

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)**

NYC Long Term Care Train the Trainer Program

Issue Date: August 8, 2018

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

RFP Contact: Paulo Sazon, Public Health Solutions
Email: psazon@healthsolutions.org

NYC Long Term Care Train the Trainer Program

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Request for Proposals – NYC Long Term Care Train the Trainer Program
Public Health Solutions on behalf of New York City Department of Health and Mental Hygiene

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
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

Questions Regarding RFP

Questions regarding this RFP should be emailed to the authorized contact: 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.

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 \$220,000.

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 such as H1N1, Hurricane Irene, Superstorm Sandy, Ebola, Legionella and Zika. These emergencies not only highlighted the roles of nursing homes and adult care facilities (ACFs), also known as Long Term Care (LTC) facilities in emergencies, they also stressed the importance of readiness and the need for the LTC sector to be prepared for any disaster. LTC facilities are responsible for the care of some of the most vulnerable residents in NYC and as such, they rely heavily not just on the facility, but also the staff's ability to plan for and execute policies and procedures to keep them safe during a disaster. As a result, emergency preparedness within these sectors is crucial to meeting the needs of these residents to assure their safety and that of staff and residents' families.

The NYC Long Term Care Emergency Management Programs (LTCEMP) were created to provide the tools and resources necessary for LTC facilities to participate effectively in overall emergency preparedness planning and response and specifically to develop and enhance the NYC nursing home and ACF sectors' emergency preparedness capabilities by:

- Improving their ability to partner with City and state public health entities in order to improve their mitigation, preparedness, response, and recovery in disasters,
- Creating and/or enhancing their Emergency Management Program,
- Increasing participants' knowledge of emergency response roles and how to create the infrastructure to support these roles, and
- Training leadership and staff in emergency preparedness methods relative to their sector, including planning, executing, and evaluating emergency preparedness exercises.

Purpose

The purpose of this RFP is to select one (1) vendor to build upon and implement a self-study Long Term Care Train the Trainer (LTCTTT) Program, utilizing the materials that have been developed over the last several years in an effort to provide a sustainable avenue for the NYC LTC facilities (n=248) to train multiple levels of staff (i.e., management and frontline personnel) and to continue to strengthen the NYC nursing home and ACF sectors' emergency preparedness capabilities and increase their ability to partner with public health entities before, during, and after emergencies. This LTCTTT Program will be made accessible to LTC personnel via hard copy and electronic versions (See Appendix A: Scope of Services Template).

DOHMH's goal is by the end of June 2019, all of the NYC-based nursing homes and ACFs will be able to effectively maximize their capabilities and capacities by having access to the LTCTTT Program to increase their individual planning efforts, and to be resilient during disasters.

III. Vendor Eligibility

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

- Emergency management.
- Healthcare sector (e.g., hospitals, LTC facilities and public health departments).
- Designing technical assistance programs and/or toolkits for a healthcare setting.

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- Developing emergency management course content and curriculum design for healthcare workers that are competency based with:
 - learning objectives, lesson/teaching plans;
 - content, learning aids (e.g., mnemonic devices) and learning activities to apply the content and ensure content mastery/assimilation; and
 - a course evaluation tool that provides accessible outcome reports.
- Applying relevant regulatory requirements, such as the Centers for Medicare and Medicaid Services (CMS) rules for emergency preparedness.

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 relevant projects (e.g., toolkit development and curriculum design, technical assistance program in a healthcare setting, emergency operations plans) that the vendor has successfully completed. 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 team each 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 toolkit and curriculum program designed for a healthcare setting (LTC preferred) and one (1) work sample related to the conduct of a train-the-trainer and or technical assistance program in a healthcare setting (LTC preferred). Examples of acceptable work samples are technical reports, training and curriculum materials, 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,

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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. must be on 8 ½"x11" 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 be 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/Curriculum Design 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 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.

