

Robert Doar Commissioner

Office of Contracts

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180 Water Street New York, NY 10038

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December 6, 2013

RE: ADDENDUM # 2 to the Request For Proposals for Home Care Services PIN: 06914H084300 EPIN: 09613P0002

Dear Prospective Proposer:

The Human Resources Administration ("HRA") appreciates your interest in the Request for Proposals ("RFP") for Home Care Services issued on November 8, 2013.

Please find attached Addendum #2 for the above-referenced RFP. Addendum #2 contains:

- Revisions to the RFP: Attached to this Addendum as Attachment A are revisions to the Home Care Services RFP. All new language is bolded and underlined. Language that is crossed out is being deleted from the RFP.
- Answers to Questions, Submitted to HRA in Writing: Attached to this Addendum as Attachment B are answers to questions submitted prior, during and subsequent to the Pre-Proposal Conference held on November 22, 2013. Answers to forty seven (47) questions were provided in Addendum #1. No further questions will be accepted.
- **Pre-Proposal Conference Attendees:** The sign-in sheets for the Pre-Proposal Conference held on November 22, 2013 is included in this Addendum as Attachment C.

Addendum #2 also extends the due date of the proposals to Tuesday, January 7, 2014.

Please acknowledge your receipt of Addendum #2 by listing it on the Acknowledgment of Addenda (Attachment B of the RFP package) and include it in your proposal submission.

The deadline for submission of proposals is January 7, 2014.

Proposers are reminded that they must hand deliver their proposals by January 7, 2014 at 2:00 p.m. to:

NYC Human Resources Administration Office of Contracts Request for Proposal (RFP) Unit 180 Water Street, 14<sup>th</sup> Floor New York, New York 10038

Proposals received at this location after the proposal due date and time are late and shall not be accepted by the Agency, except as provided under the New York City Procurement Policy Board Rules.

Sincerely,

Vincent Pulle jng

### Attachment A Revisions to Home Care Services RFP

### Revisions to Home Care Services RFP PIN:06914H084300 EPIN:09613P0002

Please be advised that the subject Request for Proposal is revised as described below. All new language is bolded and underlined. Language that is crossed out is being deleted from the Request for Proposal.

### THE CITY OF NEW YORK HUMAN RESOURCES ADMINISTRATION HOME CARE SERVICES PROGRAM

#### **REQUEST FOR PROPOSALS**

for

HOME CARE SERVICES
PIN: 06914H084300
EPIN: 09613P0002

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#### Page 11- Section III:B. Agency Assumptions Regarding Contractor Approach

#### **Contractor Organizational Capability** (Competition 1 and Competition 2):

The Contractor would:

- 1. Comply with HRA policies, regulations and all statutory basis requirements.
- 2. Have an effective administrative structure with qualified administrative staff to manage the HRA program.

Addendum #2

- 3. Have an organizational chart with professional and managerial lines of authority.
- 4. Establish Disaster Preparedness and Emergency Plans and review them every six months and revise, if necessary. Enroll on the New York State Provider Network and have 24 hour Internet access and the capability to communicate and provide client status report and updates via telephone, mobile phone, e mail, and text messaging. Designate emergency response contact persons and back up personnel, as part of the NYC HRA, NYC Office of Emergency Management/NYSDOH required Emergency Call Down System. Have an alternate work site with adequate redundancy in telephone and internet capability during all Citywide emergencies. Train and review Emergency Plan and Procedures with all staff and home care workers at least once every 6 months.
- 5. Maintain commercial general liability insurance in an amount equal to or exceeding \$1,000,000 per occurrence and other insurance as required by law.
- 6. The capability to initiate the requisite services to clients within twenty four (24) hours of receipt of a referral for a client in a non-emergency situation; within four (4) hours at any time of the day or night, seven days a week, upon a referral for a client who is in an emergency situation; and to provide emergency replacement home attendants within two hours.
- 7. An established Quality Assessment and Improvement Committee as required by NYSDOH regulations to provide program oversight, address service delivery issues, and promote high quality of care.
- 8. Have written fiscal procedures that comply with generally accepted accounting principals and Medicaid rules and regulations, and include a methodology for internal controls. Maintain financial records in accordance the Agency's requirements and that facilitate fiscal monitoring and audits. Provide programmatic and fiscal oversight and be actively involved in issues affecting programmatic quality delivery of client services and fiscal integrity and accountability.
- 9. Evaluate the effectiveness of its managerial and administrative staff in managing the program.
- 10. Satisfactorily addressed any deficiencies cited in the NYSDOH Survey and any/or any other evaluations from funding entities of their program(s), including HRA.
- 11. Establish and implement corporate compliance policies and procedures in accordance with the Federal Deficit Reduction Act and False Claims Act to prevent, detect and report fraud, waste and abuse by board members, employees and clients.

### Page 12 Section III:B. Agency Assumptions Regarding Contractor Approach Competition 1:

#### In addition to the above, the Contractor in Competition 1 would:

- 1. Have the capability to implement a rapid startup of services by hiring and processing an adequate number of home care workers, assessing clients for services, assigning home care workers to clients and enrolling the clients into the program.
- 2. Have the capability throughout the life of the contract to recruit and retain a sufficient number of home care workers including 24 hour sleep-in home attendants to ensure clients' needs are met in a timely manner and services are provided in accordance with the HRA service authorization.
- 3. Have "Live" 24-hours per day, 7 days per week, on call staff to cover emergency referrals. Answering machines and answering services are not adequate coverage.
- 4. Establish Disaster Preparedness and Emergency Plans and review them every six months and revise, if necessary. Enroll on the New York State Provider Network and have 24-hour Internet access and the capability to communicate and provide client status report and updates via telephone, mobile phone, e-mail, and text messaging. Designate emergency response contact persons and back-up personnel, as part of the NYC HRA, NYC Office of Emergency Management/NYSDOH required Emergency Call Down System. Have an alternate work site with adequate redundancy in telephone and internet capability during all Citywide emergencies. Train and review Emergency Plan and Procedures with all staff and home care workers at least once every 6 months.
- 5. The capability to initiate the requisite services to clients within twenty-four (24) hours of receipt of a referral for a client in a non-emergency situation; within four (4) hours at any time of the day or night, seven days a week, upon a referral for a client who is in an emergency situation; and to provide emergency replacement home attendants within two hours.
- 6. An established Quality Assessment and Improvement Committee as required by NYSDOH regulations to provide program oversight, address service delivery issues, and promote high quality of care.

#### Page 14 Section III:B. Agency Assumptions Regarding Contractor Approach 2.F (b)

b. For 'Difficult to Serve' cases only, conduct a social work<u>er or nurse's</u> visit monthly to provide support and promote worker stability of the case.

