

New York State Executive Chamber
Request for Proposals (RFP)
Commission on the Future of Health Care Support Services
AMENDMENT 2
ISSUED January 10, 2025

This Amendment is being issued to amend and clarify certain information contained in the Future of Health Care Support Services Request for Proposals (RFP) that was issued July 15, 2024. All information contained herein is binding on all Bidders who submit a proposal in response to this RFP.

The RFP is amended as follows:

1. The schedule on page 1 is hereby deleted and replaced with the following:

Date	Event
July 15, 2024	Issuance of Request for Proposals
July 22, 2024 by 12:00 PM ET	Consultant/Firm Inquiries Due
August 5, 2024	Request for Proposals Placed on Hold
January 10, 2025	Re-issuance of Request for Proposals & Chamber's Response to Firm Inquiries
January 23, 2025	Proposal Submission Deadline
Week of February 3 rd	Finalist Interviews
February 2025	Proposal Evaluation and Selection
TBD	Anticipated Contract Start Date

2. The MWBE & SDVOB goals on Page 1 is hereby deleted and replaced with the following:

MWBE Goal: 0% participation

SDVOB Goal: 0% participation

3. Section 1.1 – Background and Overview is hereby amended to add the following:

For Year 1, the focus areas of the Commission have been inpatient hospital services (referred to as Hospitals) and long-term services and supports (LTSS). Commission members have been working across two subcommittees, one focused on Hospitals and the other on LTSS, to understand the landscape and challenges, and develop data-driven recommendations to prepare for and mitigate these challenges.

Process

By the completion of year 1, the Commission will complete the following activities:

- Compile an overview of the landscape of capacity, utilization, providers, payers, and other contributing factors that inform New York's State's Hospitals and LTSS system

- Develop a data-driven and evidence-based view of priority challenges within Hospitals and LTSS across the areas of access, outcomes, quality, equity, financial sustainability, and workforce (non-exhaustive)
- Analyze current and future trends that are likely to impact Hospital and LTSS
- Develop a view of the target future state for each of Hospitals and LTSS and assessed gaps to target future state
- Develop a long list of potential solutions to address identified challenges and gaps to target future state, informed by stakeholder suggestions, research into peer state practices, learnings from prior New York State actions, and Commission discussion
- Prioritize recommendations through consideration of scope and degree of impact, investment required and overall feasibility
- Develop charters for each priority recommendation
- Align on list of recommendations with supporting rationale and evidence
- Develop preliminary view on available data sources, key research questions, and potential challenges to be addressed across Primary Care, Behavioral Health, and Site of Care Shift.

The Commission has been meeting every month, alternating between full Commission and Subcommittee meetings for Hospitals and LTSS. As of November 15, 2024, there have been seven full Commission meetings and twelve subcommittee meetings across Hospitals and LTSS. Subcommittee meetings have been used to advance topic-specific considerations, which were then shared back and discussed at full Commission meetings.

In addition to monthly meetings, the Commission has also engaged ~25 stakeholder organizations across LTSS and hospital associations, labor unions, health plans, business, consumer, primary care, behavioral health, and IDD/foster care to gather input on key challenges, findings, and recommendation areas. Stakeholders were engaged through periodic collective briefings on the Commission’s work and smaller group discussions of specific topics such as hospital quality, workforce growth, and nursing facilities, among others. Stakeholders have also been invited to share offline input throughout Year 1 of the Commission, which has been reviewed by Commission members.

Data and analysis utilized to support Commission’s work

The Commission’s Year 1 recommendations will be based on analyses conducted on quantitative and qualitative data from New York State Department of Health (NYSDOH), Department of Labor, CMS and other national datasets, and peer state benchmarking. More specifically, analysis leveraged the following datasets:

- NYSDOH:
 - Institutional cost reports (ICRs)
 - Statewide Planning and Research Cooperative System (SPARCs)
 - Hospital Electronic Response Data System (HERDS)
 - Claims data in the All-Payer Database (APD)
 - Claims data in Medicaid Data Warehouse (MDW) extracts
 - Medicaid managed care enrollment reports
 - MLTC performance tables data
 - Electronic Visit Verification (EVV) data
- Other:

- CMS datasets (quality star ratings, emergency department wait times, cost reports)
- National Academy for State Health Policy (NASHP) Hospital Cost Tool (HCT)
- AHA DataQuery Financial Database
- IQVIA OneKey reference dataset
- Woods & Poole demographic data
- American Community Survey (ACS) demographic data
- Bureau of Labor Statistics Occupational Employment and Wage Statistics (OEWS)

These datasets were used to perform analyses on topics such as financial gains and losses, changes in capacity, occupancy, and volume, drivers of hospital and LTSS facility quality, change in plan enrollment over time, and change in utilization of different services – and associated outcomes and cost to the State – over time. More specifically, analyses focused on:

- Utilization and Access: Analyzed LTSS and hospital service use to understand demand by region, service type, and demographics.
- Financial Performance and Cost: Assessed LTSS and hospital financial health, focusing on cost drivers, expenditures, payer mix, and facility performance.
- Quality of Care and Outcomes: Evaluated metrics like patient satisfaction, outcomes, readmissions, and mortality to identify improvement areas.
- Capacity and Infrastructure: Reviewed hospital bed occupancy and LTSS availability to assess capacity for patient demand.
- Impact of recommendations: Estimated the potential impact of proposed recommendations through scenario modeling of utilization, quality outcomes, and costs.

