

**REQUEST FOR PROPOSALS (RFP)**

**Issued by Public Health Solutions (PHS)**

**On behalf of**

**New York City (NYC) Department of Health and Mental Hygiene (DOHMH)  
Office of Emergency Preparedness and Response (OEPR)  
Bureau of Healthcare System Readiness (BHSR)**

**Adult Care Facilities Emergency Preparedness Coordination Project**

**Issue Date: August 8, 2018**

**Proposals Due: August 28, 2018, 12:00PM ET**

RFP Contact: Paulo Sazon, Public Health Solutions  
Email: [psazon@healthsolutions.org](mailto:psazon@healthsolutions.org)

**Adult Care Facilities Emergency Preparedness Coordination Project**

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## **I. Basic Information**

### **Timeline**

RFP Release	August 8, 2018
Questions Due	August 13, 2018, 12:00PM ET
Question and Answer Supplement Release Date	August 16, 2018
Proposals Due	August 28, 2018, 12:00PM ET
Anticipated Vendor Interviews	Week of September 10, 2018
Anticipated Contract Start Date	September 24, 2018

### **Submission Information**

Proposals are due on **Tuesday, August 28, 2018 at 12:00PM ET**. Late submissions may not be evaluated.

Proposals must be submitted via email to:

**Paulo Sazon**  
**Contract Manager**  
**Public Health Solutions**  
**Email: [psazon@healthsolutions.org](mailto:psazon@healthsolutions.org)**

### **Questions Regarding RFP**

Questions regarding this RFP should be emailed to the authorized contact: [psazon@healthsolutions.org](mailto:psazon@healthsolutions.org).  
Questions will be accepted until **12:00PM ET on Monday, August 13, 2018**.

A Question and Answer Supplement will be available for download on **Thursday, August 16, 2018** at <http://www.healthsolutions.org/rfp>.

### **Authorized RFP Contact**

Vendors are advised that the Authorized Contact Person for all matters concerning this RFP is Paulo Sazon; email [psazon@healthsolutions.org](mailto:psazon@healthsolutions.org).

**Vendors must not contact any other Public Health Solutions (PHS) personnel or the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) regarding this project in the period between the release of this RFP and the notice of award.**

### **Number of Awards**

It is anticipated that one (1) vendor will be selected.

### **Anticipated Contract Term**

The anticipated contract term is from **September 24, 2018 to June 14, 2019**.

### **Anticipated Award Amount**

The anticipated maximum reimbursable amount for this project is \$100,000.

### **Funding Source**

Funding for this project is subject to the availability of funds from the National Bioterrorism Hospital Preparedness Program (HPP)/Public Health Emergency Preparedness (PHEP) Cooperative Agreement, funded by the Assistant Secretary for Preparedness and Response (ASPR) and Centers for Disease Control and Prevention (CDC) (HPP CFDA#93.889; PHEP CFDA# 93.069).

## **II. Background and Purpose**

### **Background**

New York City (NYC) has experienced multiple emergencies, including H1N1, Hurricane Irene, Superstorm Sandy, Ebola, Legionella and Zika which have highlighted both the need for the adult care facility (ACF) sector to be prepared for any disaster as well as the key roles ACFs serve during emergencies.

For the past five years, the NYC Department of Health and Mental Hygiene (DOHMH) has engaged and conducted outreach to all NYC-based ACFs through deliverables focusing on emergency preparedness capabilities, including communications and situational awareness, healthcare coalition development, emergency preparedness planning, education and training.

### **Purpose**

The purpose of this RFP is to select one (1) vendor to build upon and support NYC's Adult Care Facilities Emergency Preparedness Coordination Project by providing subject matter expertise to create innovative emergency preparedness initiatives to engage NYC's seventy-eight (78) adult care providers that serve a high risk and vulnerable medical population (i.e., behavioral health) that must be considered in emergency preparedness and planning. The selected vendor will work with DOHMH to conduct outreach to NYC-based ACFs through activities that address situational awareness, communications, healthcare coalitions, emergency preparedness planning, education, and training (See Appendix A: Scope of Services Template).

