**Request for Offers (RFO)**

**RFO # 20039**

**New York State Fiscal Intermediaries for the**

**Consumer Directed Personal Assistance Program**

**Fillable Forms**

**ATTACHMENT A**

OFFER DOCUMENT CHECKLIST

**Please reference RFO Section 7.0 for the appropriate format and quantities for each offer submission.**

|  |
| --- |
| **RFO 20039 –** New York State Fiscal Intermediaries for the Consumer Directed Personal Assistance Program |
| **FOR THE ADMINISTRATIVE OFFER** |
| **RFP §** | **SUBMISSION** | **INCLUDED** |
| **§ 6.1.A** | **Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations, completed and signed.** |[ ]
| **§ 6.1.B** | **Freedom of Information Law – Offer Redactions (If Applicable)** |[ ]
| **§ 6.1.C** | **Attachment 3- Vendor Responsibility Attestation** |[ ]
| **§ 6.1.D** | **Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect** |[ ]
| **§ 6.1.E** | **Attachment 6- Encouraging Use of New York Businesses**  |[ ]
| **§ 6.1.F** | **Attachment 7 – Offeror’s Certified Statements** | [ ]  |
| **§ 6.1.G** | **Attachment 11 – Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination** |[ ]
|  |  |  |
| **FOR THE TECHNICAL OFFER** |
| **RFO§** | **SUBMISSION** | **INCLUDED** |
| **§ 6.2.A** | **Title Page**  |[ ]
| **§ 6.2.B** | **Table of Contents** |[ ]
| **§ 6.2.C** | **Attachment B – Offeror’s Demonstration of Eligibility to Submit an Offer (Requirement)** |[ ]
|  | **Attachment C – Collaborating Partner Demonstration of Eligibility to Otherwise Submit an Offer (if applicable)** |[ ]
| **§ 6.2.D** | **Attachment D – Documentation of Lead FI Service Area** |[ ]
|  | **Attachment E – Description of Services to be Provided by Subcontractors (if applicable)** |[ ]
| **§ 6.2.E** | **Attachment F – Program Specific Certifications and Attestations** |[ ]
| **§ 6.2.F** | **Technical Offer Narrative** |[ ]

**ATTACHMENT B**

**OFFEROR’S DEMONSTRATION OF ELIGIBILITY TO SUBMIT AN OFFER**

**OFFEROR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Offeror, as named above, attests to meeting one or more of the following (check all that apply):**

□ A service center for independent living (ILC) under section 1121 of the New York State Education Law;

□ An entity that has been established as a Fiscal Intermediary prior to January 1, 2012 and has been continuously providing services for CDPAP individuals under section 366-f of the Social Services Law;

**Include with this form a list of LDSS or MCOs the Lead FI has contracted with, including the name of the MCO/LDSS and the term of the contracts, to demonstrate how the entity meets this criterion.**

□ An entity capable of appropriately providing fiscal intermediary services, performing the responsibilities of a fiscal intermediary and complying with SSL § 365-f

**Include with this form a description of how the Lead FI meets this criterion.**

**Joint Employment Attestation:**

In addition, the Offeror, as named above, accepts and acknowledges their role as Fiscal Intermediary is that of a joint employer, with the CDPAP consumer, of the personal assistant (PA).

In the delivery of the services described in Section 4.3, the **Lead Fiscal Intermediary**, on its behalf and on behalf of the consumers it serves, is responsible for:

1. Ensuring full and timely payment of wages established by the Contractor, per applicable labor laws, preferably by direct deposit, and providing all statements and maintaining all records required by the New York State Labor Law;
2. Maintaining all documentation needed to process and submit all required income tax and other required withholdings and any optional deductions;
3. Tabulating appropriate hours for employee paychecks when services are rendered for multiple consumers by a single PA and/or multiple PA’s for a single consumer.
4. Complying with all applicable social security, Worker’s Compensation, disability and unemployment insurance employer requirements.
5. Ensuring all PA employment forms are completed correctly and adequately and identify the FI as the employer of record, including but not limited to:
* I-9 Employment Eligibility Verification
* NYS 100 Registration for Unemployment Insurance Withholding Tax and Wage Reporting
* W-4 Federal Employee’s withholding Allowance Certificate and
* IT-2104 State Employee’s Withholding Allowance certificate.
1. Coordinating PA benefits, including annual leave, health insurance and employee benefits as applicable;
2. Reporting wages paid and taxes withheld using appropriate forms (e.g., Form W-2, Wage and Tax Statement, Form NYS-45)
3. Maintaining and making available to the Consumer information detailing the wage rates and benefits of PAs;
4. Auditing Consumer’s PA billing records, and resolving any anomalies;
5. Processing termination documentations once notified by the Consumer that their PA has been terminated; and
6. Processing wage verification requests, Paid Family Leave (PFL) claims and Family Medical Leave Act (FMLA) claims.