#### Page 23 Section V: C. Basis for Contract Award 3<sup>rd</sup> paragraph

HRA reserves the right to award less than the full amount of funding and caseload level requested by each proposer. At the time of contract award, the contractor must sign the Agency Certificate of Compliance with NYC's Living Wage Law; must provide proof that it's wage and benefit package is comparable to that provided by HCSP's unionized home care agencies; must provide proof of appropriate liability insurance coverage to protect the City, and must provide proof that it has \$250,000 for every 100 cases or \$62,500 for every 25 cases. This can be in the form of a credit line or unrestricted cash in the bank.

#### Appendix C – Statewide Central Register of Child Abuse and Maltreatment

<u>In accordance with New York State regulations (Title 18 NYCRR 505.14, Title 18 NYCRR 505.28 and Title 10 NYCRR 766), Contractor shall be responsible for the verification of credentials and references and screening of all current and prospective employees.</u>

Contractor shall enroll in the online Statewide Central Register Clearance System to electronically submit Database Check requests of current and prospective employees. The Contractor shall conduct screenings of all current and prospective employees through the Statewide Central Register of Child Abuse and Maltreatment (SCR) in order to determine if the applicant or employee is the subject of an indicated report of child abuse or maltreatment. If the SCR screening indicates that a current employee or a prospective employee has a record of child abuse or maltreatment, then that individual shall not be permitted to perform services for HRA clients under the Home Care contract. If the individual is currently performing such services, he/she shall be removed immediately and may no longer directly provide services to any HRA client under this contract.

The Contractor shall provide written notice to each current employee or prospective employee applying for a position in which there is potential for direct contact with children of its intent to conduct SCR screenings.

#### Attachment B Questions and Answers

### Home Care Services RFP Questions and Answers PIN: 06914H084300 EPIN: 09613P0002

- Question 1. Current MLTC exempt cases appear (are planned) to be transferring in the next 1-2 years, is this RFP necessary?

  Yes.
- Question 2. Will HRA include vendors to be part of the DOH discussion regarding contracted rates?

  No.
- Question 3. Can there be a joint venture? If so, will there be guidelines for a joint venture/ IPA/Collaboration?

Joint ventures will be allowed as long as both joint venture partners, meet the requirements of the RFP.

Question 4. Competition 2 –Experience: How many consumers do you have to serve on average over last 10 years (CDPAP)?

Please see pg 9 of the RFP - Proposer must have at least ten (10) years experience as a direct provider of Consumer Directed Personal Assistant services or as a direct provider of home care services with an average of at least 400 clients annually during the most recent 5 years.

Question 5. Can an agency with no CDPAP experience, but with 5 years of license experience bid?

There are no prohibitions, however, the experience qualifications stated on page 9 of the RFP indicates that the proposer must have 10 years experience years as a direct provider of Consumer Directed Personal Assistant services or 10 years a direct provider of home care services with an average of at least 400 clients annually during the most recent 5 years.

- Question 6. There are many CDPAP issues not addressed in RFP (or inconsistencies with DOH)? Can HRA meet with current CDPAP vendors to discuss these issues? HRA cannot meet with any potential proposer at this time.
- Question 7. How do we request a specific amount of money if the case load is uncertain?

  Reimbursement is on hourly basis for authorized and provided services. The RFP does not guarantee or provide a set amount of dollars.
- Question 8. If current vendor is successful, do books and record change from June  $30^{th}$  fiscal year to March  $31^{st}$ ?

For the initial year, books and records will start 4/1/2014.

Question 9. Will there be a rate for live-in services? No.

Question 10. Will there be an opportunity after this session to ask/submit questions?

The deadline for submission of questions was close of business, November 26, 2013.

Question 11. Is the entire last paragraph on page 23 being removed, including union wage requirement and cash reserves (since caseload is unknown)?

Revision of language in the RFP is included in this addendum as Attachment A.

Question 12. If we cannot collect the surplus what happens to the case?

Services need to be provided in accordance to the HRA service plan as long as client is Medicaid Eligible and has an approved Service Authorization.

Question 13. How many cases does HRA currently have in Home Attendants, House Keeping, CDPAP?

Currently, HRA has 3,449 home attendant, 615 housekeepers, 38 Emergency and Exceptional home attendant, and 865 CDPAP cases.

Question 14. If an agency did not have 400 HHA cases, but is and has been a homemaking program can it qualify?

Proposer may submit a proposal and the proposal will be evaluated in accordance with the terms of the RFP.

- Question 15. Can the on-call be first answered by an answering service? Yes.
- Question 16. Is there a specific telephone company that HRA is requiring? No.
- **Question 17. How many clients are children versus adults?**

Due to the State's restructure of its Medicaid Program, the number of clients is unknown at this time.

- Question 18. Do all positions have to be full-time meaning RN and Social Work?
- Question 19. Will HRA consider extending the submission date knowing that this is a holiday season and most employees do go on vacations this time? Why does HRA wait until holiday season to do this?

Proposal due date changed to January 7, 2014.

### Question 20. Will the contract associated with this proposal be a typical HRA contract with an administrative budget?

No. The current average weighted hourly rate is \$16.95. Final rates are subject to NYSDOH adjustment and approval. The rate for the services will cover all allowable contractor costs associated with the delivery of services, including but not limited to, personal care services (home attendant, housekeeper, consumer directed personal assistants, emergency and exceptional home attendants) wages, statutory taxes, fringe benefits, costs of maintaining replacement capability for home care workers and administrative costs.

- Question 21. Will contract revenue earned in excess of expenses have to be returned to HRA?

  Return of excess revenues has not been determined at this time.
- Question 22. The CDPAP program has traditionally had PCAs who work more than 40 hours per week. Since the contractor has no control of the hours an aide works, will there be an adjustment in the rate to account for substantial overtime liabilities?

  No, as there is no way to determine what adjustment will be needed.
- Question 23. For competition 2, if the agency has multiple offices that service NYC, will the contract be awarded to all of these locations or to only 1 individually licensed office? The contract will be awarded to an agency not to a location.
- Question 24. Does the DOH license under home care cover all services housekeeping, personal care and DTS?

A contractor's NYSDOH license lists the services a contractor can provide.

#### Question 25. What about wage parity? Will it be required to pay?

Wage parity is a NYS regulation and contractors must follow all applicable NYC, NYS and Federal regulations.

### Question 26. Will the care plan for the client be available for review before accepting the client and can an agency refuse a client and not be penalized?

HRA Care Plan is forwarded to vendors for review when the case is assigned. A contractor cannot refuse a case, but can ask for a deferral. The validity of a deferral request is reviewed on an individual case basis. Contractors will not be penalized for a valid deferral.