DOHMH's goal is by the end of June 2019, all of the NYC-based ACFs will have a basic understanding of emergency preparedness so as to build facility level capabilities and capacities to respond to public health emergencies and/or disasters.

## **III. Vendor Eligibility**

A vendor must have **at least three (3) years of experience** in all of the following areas:

- Conducting emergency management activities, including developing and implementing tabletop exercises (TTXs) and emergency operations plans, in healthcare settings (e.g., hospitals, long-term care facilities and departments of public health).
- Designing emergency preparedness program(s) that addresses behavioral health and/or medically vulnerable populations, including toolkit development for a healthcare setting, preferably in adult care/assisted living sector.
- Developing and executing emergency management training workshops and webinars that are competency based and include pre- and post-assessments for healthcare workers (i.e., administrators and frontline staff) in adult care facilities/assisted living sector.
- Working with ACFs and the vulnerable populations they serve.

### **Subcontracting**

If any portion of the work will be performed by a subcontractor, use of the subcontractor must be pre-approved by DOHMH. You must indicate clearly your intention to use subcontractor(s) in your proposal, including which vendor will serve as prime contractor (lead organization) and which vendor(s) will be subcontractor(s).

#### IV. Required Content and Format of Proposal

##### **Required Content of Proposal**

***Proposals must include all five (5) of the following components. Proposals that do not contain all of these required components will be deemed unresponsive and may not be evaluated.***

1. **Cover Letter** – *One (1) page maximum.* The cover letter must be signed by a principal of the vendor.
2. **Organizational Capacity/Project Team Narrative** – *Three (3) pages maximum.* Describe the vendor's organizational infrastructure, capacity, and resources to complete the Scope of Services in Appendix A. Provide the names and a brief description of the proposed team. *You must designate a single project lead. Identify each team member's role and responsibility and the percentage of their time that will be devoted to the project.* Indicate how the proposed team's experience and skills serve as qualifications for completing project deliverables. If you plan to subcontract any part of the work, provide the same information for the subcontractor.
3. **Organizational Experience** - *Three (3) pages maximum.* List and provide brief descriptions of the relevant projects (e.g., exercise, emergency operations plan, toolkit development and curriculum design, technical assistance program in a healthcare setting) that the vendor has successfully completed. Demonstrate experience with adult learning, developing workshop/webinar materials, learning aids, pre- and post-tests and group activities. Provide a thorough description of approaches to assessing program/session impact and mastery of knowledge and skills. If you plan to subcontract any part of the work, provide the same information for the subcontractor.
4. **Appendix A: Scope of Service Template** – *No page limit.* Fully complete Appendix A: Scope of Services Template.
5. **Attachments:**
  - a. **Resumes:** *No page limit.* For each team member, including any subcontractor(s), provide (i.) a resume/CV and (ii.) a brief description of work on relevant projects.
  - b. **Work Samples:** *No page limit.* Provide one (1) work sample related to the development of an emergency management program, training and or toolkit for a healthcare setting (adult care facilities or assisted living sector preferred) and one (1) work sample related to the conduct of emergency preparedness exercise, preferably tabletop, in a healthcare setting (adult care facilities or assisted living sector preferred ). Examples of acceptable work samples are technical reports, training and, curriculum materials, concepts of operations, after action reports, etc.
  - c. **References:** *One (1) page maximum.* Provide a total of three (3) references. For each reference, describe the type and nature of the emergency management program, training or exercise or other work completed for the reference; and provide the name, business address, telephone number, and email address of a contact.

##### **Format of Proposal**

- Components 1-3 and 5.c. of the Proposal must be on 8 ½" x 11" paper and use single spacing, one inch margins, and 12-point Font. Do not exceed the page limits listed above.
- Component 4: complete as instructed the Word document included with this RFP, Appendix A: Scope of Services Template.

