

Request for Quote

DESIGNATED CONTACT(S)

RFQ Title 2021-2026 OPWDD Statewide Medication Regimen Review Services **RFQ Number** RFQ NYS 060821

Primary Designated Contact Information:

Jennifer Valley, CMS 1
26 Center Circle, Building 58, Service Building
Wassaic, NY 12592
845-877-6821 ext. 3333
jennifer.valley@opwdd.ny.gov

Secondary Designated Contact Information:

Laura Pushkarsh, CMS 2
26 Center Circle, Building 58, Service Building
Wassaic, NY 12592
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KEY EVENTS

OPWDD Issues Request for Quote (RFQ)

May 17, 2021

Deadline for Submission of Written Questions

May 25, 2021

Official Responses to Written Questions By

June 1, 2021

RFQ Due Date

4:00pm on June 8, 2021

Contract Start Date

September 1, 2021

OPWDD has sole discretion to change the above dates

Designated Contact shall indicate if Procurement Lobbying Law/Restricted Period is in effect: Yes No

Where Procurement Lobbying Law is deemed applicable by the Designated Contact, by signing, Contractor affirms that it understands and agrees to comply with OPWDD's policies and procedures relative to permissible contacts. Information may be accessed at: Procurement Lobbying: <https://ogs.ny.gov/acpl>

OVERVIEW

The Office for People With Developmental Disabilities (OPWDD) Contract Management Unit is soliciting quotes from responsible and qualified contractors to perform Medication Regimen Review Services Statewide. Please see Scope of Work and Mandatory Requirements for additional details. The term of the agreement is anticipated to be 09/01/2021 - 08/31/2026. Prevailing wage will not apply.

BASIS FOR AWARD

OPWDD will select the responsible and responsive Contractor(s) that will provide the lowest Estimated Annual Cost per Region. OPWDD reserves the right to reject any and all offers.

MINIMUM QUOTE REQUIREMENTS

The following minimum requirements **must** be met by Contractor:

- A current NYS license and registration (if applicable). Contractor is responsible for ensuring that they remain current and in compliance throughout contract term. Renewed documents must be forwarded to OPWDD.
- At least 3 years of experience that can successfully demonstrate proficiency conducting medication reviews for individuals with developmental disabilities in settings that require medication regimen reviews.
- The successful quote must be from a NYS Small Business, or a MWBE-certified pursuant to Article 15-A of the New York State Executive Law, or a SDVOB-certified pursuant to Article 17-B of the New York State Executive Law. State Finance Law §160 (8), defines the terms "small business concern" or "small business" as meaning a business which is resident in New York state, independently owned and operated, not dominant in its field and employs one hundred or less employees.

- Completion of all required trainings for contractors, as per NYS Mental Hygiene Law Part 633.8 regulations.
- Contractor must not have a current contract with the New York State Office of General Services to provide pharmacy services to NYS agencies or be a subcontractor of a current contract holder due to potential conflicts of interest.
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates the confidentiality of all information and records included and related to the policies, procedures, and records of a facility or site and compliance with all future rules and regulations of HIPAA. The Contractor must have the ability to become HIPAA compliant and sign a Business Associate Agreement prior to the execution of the contract.

ATTACHMENTS: Mandatory Supporting Documents, e-Invoicing Brochure

SCOPE OF WORK AND MANDATORY REQUIREMENTS

The Office for People With Developmental Disabilities (OPWDD), a New York state agency which provides services to individuals with intellectual and developmental disabilities, is contracting for Medication Regimen Review Services to remain in compliance with regulation 14 CRR-NY 633.17. Medication Regimen Reviews are needed for individuals residing in certified Individual Residential Alternatives (IRA) and Intermediate Care Facilities (ICF) homes owned and operated by OPWDD. IRA's and ICF's are located across New York State. Medication Regimen Reviews are needed for approximately 7,100 individuals living in IRA's and approximately 424 individuals living in ICF residences. OPWDD residences have been divided into four (4) regions for bidding purposes as listed in Exhibit A. Regulations permit registered nurses, physicians, physician's assistants, or pharmacists to conduct Medication Regimen Reviews on no less than an annual basis for IRA's and on no less than a quarterly basis for ICF's, or more often as determined by OPWDD. Increased need for reviews may be required based on each individual's medical conditions and necessities.