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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, Proposed Dates of Completion, and Proposed Costs; propose modifications to existing Deliverables, Required Activities, and Required Documentation; 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

NYC Long Term Care Train the Trainer (LTCTTT) Program				
Deliverable	Minimum Required Activities and Documentation	Proposed Date of Completion	Proposed Cost	Comments/Proposed Modifications
A. Program Outline/Vision for the LTCTTT Program	<p>1. Based on a review of existing LTCEMP materials and program outcomes, which DOHMH will provide to the selected vendor, develop an outline/vision for the LTCTTT program concept to include but not limited to methods of training, topic/curriculum outline, and recommended methods for dissemination and sustainability at the facility level.</p> <p>Required Documentation:</p> <p>1. Program outline and proposed LTCTTT timeline. Outline must include, but be not limited to, proposed methods, topics, and course</p>			

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	outline for each proposed module. (Up to three (3) revisions for all materials, final version incorporating all of DOHMH edits).			
B. Development of LTCTTT Curriculum, Materials, and Toolkit Content	<p>1. Design a comprehensive LTCTTT curriculum, referencing previously developed materials and focusing on the basic fundamentals of emergency management. The completed toolkit must be able to be utilized independently by NYC-based LTC facilities (i.e., self-paced and/or independent study). The LTCTTT materials – Train the trainer/Toolkit must address and include:</p> <ul style="list-style-type: none"> a. measurable educational and learning objectives that meet Nursing Home Administrators Board (NAB) standards, as well as lesson/teaching plans b. content, learning aids (e.g., mnemonic devices) and learning activities to apply the content and ensure content mastery/assimilation c. a course evaluation tool that provides accessible outcome reports d. a manual for the selection and sustainment of trainers, including initial training, cut scores for selecting trainers, recommended training activities to keep trainers current, refresh rate of training for trainers and resources for further training and development e. pre- and post-test for staff/students (trainees) <ul style="list-style-type: none"> • LTCTTT Program should be based on a defined Long Term Care Curriculum/standard element content. The LTCTTT Program must address all hazards and meet all CMS final rules for Emergency Preparedness Standards for Medicare and Medicaid Participating Providers and Suppliers (CMS-3178-P) for LTC (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html) • Curriculum should be presented in the format of a toolkit that can be disseminated to the LTC sector. The LTCTTT Program will include both a staff /student manual as well as an Instructor manual 			

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	<p>Required Documentation:</p> <ol style="list-style-type: none"> 1. Draft LTCTTT toolkit. Content should include but not be limited to measurable educational and learning objectives, as well all requirements stated in 1a-d above: <ul style="list-style-type: none"> • <i>Emergency Management Fundamentals</i> • <i>Continuity of Operations</i> • <i>Command and Control</i> • <i>National Incident Management System(NIMS)</i> • <i>Incident Command System(ICS)</i> • <i>Emergency Operations Center (EOC)</i> • <i>Risk Communications</i> • <i>Logistics Management</i> • <i>Personal Preparedness</i> • <i>Infectious Disease Preparedness</i> • <i>Community Engagement</i> • <i>Training and Disaster Preparedness Exercise per Homeland Security Exercise Evaluation Program (HSEEP)</i> • <i>Regulatory Requirements and Waivers</i> <p><i>Note: the tool is considered final after DOHMH review and approval. Up to three (3) revisions for all materials, final version incorporating all of DOHMH edits.</i></p>			
C. Conduct pilot utilizing LTCTTT materials (Train the Trainer Toolkit)	<ol style="list-style-type: none"> 1. Propose methods for piloting or testing the usability of materials with LTC facilities. DOHMH expects the selected vendor to conduct one (1) to two (2) pilot sessions utilizing the draft LTCTTT materials with approximately five (5) to ten (10) LTC facilities (minimum of ten (10) individuals) to determine overall effectiveness and usability. 2. Report findings from the pilot to DOHMH and discuss plan to use the findings from the pilot to modify and update the LTCTTT materials. 3. Develop final LTCTTT materials. <p>Required Documentation:</p>			

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	<ol style="list-style-type: none"> 1. Pilot plan, including evaluation methodology 2. Schedule of pilot session(s), agendas, participants rosters (i.e., name, titles and facility represented), and summary report (not to exceed two (2) pages) of recommended modifications to the LTCTTT. 3. Revised and updated LTCTTT materials based on the feedback from the pilot. The final LTCTTT toolkit must be made available in electronic and hard copies (100). <p><i>Note: tool is considered final after DOHMH review and approval. Up to three (3) revisions, final version incorporating all of DOHMMH edits.</i></p>			
Total Proposed Cost				

II. Narrative

1. Project Approach <ul style="list-style-type: none"> For each Deliverable, describe your overall approach to completing the Minimum Required Activities, and developing the Required Documentation. Be sure to address your methods for evaluating the usability and impact the draft curriculum and how they will inform your revisions to the LTCTTT. If you proposed additions and/or modifications to the Proposed Scope of Services, explain how they will enhance/improve the project.
2. Budget Justification <ul style="list-style-type: none"> 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., printing).