## **V. Evaluation Criteria and Award Process**

### **Evaluation Criteria**

All proposals received by the due date and time will be reviewed to determine if they are responsive. Late proposals and proposals that are determined to be non-responsive may not be evaluated.

Proposals will be evaluated based on the following criteria:

- Project Approach, including proposed additions/modifications to the Proposed Scope of Services – 40%
- Organizational Capacity/Project Team – 25%
- Organizational Experience – 25%
- Cost Proposal and Budget Justification – 10%

### **Interviews**

DOHMH and PHS reserve the right to enter into discussions (via conference calls or in-person meetings) with – and formally request more information from – a short list of vendors to enhance their understanding of each vendor’s capabilities as they relate to the requirements of this RFP. Interviews are expected to take place on or around the **week of September 10, 2018**. However, DOHMH and PHS reserve the right to award a contract on the basis of the initial proposals received without discussion; therefore, the initial proposal should contain the vendor’s best programmatic and cost terms.

### **Basis for Award**

DOHMH will select the vendor whose proposal is determined to be the most advantageous to DOHMH, taking into consideration the evaluation criteria listed above. Additionally, final award decisions may consider past contract performance (if vendor has current contract(s) or had contracts within the last two years with PHS and/or the City of New York) or reference/background checks for vendors without any prior or recent contracting relationship with PHS and/or the City of New York.

### **General Contract Information**

Any contract award will be made by PHS, a 501(c) (3) not-for-profit organization, in its role as DOHMH’s fiscal agent and will be subject to timely and successful completion of contract negotiations, demonstration of all required insurance coverage, and all other requirements of and approvals by DOHMH and PHS.

Prior to the issuance of a contract, DOHMH may require that, as applicable to this project, additional relevant service delivery requirements not included here must be agreed upon. These requirements may pertain to but not be limited to privacy, confidentiality, and data use.

All Work Product, materials, publications, videos, curricula, reports, and other material produced as a direct requirement of the contract will be considered “work-made-for-hire” and will be the sole property of DOHMH.

**Release of this RFP does not obligate PHS to award a contract.**

## Appendix A: Scope of Services Template

Vendor Name: \_\_\_\_\_

### **Instructions**

**1. Complete the Proposed Scope of Services table below. Provide Proposed Dates of Completion and Proposed Costs for each Minimum Required Activity within a Deliverable.**

The Proposed Scope of Services table includes mandatory Deliverables that the selected vendor must complete. However, vendors are highly encouraged to propose additional Deliverables, with corresponding Required Activities, Required Documentation, Metrics, Proposed Dates of Completion, and Proposed Costs; propose modifications to existing Deliverables, Required Activities, Required Documentation, and Metrics; and/or propose modifications to the sequence of Minimum Required Activities that will improve overall project outcomes. These proposals must be made in tracked changes or indicated in the Comments/Proposed Modifications column.

A final list of approved Deliverables for the selected vendor will be developed in partnership between the selected vendor and DOHMH prior to contract execution.

*All Deliverables must be completed and all final versions of Required Documentation must be provided to DOHMH no later than June 14, 2019. This is a firm completion date.*

### **2. Complete the Narrative Section.**

#### **I. Proposed Scope of Services**

<b><u>Adult Care Facilities (ACF) Emergency Preparedness Coordination Project</u></b>				
<b>Deliverable</b>	<b>Minimum Required Activities and Documentation</b>	<b>Proposed Date of Completion</b>	<b>Proposed Cost</b>	<b>Comments/Proposed Modifications</b>
<b>Deliverable I.</b> Citywide ACF Emergency Preparedness Planning and Coalition Building.				
A. Long Term Care Sector Advisory Board Meetings	1. Attend four (4) Advisory Board meetings (in-person and/or via conference call(s)), convened by DOHMH, for the Long Term Care Sector with NYC DOHMH and NYC-based Nursing Home Associations to represent the NYC-based ACF sector to ensure efficient coordination between programs servicing the long term care sector. The selected vendor will provide overall guidance and feedback on current initiatives (e.g., Long Term Care Exercise Program and Long Term Care Continuity Planning Program) designed to increase emergency	To be determined by DOHMH		

