enormous and staffing and budgets should be accounted for in the work plan. Will the RRDCs be responsible for Serious Reportable Incidents? In developing a work plan for NHTD, are we going to be handling the Serious Reportable Incidents like TBI?

DOH Response:

When the new RRDC contracts are in place, all RRDC staff will follow the SRI process currently used for the TBI Program; accordingly, all SRI reports will go to the RRDC. Please refer to the TBI Program Manual, Section X (available at http://www.nyhealth.gov/health_care/medicaid/reference/tbi/.) However, DOH will continue to explore quality improvements for all waiver administrative processes, including SRI responsibilities, to support cross waiver consistency and efficiencies.

43. Question:

The aggregate budget for TBI is determined differently from the aggregate for NHTD. The aggregate for TBI is across state and the aggregate for NHTD is calculated across regions. What will happen when the waivers are combined?

DOH Response:

Each waiver must demonstrate aggregate cost neutrality on a statewide basis. In practice, as a quality assurance measure, participant cost factors are tracked on a regional level for both waiver programs.

44. Question:

Will the DOH assist the RRDC in identifying people in nursing homes who want to leave the facilities?

DOH Response:

As stated in the RFA Section V.A.4, Participant Enrollment, page 24, the applicant should “discuss activities its agency would undertake to identify individuals who wish to transition from nursing homes to community based settings”.

45. Question:

Will a list of out of state residents and their locations be provided to the RRDC by DOH? Can we have in writing a list of out of state residents so the RRDC can do a travel budget? Can this list be broken down by region? How many states are New York State residents residing in and what states are they? Is Texas one of them?

DOH Response:

No, a list of out of state residents cannot be shared at this time, as it is a violation of the Health Insurance Portability and Accountability Act (HIPAA). DOH will assist RRDC contractors in establishing contacts at the appropriate facilities and in identifying potential applicants.

46. Question:

If we are working collaboratively with another RRDC and go out of state to evaluate multiple people at a facility, and some of the people evaluated would be returning to the other RRDC region, how would we bill for the time spent evaluating for the other RRDC?

DOH Response:

RRDC staff do not bill for individual assessments. Collaboration between RRDC regions can be expected to be balanced during the contract period. Therefore, to ensure best practice and to meet performance standards for a statewide program such collaboration would not justify any additional billing. Any region that identifies a need to assess multiple potential applicants should make their own out of state visit.

47. Question:

Is the out of state time frame expectation the same as in state?

DOH Response:

DOH recognizes that the repatriation of out of state participants is individualized and presents special circumstances. Response to these cases must be reasonable and will be addressed on a case by case basis.

48. Question:

Under NHTD out of state travel has been limited, is that something that is going to be lifted?

DOH Response:

NHTD and TBI out of state travel requires prior approval from waiver management staff, and it is contingent on available RRDC funding and budget.

49. Question:

Will the PRI/SCREEN be the level of care determination for both waivers in the future?

DOH Response:

At this time, the PRI/SCREEN is an approved part of the level of care assessment process. Any future change in assessment will require a technical amendment to the waiver applications approved by the Centers for Medicare and Medicaid Services. Any changes would be made available to all RRDC contractors.

50. Question:

Will there be one Quarterly RRDS meeting or two?

DOH Response:

There will be one combined NHTD/TBI Quarterly RRDS meeting. DOH will examine alternative communication methods to reduce time and cost of travel.

51. Question:

If the Lead RRDS for NHTD goes to evaluate someone and that person picks TBI or is found to be more appropriate for TBI, how do you authorize travel past the

Comptroller? Do you then have to send the Lead RRDS out from the TBI program to enroll the person?

DOH Response:

Part of any assessment is to make appropriate referrals. Hence, if the assessed individual is determined to be more appropriate for the other waiver program the assessment would be completed and shared with the appropriate RRDS; another visit would not be necessary.

52. Question:

Will the DOH make a unilateral referral to providers or will it be a partnership? How does the provider referral process work? Is there a checklist of providers?

DOH Response:

DOH does not make referrals. Participants choose their service providers from a list of approved provider agencies maintained by the RRDC.

53. Question:

During the current contract period, paperwork has had very strict demands on TBI and how to track people in the community. Are you contemplating any changes? Will you be making any changes for processing provider applications? Are there any changes that would have an impact on the deliverables that need to go into the work plan?

DOH Response:

Although there are no anticipated changes in waiver protocols that would impact work plan deliverables at this time, DOH will continue to assess its policies and procedures in order to more effectively utilize available resources and promote cross waiver efficiencies. Notification of changes would be made to contractors.