Medication Regimen Reviews are completed using OPWDD's Electronic Health Record System (EHR). Reviews will primarily be completed remotely unless other arrangements have been made with a specific region. Training will be provided by OPWDD and the Contractor is expected to comply with training requirements. Issues of connectivity not related to OPWDD's network are the sole responsibility of the Contractor. If the Contractor is unable to use the EHR system due to non-OPWDD related connectivity issues, on-site reviews must be conducted. The Contractor will be issued a laptop by OPWDD on which to perform reviews. The laptop is the sole property of OPWDD and may only be used to conduct contracted duties. The laptop must be made available for inspection and update upon request from OPWDD. The Contractor must return the laptop to OPWDD within one week upon notification of inspection and update requirements. The Contractor will be issued various accesses to OPWDD systems, including but not limited to: EHR, Pulse Secure, Prescription Drug Contract Database, and Outlook.

This agreement is for an independent contractor to provide contractual services for OPWDD and is not expected to lead to New York State employment. Travel, food, gas, lodging, tolls, internet access, and other miscellaneous expenses shall be the sole responsibility of the Contractor. The Contractor agrees to provide continuous service throughout the term of the agreement and will independently ensure full compliance with regulation 14 CRR-NY 633.17 (18), medication regimen review, including any changes which may occur during the contract period. Scheduling reviews for each site is the sole responsibility of the Contractor. Site phone numbers and contact information will be provided to the Contractor during contract execution. The Contractor will comply with all applicable rules and regulations, and actively communicate with members of each individuals' healthcare team related to questions or concerns regarding the medication regimens.

The Medication Regimen Review shall include at a minimum:

- A. A review of all medications the individual has taken during the review period including routine, PRN, over the counter, STAT, herbal, topical, time-limited, and discontinued medications.
- B. A review of the individual's medication records for potential adverse reactions, allergies, interactions, contraindications, or irregularities.
- C. A review of any related laboratory work.

- D. An assessment of the individual's response to medication therapy to determine if the medication is achieving the desired effect(s).
- E. Recommendations to the primary, and/or consulting prescriber, of any indicated changes in the individual's medication regimen.
- F. A determination of the need for a more frequent review dependent upon the individual's medical status.
- G. Documentation of the review, findings, and any recommendations made by entering all results into EHR utilizing a template within this system. A copy of the EHR Medication Regimen Review Template is attached as Exhibit B. This is for reference only. All results of the review must be entered electronically into EHR by the Contractor.

Requirements:

- A. A current NYS license and registration (if applicable). The Contractor is responsible for ensuring that they remain current and in compliance throughout the contract term. Renewed documents must be forwarded to OPWDD.
- B. At least 3 years of experience that can successfully demonstrate proficiency conducting medication reviews for individuals with developmental disabilities in settings that require medication regimen reviews.
- C. The successful quote must be from a NYS Small Business, or a MWBE-certified pursuant to Article 15-A of the New York State Executive Law, or a SDVOB-certified pursuant to Article 17-B of the New York State Executive Law. State Finance Law §160 (8), defines the terms "small business concern" or "small business" as meaning a business which is resident in New York state, independently owned and operated, not dominant in its field and employs one hundred or less employees.
- D. Completion of all required trainings for contractors, as per NYS Mental Hygiene Law Part 633.8 regulations.
- E. The Contractor must not have a current contract with the New York State Office of General Services to provide pharmacy services to NYS agencies or be a subcontractor of a current contract holder due to potential conflicts of interest.
- F. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates the confidentiality of all information and records included and related to the policies, procedures, and records of a facility or site and compliance with all future rules and regulations of HIPAA. The Contractor must have the ability to become HIPAA compliant and sign a Business Associate Agreement prior to the execution of the contract.

Evaluation Criteria (Method of Award):

- A. There are four (4) Regions and each region will be evaluated separately. OPWDD will select the responsible and responsive contractor(s) quote that will provide the lowest Total Estimated Annual Cost per Region.
- B. Contractors may quote on one or multiple regions, and multiple contracts may be awarded. All sites included in a region are to be serviced by the contractor who is awarded the contract for that region. Only proposals judged to be responsive to the submission requirements set forth in this RFQ will be evaluated. Any alteration of the cost proposal form may result in disqualification of the quote. OPWDD reserves the right to reject any and all offers.
- C. In the event of a tie bid, the award selection will be determined by OPWDD.