### Question 27. If an Agency is licensed to provide Personal Care, Home Care, and Housekeepers, however not specifically home attendants, can the agency provide home attendant services using PCAs or HHAs?

Home Attendant services is known as Personal Care Level 2. For Home Attendant services, the PCA(s) and/ or HHA(s) must meet PCA level 2 worker requirements.

### Question 28. Will HRA help provide the mandatory overtime pay rate to home care workers after the federal regulation goes into effect Jan 1, 2015?

This RFP provides an hourly reimbursement rate. The hourly reimbursement is subject to approval by NYSDOH. Revenues received by the contractor should be used to cover all contractor Medicaid allowable expenses at its own discretion.

- Question 29. Given the nature of consumer directed services will there be any consumers participating in the evaluation of proposals?

  No.
- Question 30. Are the positions required to be full-time? No.
- Question 31. What agencies currently have the contracts? See response to Question 109.

### Question 32. For Competition 1, what is the expected proportion of clients in each category across each borough?

The number of cases available for distribution will depend on how many cases remain under HRA's supervision and may fluctuate considerably during the life of the contract. By submitting a proposal, vendors understand that there is no guarantee of cases assigned if selected.

Question 33. Will HRA be responsible for the collection of spend-down (surplus payment)? If not, would the city provide the agencies authority to enforce collections?

The contractor is responsible for the collection of surplus payments. Fulfillment of this obligation must be within applicable legal and regulatory parameters.

- Question 34. Under the new contract is the surplus returned or does the agency retain it?

  If this question is regarding surplus revenues in excess of expenses, this matter is under discussion with SDOH.
- Question 35. How many consumer-directed contracts does HRA anticipate issuing? Please review page 23 of the RFP, under Basis of Award, for the Award Protocol.
- Question 36. Is the aide allowed to pick-up a child or disabled adult from school bus/program bus?

The tasks that the aides are to provide will be disclosed in the care plan.

- Question 37. Current contract is extended to April 1, 2014? Do the HRA rates also get the extension up to April 1, 2014?

  Yes.
- Question 38. Will existing clients remain on current agencies if agency wins the new contract? Yes.

Question 39. Does the NYC wage parity reflect NYS wage parity, which as of now, the NYS wage parity for NYC workers will increase from \$11.50 to \$14.09 in March 2014 (or) is the NYC wage parity different?

The NYC Living Law preceded the NYS parity law and is not identical. Also please see answer to Question 25.

Question 40. For the requirement concerning 400 annual clients, must they be 400 different clients or 400 units of service?

There must be 400 different clients.

Question 41. <u>Page 8 - Distribution of Cases</u> - can you give a more detailed description on how this will work?

Cases will be assigned on a random basis through the HRA Long Term Care Web system. The LTC web system scans contractor profiles and selects contractors that can best meet the client's language cultural, ethnic and other special needs. Upon assignment of a case to a contractor, all other contractors will have a higher priority to be assigned the next available case.

- Question 42. Can we submit proposal on thumb drive instead of a CD (in addition of the paper)? No.
- Question 43. Can HHA/PCA perform services? Or does the LHCSA need to have license to provide homemaker housekeeping specifically?

  Please see response to Question 27.
- Question 44. Can HA/PCs, along with HHAs, provide services for clients in Competition II? Yes.
- Question 45. What happens to all the members that are taken away from LTMC now? Will only be given to new contract in April?

  The cases will be assigned to HRA contractors upon transition from MLTC to HRA.
- Question 46. Who serves those members for HK today?

MLTC and HRA serve those members. Cases are in the process of conversion back to HRA.

- Question 47. Will all agencies regardless of county be given the same rate for each program? Yes.
- Question 48. Can the proposal be delivered before the due date? Yes.

Question 49. Who determines if consumers in Consumer Directed Cases have adequate support to replace aides? Is that not done by HRA to determine if patient qualifies for this type of program?

HRA determines if a consumer's response to this question on their CDPAP application is adequate. HRA reviews this question on the CDPAP application.

- Question 50. In children cases, does HRA evaluate if the child who is receiving services have someone to pick them up from the bus stop before authorizing service? Many parents say they need the service because they cannot be there to pick up their child. HRA determines the needs of each case and develops a care plan for needed task within the regulations.
- Question 51. Are patients told that agencies must have the aides use their telephones? Does HRA refuse to provide services when patients do not have a working telephone?

  No, HRA does not inform patients that aides use their telephones. Authorization for services is not dependent on a working telephone.
- Question 52. How will the vendor rotation be determined for case distribution? Please see answer to Question 41.
- Question 53. How long will the case be posted on the week? The vendor is allowed 72 hours to start service.
- Question 54. Is this a fee for service contract? Yes, based on an hourly rate.
- Question 55. How many consumers directed cases are there?

  As of the end of November 2013 there are 865 CDPAP cases.
- Question 56. Since it was mentioned that an RN may substitute for a social worker, is a social worker a requirement for the proposal?

  A social worker is required for Competition 1 for the DTS component of the contract.
- Question 57. How many sets of CDR, 1 or 6 original/notarized documents will they be separated and labeled? How do you want us to package CDR and hard copies together?

  Please refer to page 22, Section IV: B. Proposal Package Contents ("Checklist") and Addendum 1. The CD should be put in a sleeve & separate labeled envelope.
- Question 58. How will mandated cash changes be handled during the course of the contract for multiple yet undetermined cost of the Affordable Care Act, NYC sick time, etc?

  Reimbursed rates are subject to NYSDOH approval and changes, if any, are at the discretion of NYSDOH and HRA.

#### Question 59. Housekeepers Level 1 need a LHCSA license, why?

HK services by itself does not require a license. However, Competition 1 for HK, HA and DTS services under one contract requires a NYSDOH license.

#### Question 60. Will contractors be subject to annual audits?

There will be an annual audit, but the audits may differ from the current audits.

Addendum #2

#### Question 61. Will excess funds be "Due to HRA"?

It has not been determined at this time.

### Question 62. If a contractor is the first to accept a case, does it continue to be eligible for the next case?

Client assignment is on random rotational basis. A contractor may or may not be eligible for the next available case based on the criteria set for selection.

#### Question 63. If an agency will be 10 years old by March 2014, can they submit a proposal?

Yes, the RFP states at least 10 years experience and any potential contractor can submit a proposal.

### Question 64. Existing vendors that are successful in this RFP-including CDPAP-will they be allowed to keep the existing caseloads??

No, there are no caseloads. However, current contractors who are successful will be allowed to keep existing cases.

### Question 65. If our rate is \$16.95, do we lose a percentage if patient has a surplus? Does a patient's Medicaid gets cut off if the patient does not pay surplus?