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	<p>preparedness capabilities among NYC’s adult care sector.</p> <p><b>Required Documentation:</b></p> <ol style="list-style-type: none"> <li>1. Completed evaluation survey</li> <li>2. Summary notes (not to exceed two (2) pages)</li> </ol>			
B. New York City Healthcare Coalition (NYCHCC) Leadership Council Meetings	<p>1. Conduct outreach and share NYCHCC Leadership Council meeting announcements with the ACF sector to ensure attendance and participation of at least one (1) representative from the ACF sector at the four (4) NYCHCC Leadership Council meetings. <i>NYCHCC Leadership Council meetings convene the leadership of all funded NYCHCC sectors and may include conferences, exercises, focus-groups, and/or workshops as part of the meeting agenda in order to advance NYCHCC preparedness efforts and meet grant requirements, including development of the NYCHCC governing, assessment and planning documents.</i></p> <p><i>The selected vendor will be responsible for ensuring ACF providers and administrators attend these meetings. At least two (2) ACF providers from each of the five boroughs will attend the NYCHCC Leadership Council Meetings. The selected vendor will be asked to attend all NYCHCC Leadership Council meetings and draft one (1) page summary report for each meeting to share with ACF providers on the outcome of the meetings.</i></p> <p><b>Required Documentation:</b></p> <ol style="list-style-type: none"> <li>1. Documentation of outreach (e.g., emails) and a list of ACF representatives registered for each NYCHCC Leadership Council Meeting. <i>*Note: sign-in sheets and/or completed evaluation surveys for each of the four (4) NYCHCC Leadership Council meetings will be provided by DOHMH.</i></li> <li>2. One (1) page written summary of all meetings’ content to be shared via email to the ACF sector and Associations to</li> </ol>	To be determined by DOHMH		



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	provide situational awareness of emergency planning in NYC.			
C. Emergency Preparedness Symposia (EPS)	<p>1. Conduct outreach and share EPS announcements with the ACF sector to ensure attendance and participation of at least one (1) representative from the ACF sector at the three (3) EPS. Facilitate the registration of the ACF representatives for the EPS (i.e., share registration link provided by DOHMH and assist ACF representatives with the registration process). <i>EPS convene the leadership of all funded healthcare providers three (3) times a year. Attendance at these meetings may require active participation in DOHMH sponsored workshops.</i></p> <p><i>The selected vendor will be responsible for ensuring ACF providers and administrators attend these meetings. The selected vendor must attend all EPS.</i></p> <p><b>Required Documentation:</b></p> <p>1. Documentation of outreach (e.g., emails) and a list of ACF representatives registered for each EPS. * <i>Note: sign-in sheets and/or completed evaluation surveys for each of the three (3) EPS meetings will be provided by DOHMH.</i></p> <p>2. One (1) page written summary of all meetings' content to be shared via email to the ACF sector and Associations to provide situational awareness of emergency planning in NYC.</p>	To be determined by DOHMH		
<b>Deliverable II. Education and Training</b>				
A. Federal Emergency Management Agency (FEMA) Preparedness Classes	<p>1. Conduct outreach and share the FEMA registration process* and website link with the ACF sector to ensure that ACF providers (at least one (1) from each ACF (n=78)) complete the following four (4) FEMA Incident Command System (ICS) classes:</p> <ul style="list-style-type: none"> <li>a. IS-100: Introduction to the ICS</li> <li>b. IS-700: National Incident Management System (NIMS), An Introduction</li> </ul>			