Name of individual authorized to bind the Offeror to the above terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/Phone number of authorized individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT C**

**COLLABORATING PARTNER DEMONSTRATION OF ELIGIBILITY TO OTHERWISE SUBMIT AN OFFER**

**NAME OF COLLABORATING PARTNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_attests to meeting one or more of the following (check all that apply):**

(Name of Collaborating Partner)

□ A service center for independent living (ILC) under section 1121 of the New York State Education Law;

□ An entity that has been established as a Fiscal Intermediary prior to January 1, 2012 and has been continuously providing services for CDPAP individuals under section 366-f of the Social Services Law;

**Include with this form a list of LDSS or MCOs the collaborating partner has contracted with including the name of the MCO/LDSS and the term of the contracts to demonstrate how the entity meets this eligibility criterion.**

□ An entity capable of appropriately providing fiscal intermediary services, performing the responsibilities of a fiscal intermediary and complying with SSL § 365-f

**Include with this form a description of how the entity meets this eligibility criterion.**

Name of individual authorized to bind the Collaborating Partner to the above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/Phone number of authorized individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT D**

**LEAD FI DOCUMENTATION OF SERVICE AREA**

**Offeror/Lead FI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please put an “X” in all counties to be served by the Lead FI.

|  |  |
| --- | --- |
| **(A)****County Name** | **(B)****FI Proposed Service Area** |
| Albany |  |
| Alleghany |  |
| Bronx |  |
| Broome |  |
| Cattaraugus |  |
| Cayuga |  |
| Chautauqua |  |
| Chemung |  |
| Chenango |  |
| Clinton |  |
| Columbia |  |
| Cortland |  |
| Delaware |  |
| Dutchess |  |
| Erie |  |
| Essex |  |
| Franklin |  |
| Fulton |  |
| Genesee |  |
| Greene |  |
| Hamilton |  |
| Herkimer |  |
| Jefferson |  |
| Kings |  |
| Lewis |  |
| Livingston |  |
| Madison |  |
| Monroe |  |
| Montgomery |  |
| Nassau |  |
| New York (Manhattan) |  |
| Niagara |  |
| Oneida |  |
| Onondaga |  |
| Ontario |  |

**ATTACHMENT D - CONTINUED**

**LEAD FI DOCUMENTATION OF SERVICE AREA**

**Offeror/Lead FI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please put an “X” in all counties to be served by the Lead FI.

|  |  |
| --- | --- |
| **(A)****County Name** | **(B)****FI Proposed Service Area** |
| Orange |  |
| Orleans |  |
| Oswego |  |
| Otsego |  |
| Putnam |  |
| Queens |  |
| Rensselaer |  |
| Richmond |  |
| Rockland |  |
| St. Lawrence |  |
| Saratoga |  |
| Schenectady |  |
| Schoharie |  |
| Schuyler |  |
| Seneca |  |
| Steuben |  |
| Suffolk |  |
| Sullivan |  |
| Tioga |  |
| Tompkins |  |
| Ulster |  |
| Warren |  |
| Washington |  |
| Wayne |  |
| Westchester |  |
| Wyoming |  |
| Yates |  |

**ATTACHMENT E**

**DESCRIPTION OF SERVICES TO BE PROVIDED BY SUBCONTRACTORS**

**OFFEROR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For each subcontractor included in the offer, whether a collaborating partner or other subcontractor, identify the entity’s name and address, their anticipated service area by county, their status as collaborating partner or other subcontractor, and a description of the services to be provided.

**NOTE: Collaborating Partner subcontractors must demonstrate how they meet the offeror qualifications as defined in Section 3.1 of the RFO by completing Attachment C.**

Add additional rows/pages as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Subcontractor Name and Address | Anticipated Service Area by County | Collaborating Partner or Other Subcontractor (Choose One) | Description of Services to be Provided by the Entity Under this Offer |
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**ATTACHMENT F**

**PROGRAM SPECIFIC CERTIFICATIONS AND ATTESTATIONS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ attests and certifies the following:

(Offeror Name)

* Offeror attests that, as Lead FI, Offeror and every subcontractor has met and will continue to meet the requirements of section 220(3-a)(a)(iii)of the Labor Law that sets forth the certified payrolls and obligations related to such payrolls.
* Offeror attests that they will accept consumers in additional service areas if the Department cannot make awards in all rural or underserved areas.
* Offeror certifies that all physical location(s), at a minimum, satisfy the 2010 Americans with Disabilities Act Standards for Accessible Design (<https://www.ada.gov/2010ADAstandards_index.htm>), and meet all State and municipal building codes. In satisfying this standard, the location’s accessible features must include, but are not limited to the entrance, path of travel, restrooms, and meeting spaces. The location must provide at least one “family assistance” restroom to allow a person to receive assistance from an attendant. Parking must not only comply with ADA standards, but also with New York law (<https://northeastada.org/resource/accessible-parking-and-public-accommodations-overview-of-requirements-frequently-asked-questions>) i.e., all accessible parking spaces must be van accessible.
* Offeror attests they will work cooperatively with Department of Health, Office of the State Comptroller (OSC), OMIG, the New York State Office of the Attorney General, the Department of Health and Human Services (DHHS), the DHHS Office of Inspector General (OIG), and their designated representatives.
* Offeror attests they will, in performing FI and other related services described in Section 4.0, comply with all applicable laws, rules and guidance including, but not limited to, those outlined in Section 4.4 Fiscal Intermediary Compliance Requirements.
* Offeror attests that they as Lead FI will, and subcontractors will NOT, directly perform any of the following FI duties:
	+ enter into FI contract with the Department;
	+ set wages and establishing benefits for PAs;
	+ maintain workers compensation, disability, or unemployment insurance policies for PAs;
	+ appear at workers compensation, disability or unemployment hearings;
	+ maintain personnel records for each PA and maintain records of Consumers’ service authorization or plan of care (subcontractors may maintain copies or duplicate records);
	+ enter into Department approved memoranda of understanding with Consumers; or
	+ enter into contract with managed care organizations.

Name of individual authorized to bind the Offeror to the above terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/Phone number of authorized individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_