Billing for services on a surplus income case must be net of monthly surplus amount. Medicaid eligibility is not terminated for surplus non-payment.

### Question 66. Who should be notified if a patient does not pay surplus and what will they do? Contractors should contact the HRA Case Management entity (APS, Community

Guardians, CASA) to discuss the issue and formulate a joint resolution.

### Question 67. Can you clarify the answer provided to questions #30 in Q & A that were published on11/21/2013?

Question 30 – Addendum #1

The present system requires that excess funds be returned after an audit (allowing a small profit for proprietary agencies). Under this new system, can we assume that the contractor can retain any excess funds (after meeting all obligations) or responsible for any loss?

No, not at this time.

The current MOA (Memorandum of Agreement) between HRA and NYSDOH requires return of excess funds.

Question 68. In determining HRA rate, will the 2014 Wage Parity Law and 2015 overtime rules and WCB/GL insurance cost be considered in final reimbursement rate?

A factor for WCB/GL insurance costs will be included in the rate. Accurate factors for the 2014 wage parity law and 2015 overtime rules cannot be quantified in time for inclusion in the final HRA rate.

Question 69. Can you provide a list of the approved 3<sup>rd</sup> party mandated billing companies? Also are these services provided free of charge to contracted companies for these services? If not, how will charges for these mandated services be handled, including charges over the contract term?

HRA does not have a list or endorse any specific billing company. Computer Services Bureau (CSB) charges must be paid from reimbursement revenues as an operating overhead costs. At the time of award contractors will be asked for the name of their CSB and HRA will determine if the CSB meets billing requirements.

Question 70. If your caseload (average) falls just below 400 cases over a 5 year period will HRA still consider awarding a contract to the vendor?

Proposals will be evaluated based on the criteria stated in the RFP.

Question 71. The current requirement to start services for a Live-In (168/84) is 5 days from the receipt of the referral. Has this requirement been changed to 72 hours for start of care?

No, start of services for sleep-in cases will remain at 5 days. However, this does not prevent a contractor from starting services in less than 5 days.

Question 72. What is the postion of HRA regarding Deferrals for emergency DTS cases? If the client is discovered to have skilled nursing service needs upon assessment by the vendor RN, is the vendor still expected to start the DTS case without skilled services being ordered by the case management entity (HRA/APS/ACS).

Deferrals for emergency DTS cases must be called to HCSP's Contracts and CASA office immediately. Generally, the case would have been screened for skilled needs by the CASA office, and appropriate skilled services would have been requested. Contractors should contact the CASA office immediately if there are unresolved issues.

Question 73. If the client has a language need that cannot be met by the vendor, can an outside contracted third party language company for translation substitute?

Translation services are acceptable but the services must meet NYC and HRA requirements.

Question 74. Is a follow-up supervisory visit within 7 days of a Start of Care for a Personal Care Level I, required?

NYSDOH Licensed Home Care Services Agencies must conduct visits in accordance with SDOH regulations.

- Question 75. Traditionally, the SW visits only occurred during the months that the RN did not conduct an Assessment visit, for a total of 8 visits is an annually. The way this RFP is drafted, SW visits on DTS cases are to occur every month. This increase of 4 SW visits per year. Is the intent of the RFP to conduct 12 SW visits per year?

  A RN Assessment visit during any month can substitute for the monthly SW visit.
- Question 76. How will cases be referred to vendor agencies? Will cases be referred on a first come basis via the LTCW?

  Please see the response to Ouestion 41.
- Question 77. On page 2 of the RFP, the anticipated contract start date is noted to be April 1, 2014. However, on page 5 the Contract term is scheduled to begin on January 1, 2014. Which is the correct contract start date?

  The anticipated contract start date is April 1, 2014.
- Question 78. Does a vendor have any liability if the consumer's aide performs a skilled nursing service (trained or untrained) and the consumer is harmed?

  Consumers are responsible for training and directing their own aides. The vendor as the Fiscal Intermediary does not have any responsibility over the training, supervision or tasks performed by the Consumer's aides as governed by SDOH CDPAP regulations (Title 18 Section 505.28).
- Question 79. Is the vendor responsible for in preparing the aide to perform skilled nursing services and any other services or does the consumer assume <u>all</u> responsibility for training?

No, the consumer assumes all responsibility for training and care supervision.

- Question 80. What happens when a consumer directs an aide to perform a skilled nursing service that the aide has not been trained to perform? Does the consumer have a responsibility to inform the vendor that a <u>new</u> skilled nursing service has been ordered/approved and to inform the vendor that the aide has been trained? The consumer is responsible for all training.
- Question 81. As part of the vendor's compliance initiatives, can the vendor perform unannounced visits to a CD-PAP consumer to verify that services are being rendered per the plan of care?

  Yes.
- Question 82. Does HRA have the responsibility to instruct/inform the consumer in a CD-PAP case what is the 'adequate' amount of workers required in regard to authorized hours of service? What is the calculation that is used to determine manpower requirements for these cases?

On a regular basis, contractors should obtain a current list of replacement workers from the consumer. The number of workers that are needed to maintain continuity of services determines the manpower requirement. Question 83. Where the use of an Automatic Time & Leave System is the preferred choice to reduce the incidence of fraud, does the CD-PAP consumer have to comply with Automatic Time & Leave system usage for attendance or will they be allowed to use timesheet?

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Automatic Time and Leave system is required for all cases.

- Question 84. Will HRA provide the vendors with a copy of the Department's approved Memorandum of Understanding that is required to be signed by the CD-PAP consumer, for our review?

  No.
- Question 85. Does this RFP require HHS Accelerator prequalification and/or Vendex Ouestionnaires?

Vendex is not a submission requirement. However, proposers must file Vendex questionnaires if they are selected for award as a precondition to contract registration. This RFP is not part of HHS Accelerator.

- Question 86. Does applying for Competition 1 or Competition 2 negatively impact the overall RFP decision for the Provider?

  No.
- Question 87. Does the average weighted rate of \$16.95 and a rate proposed by the Provider higher than the \$16.95 be considered in NYS final reimbursement rate or rates for the services under this RFP? Will there be rate negotiation once a vendor has been selected?

  No
- Question 88. The current weighted average rate of \$16.95. However, there are additional add-ons \$1.22 (HCRA funds) and \$1.09 (insurance differential) currently paid to vendors. Thus, the weighted average rate becomes adjusted to \$19.26. As of 4/1/2014 (for this RFP) will the rate be \$19.26?

No. HRA is in discussion with SDOH to determine the final rates.