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	<p>c. IS-800.b: National Response Framework, An Introduction</p> <p>d. IS-230.d: Fundamentals of Emergency Management</p> <p><i>*The selected vendor will facilitate the registration or creation of FEMA accounts with ACF providers to enroll in the FEMA ICS classes.</i></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>Target: 100% of NYC-based ACFs (n = 78) will have at least one (1) representative from each of the NYC-based complete all four (4) of the required FEMA preparedness courses to gain an understanding of ICS and NIMS.</li> </ul> <p><b>Required Documentation:</b></p> <p>1. Certificate of completion for four (4) FEMA ICS classes from at least one (1) person at each ACF location.</p>			
B. Emergency Preparedness Webinar Series	<p>1. Plan, coordinate, and moderate four (4) one-hour webinars addressing topics related to emergency preparedness for NYC-based ACF sector. Market the webinar series and recruit ACFs (n=78) to attend. Webinar topics should include issues mutually relevant to ACFs and NYC healthcare emergency preparedness planning, such as Influenza planning, coastal storm evacuation/sheltering-in-place planning, infection control, donning/doffing Personal Protective Equipment (PPE), mass prophylaxis, etc.</p> <p><i>All draft webinar series materials must be submitted to DOHMH two (2) weeks prior to the date of the event and by 5:00PM ET on the due date for review by DOHMH. Up to two (2) rounds of revision will be conducted with the final version incorporating all of DOHMH edits.</i></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>Target: 100% of ACFs (n = 78) will participate in the webinar series and have an increased awareness, and/or</li> </ul>			

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	<p>acquire increased knowledge of emergency management topics related to the ACF sector by the end of the contract term.</p> <p><b>Required Documentation:</b></p> <ol style="list-style-type: none"> <li>1. Webinar presentation slides (with learning objectives)</li> <li>2. Speakers’ backgrounds</li> <li>3. Roster of participants</li> <li>4. Written report summarizing presentation topic and potential next steps for the sector.</li> <li>5. Evaluation report, including: <ol style="list-style-type: none"> <li>o Raw survey data</li> <li>o participant feedback</li> <li>o ways to improve the webinar(s)</li> <li>o pre and post-test scores</li> </ol> </li> </ol>			
C. Workshop on Hazard Vulnerability Assessment (HVA)	<ol style="list-style-type: none"> <li>1. Develop and disseminate recruitment brochure outlining HVA workshop details to the ACFs’ providers and administrators.</li> <li>2. Identify and recruit, a minimum of sixty (60) ACFs to participate in one (1) half-day (not to exceed five (5) hours) HVA workshop utilizing HVA brochure developed. Recruitment will extend to all NYC ACF providers.</li> </ol> <p><i>The selected vendor will be responsible for securing a venue and all workshop logistics (printing, etc.). These costs should be incorporated into the Proposed Cost and described in the Budget Justification.</i></p> <ol style="list-style-type: none"> <li>3. Develop a HVA toolkit and resource materials to be delivered for the ACF providers during the half-day workshop. HVA toolkit and resource materials should be developed per Centers for Medicare and Medicaid (CMS) Emergency Preparedness Final Rule guidelines and other regulatory agencies.</li> <li>4. Plan, conduct and execute one (1) half-day HVA</li> </ol>			

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	<p>workshop to ACF providers (minimum 60 sites, maximum of 120 participants).</p> <p><b><i>All draft materials must be submitted to DOHMH two (2) weeks prior to the date of the event and by 5:00PM ET on the due date for review by DOHMH.</i></b></p> <p><b>Metrics:</b></p> <ul style="list-style-type: none"> <li>Target: 76% of ACFs (n = 60) will participate in the HVA workshop to increase their baseline knowledge on risk assessments to inform site specific emergency management program.</li> </ul> <p><b>Required Documentation:</b></p> <ol style="list-style-type: none"> <li>Final recruitment brochure</li> <li>List of ACF providers recruited to participate in the HVA workshop (e.g., names, titles, contact information, name of facility, facility location etc.)</li> <li>Final HVA toolkit and resource materials</li> <li>Educational Workshop materials: <ul style="list-style-type: none"> <li>Agendas</li> <li>Learning objectives</li> <li>Attendance and participation records</li> <li>Pre- and post-test results (target minimum score for post-test 70%)</li> <li>Evaluation tool and results (raw data)</li> <li>Workshop summaries (recommendations and next steps)</li> </ul> </li> </ol>			
D. Emergency Preparedness Conference, including tabletop exercise, for NYC-based ACF	<ol style="list-style-type: none"> <li>Plan and coordinate an ACF focused full-day (not to exceed five (5) hours) emergency preparedness conference for approximately, which includes a tabletop exercise and corresponding planning meetings. <i>The selected vendor will be responsible for securing speakers, conference venue, developing the necessary conference materials, and assisting with registration.</i></li> </ol>			