4. The last paragraph of Section 1.3 – Statement of Work is hereby deleted and replaced with following:

Any work the Firm does to develop and execute the Statement of Work and any subsequent amendment shall be at no cost to the Chamber and shall not be listed as a deliverable of the project unless specifically requested by the Chamber. Accordingly, the time of the Contract Manager shall not be billable to the Chamber for this work.

5. Section 1.4 – Mandatory Requirements, is hereby deleted and replaced with the following:

In order to be considered for contract award, Firms must certify that they meet the minimum qualifications set forth below. Satisfaction of this minimum qualification shall be documented as part of the Technical Proposal of this RFP. **Inability to meet the minimum qualifications set forth below will result in the rejection of a proposal as non-responsive.**

Mandatory Consultant Qualifications:

The Firm shall have completed a major health care project involving the services described in Section 1.2 of this RFP for New York, the Centers for Medicare & Medicaid Services, or a state comparable to New York State. For this purpose, the Chamber considers states comparable to NYS to include California, Texas, Florida, Pennsylvania, Illinois, Ohio, Michigan, New Jersey, Virginia, Washington, Massachusetts, and Oregon.

In addition, the Firm shall have demonstrated experience – as evidenced through prior project work – working with datasets related to New York or other comparable states’ health care delivery system. This experience shall include experience accessing, cleaning, aggregating, combining, analyzing, and drawing insights from these datasets.

For the purposes of this RFP and any resultant contract, “health care” may include, but not be limited to, the following sectors:

- hospitals
- long-term care
- primary and ambulatory care
- behavioral health
- persons with intellectual or developmental disabilities
- health-related social needs

6. Section 2.1.E – Staff Experience and Qualifications, is hereby deleted and replaced with the following:

In this section of the Technical Proposal, Firms should demonstrate that the proposed staff have the knowledge and ability to perform the services described in the RFP.

1. Identify each team member, including subcontractors, using the titles described in Form 1 (Cost Proposal), even if these titles are not consistent with the Firm’s existing titles. Firms should provide in depth detail and examples to support the knowledge and experience of their staff. Describe each team member’s:
 - a. qualifications and experience in providing health care related strategy, data analytic, project management, implementation support or similar services;
 - b. functional area of responsibility as it relates to the required services; and
 - c. experience in providing the services identified in Section 1.2.
2. Discuss how the team was assembled and how the work will be completed. Include a description of the subcontractor’s past work for the Firm, if any, and how the Firm will monitor the work performed by the subcontractor.
3. It is the expectation of the Chamber that the team assigned to the State will have limited turnover. Provide a discussion about staff availability and accessing additional staff with the requisite expertise and experience to provide the services outlined in Section 1.2 of this RFP addressing the following:
 - If selected, will the staff proposed be available for the duration of the contract?
 - If certain staff will not be available for the entire contract period, how will such potential staff turnover affect the engagement?Firm should be aware that replacement staff are subject to the approval of the Chamber during the contract term.
4. In an appendix of the Firm’s Technical Proposal, please include resumes for all members of the team, including subcontract personnel who are likely to work on the project. Resumes do not count toward the 30-page limit.

7. Section 3.3 – Evaluation and Scoring, first paragraph is hereby deleted and replaced with the following:

Technical Evaluation (76 Points)

An Evaluation Panel will independently score each Technical Proposal that meets the submission requirements of this RFP. Evaluation Panel members will score Technical Proposals to identify Firms with the highest probability of satisfactorily providing the services described in Section 1.2 of this RFP. Evaluations will be based on the Firm’s demonstration of its ability to provide the services required through its Technical Proposal. Individual Panel member scores will be averaged to calculate a technical score for each responsive Firm.

8. Section 9 – NYS Executive Law Article 15-A, is hereby deleted and replaced by the following:

NYS Executive Law Article 15-A

Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations (“NYCRR”), the Chamber is required to promote opportunities for the maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) and the employment of minority group members and women in the performance of Chamber contracts.

Business Participation Opportunities for MWBEs

Pursuant to 5 NYCRR Section 142.2, the Chamber has determined that MWBE Contract Goals are not practical, feasible or appropriate for the services required under this RFP. As such, there are no MWBE subcontracting goals for this procurement.

Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the Firm agrees with all of the terms and conditions of the Sample Contract (Appendix B) and the Standard Clauses for All New York State Contracts (Appendix A) including Clause 12 - Equal Employment Opportunities for Minorities and Women. The Firm is required to ensure that it and any subcontractors awarded a subcontract for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Firm, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, gender identity or expression, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Firm will be required to submit a Minority and Women-owned Business Enterprise and Equal Employment Opportunity Policy Statement, to the Chamber with its bid or proposal.

If awarded a Contract, the Firm shall submit a Workforce Utilization Report, in such format as shall be required by the Chamber on a quarterly basis during the term of the Contract.

Pursuant to Executive Order #162, contractors will also be required to report the gross wages paid to each of their employees for the work performed by such employees on the contract utilizing the Workforce Utilization Report on a quarterly basis.

Further, pursuant to Article 15 of the Executive Law (the “Human Rights Law”), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, gender identity or expression, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

9. Section 10 – Service-Disabled Veteran Owned Business Enterprises (SDVOB) , is hereby deleted and replaced with the following:

NYS Veteran’s Services Law Article 3

Article 3 of the New York State Veteran’s Services Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. The Chamber recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of Chamber contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Firms are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, the Division conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to the successful Firms. Nevertheless, Firms are encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>.

Firms are encouraged to contact the Office of General Services' Division of Service-Disabled Veteran's Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

10. Appendix C – Proposal Checklist is hereby deleted and replaced with the attached updated checklist.

APPENDIX C: PROPOSAL CHECKLIST
Commission on the Future of Health Care Support Services

 Consultant/Firm Name

 Date

Technical Proposal

- | | | | | |
|--|-----|-------|----|-------|
| 1. Did the Firm an electronic version of the Technical Proposal? | Yes | _____ | No | _____ |
| 2. Does the proposal contain all components of the Technical Proposal, as stated below? | Yes | _____ | No | _____ |
| A. Table of Contents | Yes | _____ | No | _____ |
| B. Executive Summary | Yes | _____ | No | _____ |
| C. Mandatory Qualifications | Yes | _____ | No | _____ |
| D. Firm Experience and Qualifications | | | | |
| • Overview of the Firm’s experience | Yes | _____ | No | _____ |
| • Detailed description of the direct prior experience of the Firm | Yes | _____ | No | _____ |
| • Two similar engagements that demonstrate the Firm's expertise and experience | Yes | _____ | No | _____ |
| E. Staff Experience and Qualifications | | | | |
| • Identify staff and, provide a description of each member’s qualifications and experience of staff | Yes | _____ | No | _____ |
| • Team assembly information | Yes | _____ | No | _____ |
| • Staff availability and access discussion | Yes | _____ | No | _____ |
| • Staff resumes | Yes | _____ | No | _____ |
| F. Reference Letters | | | | |
| • At least two (2) letters of reference for Firm's engagements | Yes | _____ | No | _____ |
| • One (1) letter of reference each for Engagement Partner and Project Manager | Yes | _____ | No | _____ |
| 3. Excluding table of contents, sample deliverables, staff resumes, and letters of reference, is the Technical Proposal 30 pages or fewer? | Yes | _____ | No | _____ |

Cost Proposal

- | | | | | |
|---|-----|-------|----|-------|
| 1. Did the Firm provide an electronic version of the Cost Proposal? | Yes | _____ | No | _____ |
| 2. Did the Firm complete and sign Form 1: Cost Proposal Form? | Yes | _____ | No | _____ |

Administrative Proposal

- | | | | | |
|---|-----|-------|----|-------|
| 1. Did the Firm provide an electronic version of the Administrative Proposal? | Yes | _____ | No | _____ |
| 2. Did the Firm submit signed copies of: | | | | |
| • Form 2: Firm Information and Attestation | Yes | _____ | No | _____ |
| • Form 3: Non-Collusive Bidding Certification | Yes | _____ | No | _____ |
| • Form 4: Firm Assurances of No Conflict of Interest or Detrimental Effect | Yes | _____ | No | _____ |

- Form 5: MWBE and Equal Employment Opportunities Requirements, Forms 5.1 and 5.2 Yes _____ No _____
- Form 6: Response to the Diversity Practices Questionnaire, with supporting documentation Yes _____ No _____
- Form 7: Vendor Responsibility Questionnaire (hardcopy or submitted electronically in the State's VendRep system) for the Consultant/Firm and any subcontractor anticipated to receive a subcontract in excess of \$100,000 Yes _____ No _____
- Form 8: Procurement Lobbying Form Yes _____ No _____
- Form 9: Disclosure of Pending or Prior Lawsuits, Conflicts of Interest, or Investigations or Disciplinary Actions Yes _____ No _____
- Form 10: Freedom of Information Law Redaction Request Yes _____ No _____
- Form 11: Executive Order No. 177 Certification Yes _____ No _____
- Form 12: Sexual Harassment Prevention Certification Yes _____ No _____
- Form 13: Certification Under Executive Order No. 16 Yes _____ No _____