Question 89. Providers will comply with Living Wage Law to pay home care workers \$10.00 per hour and either provide health benefits or pay an additional \$1.50 per hour. And, providers are complying with Worker Wage Parity Law which on March 1, 2014, the total cost of wages and health benefits paid by home care agencies to workers will rise to \$14.09 - plus additional payroll taxes and statutory costs. That is a significant increase. Will there be an increase reimbursement to support the vendors, delivering quality care in New York City to the eligible citizens and pay mandated wages and benefits under NYC/HRA Home Care Services Program having for a three (3) year contract term?

HRA is in discussion with SDOH to determine the final rates. HRA and SDOH are aware of the Living Wage Law and Worker Wage Parity Law.

- Question 90. Are audited financial reports and/or statements needed for 2012?
  - Current HRA vendors do not need to supply any reports or documents that HRA Home Care already has on file. Non current HRA vendors should supply audit financial reports and/or statements.
- Question 91. Would it be acceptable if an applicant (who is licensed and meets all RFP criteria) forms a <u>new</u> wholly owned subsidiary (that is <u>not SDOH licensed</u>) to administer to the CDPAP? The ownership and control of both entities would be identical but for operational reasons this structure would be more appropriate.

  HRA cannot provide advice to potential proposers on how to submit a proposal that meets the requirement of the RFP. Contracts will be awarded to the applicant that submitted the successful proposal.
- Question 92. For the CDPAP program would the applicant be required to pay <u>overtime</u> to a <u>Personal Assistant</u> who exceeds 40 hours per week? Since the consumer is technically the employer would the OT <u>companion exemption</u> still apply or that exemption is not applicable because the employees are paid by a third party?

  The question should be addressed to the United Stated Department of Labor.
- Question 93. Would the applicant for the CDPAP program be required to complete any background checks for the employees? Would they also be required to have physical examinations, immunizations, etc.?

CDPAP regulations currently do not require the Fiscal Intermediary (Contractor) to conduct background checks. However, Personal Assistants must meet all home care worker health requirements such as annual physical examinations, immunizations, drug screenings, etc.

- Question 94. For the HRA contract: Would the applicants be required to submit <u>costs reports</u> annually and would the cost report be used to determine the rates of reimbursement? At this time, there are cost reports required.
- Question 95. Does the <u>wage parity law and prevailing wage laws</u> in NYC apply to CDPAP employees?

The NYC Living Wage law applies to CDPAP employees. Wage Parity Law is a NYS requirement.

Question 96. Does the DOH license to provide Personal Care include Housekeeping and DTS or do you need a separate service license in order to provide these services. Are there any additional requirements from HRA to provide Housekeeping and DTS?

SDOH issues Licensed Home Care Services Agency licenses which specifies the services covered by the license. All requirements are specified in the RFP. Please see pages 9 through 14.

- Question 97. Does the RFP have a page limitation? No.
- Question 98. How many years of documents are you requesting in order to provide our compliance evidence?

As much as necessary to demonstrate at least 10 years of experience.

Question 99. What is the expected proportion of Housekeeping, HAP, and Difficult to Serve HAP clients, across the full contract and in each borough?

The number of cases available for distribution will depend on how many cases remain under HRA's supervision and may fluctuate considerably during the life of the contract. By submitting a proposal, vendors understand that there is no guarantee of cases assigned if selected.

Question 100. We currently hold a housekeeping contract, with a capacity of 600 clients. Will this contract remain separate from the new Home Care Services RFP, or will it be combined with the new program?

All current contracts will end upon the completion of the awards as the result of this RFP.

Question 101. How will the transition take place between current contract holders and new contract holders?

HRA has procedures to transition clients as needed and details will be provided when appropriate.

- Question 102. During the transition, if patients are being transferred from another agency with their existing home care worker, will the agency handing off the case be held accountable for transitioning the relevant personnel records to the receiving agency? Yes.
- Question 103. Is there a start-up period? If so, how long is it?

  There is no start-up period.
- Question 104. Does HRA dictate a maximum caseload for social workers and RNs?  $_{\mbox{No.}}$
- Question 105. For the Staffing Qualifications for Competition 1 we have individuals whose job responsibilities include the specific requirements of the two Assistant Director positions, but their titles do not match those specified on page 10 of the RFP. Is it sufficient that there are people handling each of these sets of responsibilities?

  It is sufficient as long as the staff meets the educational and experience requirements.

Question 106. The qualifications required refer to "effective administrative" structure with qualified administrative staff in your requirements-do you have any specific qualifications you are looking for in this area?

Please see pages 9-14 of the RFP. These are the only requirements.

Question 107. For which timeframe, do you wish for us to address findings from NYSDOH survey? (i.e., the most recent year? Past 2 years? Past 5 years?)

Please address the findings from the NYSDOH survey for the two most recent evaluation years along with corrective action plans.

Question 108. What criterion will be used to determine the level of financial incentives to be awarded per section II F?

Criteria would include but would not be limited to compliance with RN visits, Client complaint resolution, initiation of service within due dates, Emergency response to Disaster Preparedness, controls to prevent fraudulent billing, timely completion of fiscal audits, timely response to requests for data or information, etc.

Question 109. I attended the excellent information session this past Friday at 180 Water Street and it was mentioned that a list would be available of the Home Health Care agencies that currently have contracts with HRA. Is this list going to be provided in an addendum or is there some link you could direct me to with this information?

These are the HRA contracted agencies:

- 1. Assisted Care d/b/a People Care
- 2. Chinese American Planning Council Home Attendant Programs
- 3. CIDNY Independent Living Services, Inc.
- 4. FEGS Federation Employment Guidance Services
- 5. First Chinese Presbyterian Community Affairs Home Attendant
- 6. Home Health Management
- 7. N.Y. Foundation Senior Citizens Home Attendant Services, Inc.
- 8. United Jewish Council of East Side Home Attendant Services
- 9. All City Care d/b/a/ Best Care
- 10. Association for Services for the Aged
- 11. Beth Emeth Home Attendant Services
- 12. Bhrags Home Care Corp.
- 13. Bushwick Stuyvesant Heights Home Attendant Inc.
- 14. CABS Home Attendant Services
- 15. Family Home Care Services of Brooklyn and Queens
- 16. Community Home Care Referral d/b/a/ Helping Hands
- 17. Home Care Services for Independent Living
- 18. Home Services of Hyde Park
- 19. Home Attendant Vendor Agency