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	<p>2. Identify and recruit a minimum of 60 ACFs (to bring up to two (2) representatives for ~120 participants) to participate in the conference and tabletop exercise. Use targeted marketing materials (e.g., email blast).</p> <p><i>The selected vendor will be responsible for securing the venue and speakers. All costs associated with conference, including venue, food, materials, speakers, and printing should be incorporated into the Proposed Cost and described in the Budget Justification.</i></p> <p>3. Schedule and conduct three (3) exercise planning meetings and develop all tabletop exercise materials (i.e., scenario, objectives, exercise evaluation guide, participant feedback forms, etc.). The selected vendor may utilize materials developed in the HVA workshop. <i>The tabletop exercise should follow Homeland Security Exercise Evaluation Program (HSEEP) guidelines:</i></p> <ul style="list-style-type: none"> <li>• Initial Planning Meeting (duration: 2 hours)</li> <li>• Mid-Term Planning Meeting (duration: 2 hours)</li> <li>• Final Planning Meeting (duration: 2 hours)</li> </ul> <p>4. Conduct one (1) annual emergency preparedness conference, including tabletop exercise. Topics for the conference will be identified in partnership with DOHMH and ACF sector. The entire conference, including the tabletop exercise, is not to exceed five (5) hours. Evaluate the conference and tabletop exercise by surveying participants. Develop final report and After Action (AAR)/Improvement Plan (IP) summarizing the annual conference. Provide sufficient detail for planning the next annual conference.</p> <p><b><i>All draft materials must be submitted to DOHMH two (2) weeks prior to the date of the event and by 5:00PM ET on the due date for review by DOHMH. Up to two (2)</i></b></p>			
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	<p><i>revisions with the final document incorporating all of DOHMH edits.</i></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>Target: 100% of ACFs (n = 78) will participate in the conference and have increased knowledge of emergency management topics related to the ACF sector by the end of the contract term.</li> </ul> <p><b>Required Documentation:</b></p> <ol style="list-style-type: none"> <li>Planning documents for implementation of conference and tabletop exercise</li> <li>Marketing materials and emails recruiting NYC-based ACFs to attend conference and tabletop exercise, list of participants and sites identified to attend the conference and tabletop exercise</li> <li>Initial, mid-term and final planning meetings sign-in sheets and presentation materials</li> <li>Final Conference and Exercise materials (including, but not limited to): <ul style="list-style-type: none"> <li><b>Conference materials:</b> PPTs, speaker backgrounds, agendas, sign-in sheets and evaluation report (not to exceed two (2) pages), including raw data, and potential next steps.</li> <li><b>Exercise materials:</b> final situation manual (i.e., exercise scenario, objectives, evaluation guide, participant feedback forms), and post-tabletop exercise final AAR and IP etc.</li> </ul> </li> </ol>			
Total Proposed Cost				

## II. Narrative

1. Project Approach
<ul style="list-style-type: none"><li>For each Deliverable, describe your overall approach to completing the Minimum Required Activities, developing the Required Documentation, and meeting the Metrics.</li><li>If you proposed additions and/or modifications to the Proposed Scope of Services, explain how they will enhance/improve the project.</li></ul>
2. Budget Justification
<ul style="list-style-type: none"><li>Provide a detailed budget justification for the Proposed Costs, including labor (staff title, number of hours, labor rates, and total labor costs) and other costs (e.g., venue rental, printing, etc.).</li></ul>