



Office for People With Developmental Disabilities

ANDREW M. CUOMO
Governor

THEODORE KASTNER, MD, MS
Commissioner

July 1, 2021

Patient Companion Services – Taconic DDSOO – IFB TAC 071521 – 2021-2026 Patient Companion Services in NY Counties of Albany, Columbia, Dutchess, Orange, Putnam, Ulster and Westchester, and CT Counties of Fairfield and Litchfield

Questions and Answers:

Below is a compilation of the questions received for this bid. Questions that were repeated, or of a recurring nature, were consolidated. Thank you very much for your interest.

- 1. Question:** Please explain what is meant by “protective liability insurance.” Is this a required addition to our general insurance policy?

Answer: As stated in IFB TAC 071521, Section 12. Insurance: *The Contractor agrees that without expense to the State, insurance will be maintained during the period of the proposal and contract, insurance of the kinds and in the amounts indicated, with insurance companies authorized to do such business in the State of New York, covering all operations under this proposal and contract.*

A. The Contractor shall furnish to OPWDD a Certificate or Certificates in a form satisfactory to the Agency, showing compliance with the requirements of this section. The State of New York Office for People with Developmental Disability will be expressly named as additional insured on each policy in accordance with above...

b. Protective liability insurance issued to and covering the liability of the people of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder, including omissions and supervisory acts of the State.

Protective Liability Insurance is a general term describing a type of liability insurance that is purchased by an indemnitor, such as a contractor, for its indemnitee, such as the person for whom the contractor is performing operations, to protect that party against liability for bodily injury or property damage arising out of the indemnitor's operations.

- 2. Question:** Is it required that vendors include a Certificate of Insurance with the IFB response, or after award?

Answer: As stated in IFB TAC 071521 Section 12. Insurance, A. *Certificates of insurance should be forwarded to the OPWDD with the signed agreement and thereafter annually on the contract anniversary date.*

- 3. Question:** Can you provide information as to what is required for proof of training?

Answer: As stated in IFB TAC 071521, Section I. Patient Companion Service Contractor Requirements A. 8.:



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ii. *Annually, the Contractor will be informed of and will be required to participate in OPWDD “Train the Trainer- PRAISE” training. The Contractor shall then train all staff providing Patient Companion services on OPWDD’s core values including proper identification of instances of abuse and/or neglect.*

iii. *Annually, the Contractor is to have the Justice Center Code of Conduct Pledge form completed and signed by all staff providing Patient Companion services.*

iv. *The Contractor will be required to comply with all HIPAA regulations and sign a HIPPA Business Associate Agreement*

4. **Question:** According to our information, New York and Connecticut do not license PCTs or Sitters, so would our temporary healthcare professionals need to have additional certification?

Answer: Contractors are to ensure that they meet the **Patient Companion Service Contractor Requirements** outlined in Section I. of IFB TAC 071521; no additional certification is required. Please note, as stated in IFB TAC 071521, Section C. OPWDD Rights, 2. *OPWDD reserves the right to evaluate the Contractor's personnel and methods of operation to ascertain that it can effectively perform the work required.*

5. **Question:** Please provide clarification on what would need to be included in the Contractor training modules.

Answer: *Contractor must have all staff providing Patient Companion services trained according to this Scope of Work. Contractor training modules shall be reviewed and given prior approval by OPWDD Nursing Services and/or Talent Development and Training Office.*

6. **Question:** Since the Minority and Women-Owned Business Enterprise Goal is 0% for this opportunity, will vendors be required to submit a M/WBE Utilization Plan? If so, will it be required with the response or after award?

Answer: No, vendors will not be required to submit a M/WBE Utilization Plan.

7. **Question:** Why is the contract out for bid? Is it required to be put out for bid?

Answer: This contract is out for bid because OPWDD does not have the staff to perform these services. Yes, a competitive bid process is an agency requirement. As stated in the **NYS Procurement Guidelines, Section D. Competition and Maintaining a Fair and Open Process**, *The State's procurement process is designed to: Ensure fair and open competition; Guard against favoritism, improvidence, extravagance, fraud and corruption; Ensure that the results meet agency needs; Provide for checks and balances to regulate and oversee agency procurement activities; and Protect the interests of the State and its taxpayers. Competition in the procurement process serves both State agencies and potential offerors by ensuring that the procurement process produces an optimal solution at a reasonable price; and allowing qualified vendors an opportunity to obtain State business.* Additional information regarding the New York State Procurement Guidelines, issued by The New York State Procurement



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Council, established under State Finance Law, Article XI, Section 161, and responsible for the study, analysis, and development of recommendations to improve state procurement policy and practices; and for development and issuance of guidelines governing state agency procurement can be found at the New York State Office of General Services website, <https://ogs.ny.gov/procurement/nys-procurement-council>.

8. Question: Who are your current incumbent vendors for these services?

Answer: The Vendors currently contracted to perform Hospital Sitter Services (Patient Companion Services in IFB TAC 071521) for the OPWDD Taconic DDSOO are, in alphabetical order: Ethan Allen Personnel Group, Inc. DBA Ethan Allen Staffing, FADMO Health and Homecare Agency, Inc., Horizon Staffing Solutions, Inc., Total Healthcare Staffing of L. I., Inc., and Worldwide Travel Staffing, Limited.

9. Question: Are you satisfied with your current vendors?

Answer: Contractors provide services as listed in the Scope of Work as agreed to in their contract.

10. Question: Are your needs being met?

Answer: Contractors provide services as listed in the Scope of Work as agreed to in their contract.

11. Question: What are your current hourly bill rates by classification?

Answer: Please see the attached document, 2016-2021 Contract Term Vendor Pricing

12. Question: Will you please provide a rough estimate on the hourly reimbursement rates by county?

Answer: Please see the attached document, 2016-2021 Contract Term Vendor Pricing.

13. Question: What were your hours of usage by each classification for the last 3 years?

Answer: OPWDD is not able to provide an exact number of hours of usage by each classification for the last 3 years, but OPWDD is able to provide an **estimate** of the total hours of usage by each classification for the last 3 years:

Estimated total regular hours of usage for the last 3 years = 12,195 hrs., or 4,065 hrs. per year

Estimated total holiday hours of usage for the last 3 years = 244 hrs., or 81 hrs. per year

Please refer to the Cost Proposal Form of IFB TAC 071521, for projected estimates of regular and holiday hours per year for each hospital. Bidders are instructed to please note: The estimated hours listed for each hospital are an estimate of annual Patient Companion usage. Hours noted are not to be construed as a guarantee of hours, but rather a guide of the average usage for bidding purposes only.

14. Question: Are we able to take exceptions and propose language to any of the terms and/or requirements?

Answer: No.



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15. Question: What is the projected volume for this need, and can we bid in some areas as opposed to all of them?

Answer: Please refer to the **Cost Proposal Form** of IFB TAC 071521, for projected estimates of regular and holiday hours per year for each hospital. Bidders are instructed to *please note: The estimated hours listed for each hospital are an estimate of annual Patient Companion usage. Hours noted are not to be construed as a guarantee of hours, but rather a guide of the average usage for bidding purposes only. Bidders may choose to bid on as many or as few Hospitals listed on the Cost Proposal Form.*

Respectfully,

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