- 20. Human Development Association
- 21. Personal Touch
- 22. Prestige d/b/a All Season Home Care
- 23. Progressive Home Health Services d/b/a Kind Care
- 24. Project OHR
- 25. PSC Community Services, Inc.
- 26. Ridgewood Bushwick Senior Citizens Center Home Attendant
- 27. School Settlement Home Attendant Services Corp.
- 28. St. Nicholas Human Support
- 29. VIP Home Care Services
- 30. Stella Orton Home Care
- 31. Jewish Community Council Services
- 32. Pomonok Home Services, Inc.
- 33. Rockaway Home Attendant Services
- 34. Services for the Aged
- 35. Social Concern Community Development Corporation
- 36. Sunnyside Home Care Project
- 37. All Metro Home Attendant Agency
- 38. Alliance Home Services, Inc.
- 39. Bronx Jewish Community Council
- 40. Cooperative Home Care Associates
- 41. Family Care Services, Inc.
- 42. Health Acquisition Inc. d/b/a Get Well At Home
- 43. RAIN Home Attendant Services
- 44. Concepts of Independence

# Question 110. If an agency has only had NYC HRA as its funding source and the last Vendex ratings received from HRA were as follows: for the HA program- FY 08, 09 and 10; for the Housekeeping program FY 09, 10 and 11. The RFP requires last two years evaluation that end in FY 2011 and later. If the agency is still undergoing a FY 2011 fiscal audit, what are alternative evaluation documents will you require noting our current predicament?

Current HRA vendors do not need to supply documents that HRA Home Care already has on file. Non current HRA vendors would have to supply documents.

### Question 111. Would a bid lower than the \$16.95 place an agency in a better position to receive an award?

No.

Question 112. Can you explain further what is the agency's responsibility with billing to HRA and Medicaid and how will the agency be reimbursed for services rendered (i.e by HRA and/or Medicaid)?

Addendum #2

Upon award HRA will provide a SDOH Provider ID number for billing NYSDOH. SDOH pays contractors directly for valid claims.

Question 113. Can you clarify what is meant by "Ensure proper NYS Department of Health reimbursement billings through the State's Medicaid Management Information System (MMIS)" found on page 12 of the RFP (i.e under Service Responsibilities, last bullet), and how it relates to the agency's requirement to provide a third party computer service bureau for electronic billing and accounts receivable record keeping?

NYSDOH has specific criteria and a process for billing claims. HRA requires the use of a third party computer service bureau to ensure proper billing and to provide HRA access to data for monitoring and auditing.

Question 114. Is it acceptable for a LHCSA to create a wholly owned, subsidiary corporation for the Competition 2, CD-PAP proposal?

Please see response to Question 3.

Question 115. We don't have a LHCSA license, we are in a process of merging with a LHCSA provider with over 15 year license to form a new company. We have the funds to carry over 1000 members, and all the other qualifications. Would we be able to qualify being that the integration of our two companies is new?

Potential contractors must meet the RFP specified licensure requirement for Competition 1 at the time of award.

**Question 116. I am inquiring about the Home Care Services Request for Proposals PIN:** 06914H084300. In the section 'Staffing Qualifications for Competition 2', it states what qualifications the Program Director "should have". Are the qualification requirements recommended or required? In other New York State Districts, there are not any formal requirements for the Program Director's, therefore I was hoping to get some clarification on NYC policy.

> "Should have" means that the proposer should supply the personnel with the qualifications specified. Proposals will be evaluated accordingly.

Question 117. In order to provide housekeeper: level 1 personal care, do we have to be a licensed agency?

> The RFP is combining Housekeeping, Home Attendant and Difficult to Serve Home Attendant services under one contract. Proposers seeking a contract in response to this RFP must be licensed by SDOH at the time of the contract.

Question 118. The earliest financial statement that we have ended June 30, 2012 as well as our last audit FY ending June 30, 2012. Is this acceptable? Yes.

- Question 119. How flexible will HRA be on the 400 client number?
  - Proposals will be evaluated on the criteria stated in the RFP.
- Question 120. Do housekeepers provide escort to patients who are going to the doctors?

No, escort service is not a task for housekeeping services.

Question 121. If a patient requires 7 days live services, can an agency use 2 aides to provide services splitting the case 4 days and 3 days?

It is the responsibility of the contractor to assign and schedule aides that can best meet the needs of the clients in accordance with the service plan and all applicable regulations.

Question 122. If the proposer has a contract with the city to provide home care services, is the proposer required to attach (submit) the program evaluations and applicable corrective action plans that are relevant to the proposer performance during the past two years?

Current contractors do not need to provide program evaluations and corrective action plans.

Question 123. Do applicants need to provide certified audit of all their operations meaning NON HRA home care operations, and how recent?

Yes, for the 2 most recent fiscal or calendar years.

Question 124. How are we sure that this RFP announcement is not a mere formality whereby the current contractors can still be allowed to retain the contracts continuously just like what happened two years ago?

This RFP has been issued in accordance with the requirements in the New York City Procurement Policy Board rules. Proposals will be evaluated pursuant to the criteria stated in the RFP.

- Question 125. We have been approved as a LHCSA since 1993, but have serviced only approximately 200-300 patients per year for the last 5 years.
  - a. Are we automatically precluded from submitting an application?  $N_{\rm O}$
  - **b.** Will our application be considered if we submit a response?

    Proposals will be evaluated based on the criteria stated in the RFP. HRA cannot advise on the quality if a potential proposer's proposal.
- Question 126. CDPAP cases cannot start a case until the Consumer has received an orientation to their responsibilities, has recruited enough Personal Assistants to cover their plan of care, has had the PAs complete all of the pre-employment documents and have had the PAs complete a pre-employment physical (with PPB follow-up and are employable) and then and only then can a start date be coordinated with the Consumer/Representative and HRA (which can take a few days to a few weeks, it is

out of the control of the fiscal intermediary, though we do provide assistance). Can the protocol to assign a Consumer to a fiscal intermediary be revised in the RFP? No, the protocol to assign a case to a fiscal intermediary will not be revised.

Question 127. CDPAP Regulation 18 NYCRR 505.28 states as its purpose, "(a) Purpose. The consumer directed personal assistance program is intended to permit chronically ill or physically disabled individuals receiving home care services under the medical assistance program greater flexibility and freedom of choice in obtaining such services."Therefore, why does HRA assign fiscal intermediaries to a Consumer? Consumers should be given a choice among capable fiscal intermediaries (as it is done with other counties across NYS). (This is also the protocol that DOH advises must be adhered to by MCO and MLTC plans). All capable fiscal intermediaries provide a description of their services that they will provide to the Consumer (including recruitment assistance, peer counseling, advanced benefit administration, etc.) along with a description of their wage and benefit package that the Consumer can offer to their respective Personal Assistant candidates (which can vary greatly among FIs). With MCO and MLTCs, they inform the Consumer of available FIs and then the Consumer can contact each FI and request more information. This way a Consumer can be offered a choice to choose an FI that will give them the greatest ability to recruit and retain an adequate work force.