Accounting

- A. Prevailing Wages do not apply to this contract.
- B. Invoices must indicate Invoice number, PO# OPD01- , Contract number, a list of the region/sites reviewed and the date of service. A detailed site listing will be provided upon contract(s) award. An invoice may be submitted for multiple sites as long as each site is itemized on the invoice. Invoices are to be submitted for payment within thirty (30) days of service. Payment address will be provided upon contract(s) award. The State of New York may require the Contractor to submit billing invoices electronically. eInvoicing information may be found at: <https://bsc.ogs.ny.gov/nys-vendors>
- C. Payments will be made based on actual services rendered. Payment for invoices submitted by the Contractor shall only be rendered electronically unless payment by paper check is expressly authorized by the head of the State Agency, in the sole discretion of the head of such State Agency, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments.

OPWDD TERMS AND CONDITIONS

- A. Contractors requiring additional information to provide quotes should submit their questions in writing to the Primary Designated Contact prior to the closing date for questions, May 25, 2021.
- B. OPWDD will not be held liable for any cost incurred by the Contractor for work performed in the preparation of a response to this RFQ or for any work performed prior to the formal execution of a contract.
- C. Quotes submitted in response to this RFQ should be complete and timely. Responses to the RFQ must be received by the deadline specified above. Contractors are strongly encouraged to arrange for delivery of RFQ responses prior to the RFQ Due Date. Late RFQ responses may be rejected. The received time of a RFQ response will be determined by the Designated Contact.
- D. All Contractor quotes related to this RFQ must remain valid for at least 180 days from the RFQ Due Date.
- E. All quotes and accompanying documentation become the property of OPWDD and ordinarily will not be returned.
- F. The Contractor and/or its employees shall indemnify and hold harmless the State, its officers, its consultants and employees from claims, suits, actions, damages, lien, fine, judgments, decree, and costs of every nature arising out of the provision of services pursuant to any agreement resulting from this Request for Quotes. OPWDD shall not be held responsible for any loss or damages to the Contractor's equipment.

EXHIBIT A

Region 1				
DDSOO	NYS Counties Covered	Estimated IRA Reviews	Estimated ICF Reviews	Estimated Review Total per DDSOO
Long Island DDSOO	Nassau, Suffolk	321	448	769
Bernard Fineson DDSOO	Queens	189	0	189
Brooklyn DDSOO	Kings	196	176	372
Metro DDSOO	Bronx, New York	305	0	305
Staten Island DDSOO	Richmond	318	96	414
Total Estimated Annual Reviews Region 1				2049
Region 2				
DDSOO	NYS Counties Covered	Estimated IRA Reviews	Estimated ICF Reviews	Estimated Review Total per DDSOO
Finger Lakes DDSOO	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates	1565	0	1565
Western NY DDSOO	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans	1238	0	1238
Total Estimated Annual Reviews Region 2				2803
Region 3				
DDSOO	NYS Counties Covered	Estimated IRA Reviews	Estimated ICF Reviews	Estimated Review Total per DDSOO
Capital District DDSOO	Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	611	0	611
Sunmount DDSOO	Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence	334	676	1010
Hudson Valley DDSOO	Orange, Rockland, Sullivan, Westchester	1163	0	1163
Taconic DDSOO	Columbia, Dutchess, Greene, Putnam, Ulster	630	80	710
Total Estimated Annual Reviews Region 3				3494
Region 4				
DDSOO	NYS Counties Covered	Estimated IRA Reviews	Estimated ICF Reviews	Estimated Review Total per DDSOO
Broome DDSOO	Broome, Chenango, Delaware, Tioga, Tompkins, Otsego	459	220	679
Central NY DDSOO	Cayuga, Cortland, Herkimer, Lewis, Madison, Oneida, Onondaga, Oswego	1548	0	1548
Total Estimated Annual Reviews Region 4				2227

EXHIBIT B

EHR Medication Regimen Review Template

*The tabs at the top of the screen shot below are read-only and will display the existing Medications, Lab Results, Vital Signs, Immunizations, Medication Allergies, and Diagnoses.