The phrase "greater flexibility and freedom of choice in obtaining such services" relates to a patient's choice for Consumer Directed services. It is not related to assignment of a Fiscal Intermediary. HRA assignment of cases to contractors is based on NYC procurement rules.

Question 128. RFP – Pg 9: Contractor Experience Qualifications: It states that for Competition 1, proposer must have at least 10 years experience as a provider of licensed home care with an average of at least 400 clients annually during the most recent 5 years. But for Competition 2, must have at least 10 years as a direct provider of CDPAP (RFP does not indicate how many average CDPAP Consumers they must have served) "or as a direct provider of home care with an average of at least 400 clients during the most recent 5 years".

Both competitions require 10 years as a direct provider and an average of 400 cases annually during the most recent five years.

Question 129. If an FI has been providing CDPAP for at least 10 years, do they need to have served an average amount over the most recent 5 years (i.e., at least an average of 100 or 200 over the recent 5 years)?

The requirement is 400 cases on average during the most recent five years.

Question 130. Does a licensed agency with no CDPAP experience that wants to bid on Competition 2, only have to have at least 400 clients over the recent 5 years (and not 10 years experience in home care) or do they also have to have 10 years experience in home care? Please clarify.

Please see response to Question 128.

Question 131. NYS DOH does not consider CDPAS Fiscal Intermediaries as a "provider", particularly with the implementation of Managed Care. In fact, because of the unique FI responsibilities that greatly differ from licensed home care, FI's are not given provider contracts with the MCOs and MLTCs. An Administrative Services Agreement was developed by an MRT task force that worked through the issues that are unique to a CDPAP FI. Has HRA considered these issues? Also, NYS DOH has released "Guidelines for Consumer Directed Personal Assistance Services" (dated June 30, 2013) as it applies to Medicaid Managed Care and MLTC. While the "Guidelines" do not address fee-for-service, it does indicate NYS DOH's current thinking of how the CDPAS model should currently be operating. Has HRA considered DOH's current position on the CDPAS model when it developed this RFP?

The State has minimum guidelines, and the counties, including New York City, have additional guidelines.

- Question 132. Because of the unique nature of the CDPAS model, how does a licensed home care agency with no CDPAS experience even qualify to contract to be an FI?

  In accordance with PPB rules, HRA provides all potential contractors the opportunity to document and demonstrate the RFP required experience and skills. Proposers should read the RFP carefully and propose accordingly.
- Question 133. The state association of CDPAS FIs (CDPAANYS) receives numerous requests each year from licensed home care agencies to be a member of CDPAANYS. Candidates for membership must submit their CDPAS policies and procedures that are compared to the organization's "Best Practices" policies that have been established over the years by CDPAS FI members. However, due to the screening process, most candidates' policies and procedures do not satisfy CDPAANYS' "Best Practices" and are therefore, denied membership until they revise their policies and resubmit for consideration. Has the evaluation committee, for Competition 2, developed or obtained a "Best Practice" or comparable tool in order to evaluate the proposals? This is not required by NYS's regulations. The RFP states the information is necessary for a vendor to propose.
- Question 134. The following items may not apply to CDPAS and therefore, may need to be eliminated or modified for Competition 2: Item 4. "Train and review ... home care workers at least once every 6 months" (on disaster preparedness). CDPAS Fiscal Intermediaries do not train Personal Assistants.

The language listed on page 11, Contractor Organizational Capability, bullet # 4, only applies to Competition 1. Revision of language in the RFP is included in this Addendum as Attachment A.

Question 135. A CDPAS FI cannot start service until the Consumer is ready and we do not replace home attendants (within two hours or any other time).

The language listed on page 11, Contractor Organizational Capability, bullet # 6, only applies to Competition 1. Revision of language in the RFP is included in this Addendum as Attachment A.

Question 136. NYSDOH does not require a CDPAS FI to have a QA and I Committee, but we do have a Consumer Advisory Committee.

The language listed on page 11, Contractor Organizational Capability, bullet #7, only applies to Competition 1. Revision of language in the RFP is included in this Addendum as Attachment A.

Question 137. The following items may not apply to CDPAS and therefore, may need to be eliminated or modified for Competition 2:

Utilize an electronic timekeeping system to monitor and verify worker attendance to prevent and detect fraud. First, Section 505.28 of NYCRR Title 18 states under Consumer responsibilities that a Consumer is responsible to attest to the accuracy of each consumer directed personal assistant's time sheets; and must transmit the PAs timesheet to the FI. The currently available electronic timekeeping systems are not compliant with 505.28. Second, we have also worked alongside of the NYS Attorney General's office – Medicaid Fraud Unit that was able to obtain felony convictions because of fraudulently signed timesheets. The Chief Prosecutor had indicated that the fraud may have been extremely difficult to proof if an electronic call in was made, with no direct proof of the caller. We have a strong Corporate Compliance Policy that prevents, detects and reports fraud, but the currently available electronic systems cannot effectively monitor and verify worker attendance to prevent and detect fraud. Is HRA aware of an electronic system that is compliant with 505.28 and is effective with fraud prevention?

Title 18 NYCRR Section 505.28 is SDOH minimum requirements. Localities including NYC implement additional requirements. The use of an electronic timekeeping system is required for this RFP.

Ensure that the Board of Directors does not have Board members who are consumers receiving services from the proposer's organization to avoid a conflict of interest. Can CDPAS Consumers, whose CDPAS is funded by an MCO or an MLTC and not by the HRA fee-for-service program, be a board member?

The contract prohibits the contractor's recipients of service from serving on the contractor's Board of Directors.

- Question 138. Can HRA provide us with the "unionized" wage and benefit package that will be in effect for 4/1/14 and beyond? I assume that the additional \$1.60 that SEIU Local 1199 is seeking (from \$2.18 to \$3.78 per hour) is quite different from the current package, since all employers must be compliant with the Affordable Care Act for years included in this RFP. We need this information in order to obtain bids to ensure that we can offer an SEIU comparable package that is also ACA compliant. (For example, an ACA compliant plan that is comparable to SEIU could easily cost \$500/month or more. For a worker that works 80 hours per month, the cost could be over \$6/hour, making the cost unaffordable to many proposers. But the Proposer would need the plan description in order to obtain quotes).
  - No, HRA does not have the requested information.
- Question 139. Can HRA assure us that the final reimbursement rate will allow us to offer an SEIU comparable plan that is also ACA compliant?

  No, the rate is subject to final NYSDOH approval.
- Question 140. For the Doing Business Data Form that's required for the Home Care RFP. We have submitted a Doing Business Data Form in the past for our current HRA contract. Should we fill out the entire form or should we fill it out as a change for the RFP? Yes, an organization is required to submit a Doing Business Data Form each time it enters into a transaction considered a business dealing with the City, including contract, concession and franchise proposals. However, the Data Form has both a Change option, which requires only information that has changed since the last Data form was filed, and a No Change option. No organization should have to fill out the entire Data Form more than once.
- Question 141. In regard "Whistleblower Protection Expansion Act Rider" (Attachment E) There doesn't seem to be any forms to fill out for this. So for the proposal are we to just put in the rider or do we need to do anything else?

  The Whistleblower Protection Expansion Act Rider is information provided to organizations in accordance with Local Law 30 and 33.
- Question 142. On the RFP application they ask for two years of program evaluations. We are not sure what they are talking about. Audits?

This question is not requesting financial audits but is requesting programmatic evaluations and / or programmatic audits relating to service delivery, quality of services and compliance with regulations (e.g.: Title 18 Section 505.14; Title 18 Section 505.28; Title 10 Section 766, etc.).

#### Attachment C Sign-in Sheets of Pre-Proposal Conference Attendees

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8. Selfhelp Com. Jen. Ny Ny 10018	7. James Services;	Teph car Inc	VIP Health Case Jerviers.	4. Joursh Home Literar	3. First Chinese Preshyterian	2. Service Inc Hendart 44 Varet St.  Broshyn N	1. Accentance for heath 105 Court street  Oracly NY 11201	PRINT COMPANY NAME
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6462594982	5000-454-816-400000	212631-7309 fax 2125943780	7526-618-816	212-870-5013	(g) 212-226-4910	118-388-U28	9068548-81L	TELEPHONE & FAX
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212-16094-C16	(JIS) 841-8100	(118841-8000 Cx+ 23)	201901/3 YS	****	5084-121-216 548 5584-121-618	2122658320	1441648 1264 1274 - 184-218	TELEPHONE & FAX
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8. Bushwerk Shuy. Afterd.		6. M2Done Car	5. / Mer RONG	Pasant Touch	Resonal Taren	2. Bech Erweth	Beyl Emeth	PRINT COMPANY NAME
81 Ruy Ny 11221 BIRDING	John Orean	1819 E 13 of 87 1718-575-9099	30 Broadst 641Fl	186-18 AMERICAN 718-468-2500 JAMARIA N. 4 11822 AMB - 264-5842	Survey N/514E Avent (7) 718-264-2000	10x0 & Donal) AV	POYL EVMETH 1080 Mc Dowald the (718/253-2220)	PRINT ADDRESS TELE
118-423-8400 H ANY 3M	718-627-1150	6606-565-814	(314) -35c 4910	7/8-468-2176 4/386 4/3842	1380-12466-2000 1380 1380		80(718)852-2220 80(718)951-7901.	TELEPHONE & FAX
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PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	ON LINE	INE PERSON
1. NEW JORK ROUNDATION	IN PARIC PLACE	5254 - 696 - 616	TAM A. BRYAN		
2. Progressive Home Health Services	90 Bread St 10 th floor NY NY 10004	1385H	Andrea Brown	۲	
3. Lem Tosifians  Beall win	Ma Leginter De	212 916 0472	Send Long to he how	Ž	
4. CABS Home Alterdate In	(ABS Home MHerdrop for 44 Varet Steet, Extry 918) 388-0220	918)388-0220	Semostherese Cosshmante ory	24	
5. FOR CAPAR	by brank & other (20) - 226-4910	01	There of FANYCOKG	1	
6. Progressive Home	90 Briad 1049 New York NY	212-273-5224	Kaitin Kossakonski KKossakonski popuns. Com	hhs-c	2
7. Gotham fee DIEM INC	NY NY 10038	912 405 -2321	mgolisen@gothamcomponiesocon	innies o	English
8. Borlossa Troper	657 Third Aven	217-687-3000	Stephen (derby)	(	

8. Fodcap 119	7. As Pringues of Go		5. BESTCAPE/ 3000 ALL CITY CAPE have	4. Horse Cold	3. SANCHER PA	2. PRODRESSIVE 90	1. for same citizens #11	PRINT COMPANY NAME
119 WEST 1992 212 7274337	90 Mondest 212-873-5538	90 Broad St. 212-273-5510	3000 Hempesterel Told 576 78/3770 how How W/17696 73/527/	6/Copy St. 18 3102	1021N (P) (C)	9082040 Street 212 273-5500	HILL 1000 7 212 942 7730(T)	,
masian@ Ledcap.	Z 2	apitts ophis, com	770	Tranc Boswoll	O THE DAILY	PAUL BERLITSIS & Whs.com	MARSONG BLOROS COM	PRINT CONTACT PERSON & LINE E-MAIL ADDRESS
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8. Project OHR	7. Showy Home cone Sau	6. An Trac	5. Canceffe OLET. S	4. Pidgewood Bohwick for Citims Count.	3. NICOLO LAVINO	2. Progressing Ibun Italy Services	1. PERSBALLON	PRINT COMPANY NAME
120 Drowner, MC (\$212-423-0470	Thinky Home come Say 1685 cunt St. BKlynn, 718 832-05 FO	127 Segun 4 10960	SOODI AVIKMI LIMBULOEI	Callxhstareg. 812 mellang my pingray 845	$\sim$	90 Broad ST	30 BURN NJ 1020A (213) 250- Kd10	PRINT ADDRESS TELE
212-427-5053	118832-0550	348-856	5095-918(JH) 8388-888(812)	Callxh5tareg-812	12 FLED- 816 +	212 2735305	0164-022(210)	TELEPHONE & FAX
dronnometrourchor	JBROSIE FHLSNY, UM	SUE ELMANTE ALY HOLOGOROCARO	Hursperon House	8.9 2598 @ W. YSUNJS	vi role Dichi	Kenneck Pkiling	LOSCORMINAN ELCONYC.	PRINT CONTACT PERSON & E-MAIL ADDRESS
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Clef. seav.	Community Hander	7. All Season Home Attendant	6. BURAGS Home Care	5. X.N. alan	4. New York, HC	Muson P-Saffer	2. NV+50 HAS, Inc	GIDNAILS	PRINT COMPANY NAME
1	CMMWITY HENCEL PLOOPER N. N.V./1219 718-853-6608	577 Broadway 2ndflow 212-334-5480	glass Foster And Brooklyn Wy 11236	Brooker NY 11211 718 358-5522	44-02 23rd Ax Long Island City, NY	8221 215(812) 2211 hr my norself Pages - 1 normy FINGTHM	11 PARKPLACE Ste14/6 NY, NY 1000-7	180 OCEAN PARKWAY PARKWAY	PRINT ADDRESS TELEF
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