The screenshot shows a web-based form titled "Medication Regimen Review". At the top, there are several tabs: "Medication Regimen Review" (active), "Medications", "Lab Results", "Vital Signs", "Immunizations", "Medication Allergies", and "Diagnoses". Below the tabs is a "Record" dropdown menu and a "View: New Medication Regimen Review" dropdown. A legend indicates that an asterisk (*) denotes a required field. The form is divided into two main sections: "General" and "Medication Regimen Review".

General

- Date of Review* (text input with calendar icon)
- Time of Review* (text input)

Medication Regimen Review

- Potential Adverse Reactions, Interactions or Contraindications* (text area)
- Is there a need for more frequent medication regimen reviews?* (radio buttons for Yes and No)
- Significant Med Changes* (text area)
- Behavioral Issues* (text area)
- Historical Pertinent Labs* (text area)
- Previous Significant Consults* (text area)
- Previous Reviewers Comments/ Recommendations/ Resultant Actions* (text area)

EXHIBIT B continued

Findings ⌵	
I have *	<input type="checkbox"/> Reviewed complete list of medications that this person has taken during the review period including routine, PRN, over-the-counter, topical, time-limited, and discontinued medications. <input type="checkbox"/> Reviewed the person's medication record for potential adverse reactions, allergies, interactions, contraindications, unnecessary medications, or irregularities (e.g. medications not taken in accordance with the usual recommendations). <input type="checkbox"/> Reviewed any related lab work. <input type="checkbox"/> Reviewed the rationale, reason or purpose for the medication(s). <input type="checkbox"/> Assessed this person's documented response to medication therapy to determine if the medication is achieving the desired (effects).
Findings *	<input type="radio"/> No significant findings - Medication regime is achieving desired effects without potential adverse reactions, interactions, contraindications, irregularities <input type="radio"/> Continue current monitoring <input type="radio"/> Determination of the need for a new review depending upon the person's medical status
Recommendations ⌵	
Recommendations - Please provide additional comments *	<input type="checkbox"/> Labwork <input type="checkbox"/> Medication Administration Change (change in time, form, instructions) <input type="checkbox"/> Potential adverse interaction or contraindication <input type="checkbox"/> Potential for allergy or sensitivity <input type="checkbox"/> Continued monitoring of EPS/TD/AIMS <input type="checkbox"/> Duration of therapy <input type="checkbox"/> Therapeutic duplication concerns <input type="checkbox"/> Medications with the potential to induce dry mouth and subsequent choking hazard (particularly anticholinergic agents) <input type="checkbox"/> Other
Action ⌵	
Action *	<input type="checkbox"/> No action needed <input type="checkbox"/> Recommendations send to prescriber <input type="checkbox"/> Recommendations send to interdisciplinary team
* - indicates a required field	
<input type="button" value="OK"/> <input type="button" value="Cancel"/>	

Cost Proposal Form

COST PROPOSAL INSTRUCTIONS

Please read the following carefully before submitting a quote:

- Please read the Scope of Work and Mandatory Requirements thoroughly.
- There are four (4) Regions and each region will be evaluated separately. Contractors may bid on one or multiple regions, and multiple contracts may be awarded. All sites included in a region are to be serviced by the bidder who is awarded the contract for that region.
- Complete the Contractor Information section.
- OPWDD will select the responsible and responsive Contractor(s) that will provide the lowest quote for Total Estimated Annual Cost per Region. Total Estimated Annual Cost per Region is calculated by multiplying the Estimated Review Total per DDSOO by the Cost per Review. In the event of mathematical errors, the Cost per Review will be used to calculate the Total Estimated Annual Cost per Region. Only proposals judged to be responsive to the submission requirements set forth in this RFQ will be evaluated. OPWDD reserves the right to reject any and all offers.
- In the event of a tie, the award selection will be determined by OPWDD.

Cost Proposal RFQ NYS 061121	Estimated Review Total per DDSOO (A)	Cost per Review (B)	Total Estimated Annual Cost per Region (A x B)
Total Estimated Annual Reviews Region 1	2049		
Total Estimated Annual Reviews Region 2	2803		
Total Estimated Annual Reviews Region 3	3494		
Total Estimated Annual Reviews Region 4	2227		

Contractor Information

This is to be completed by the Contractor responding to the RFQ

The RFQ Response must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity. By signing you certify full knowledge and acceptance of this RFQ including any questions/answers or addenda, and that all information provided is complete, true, and accurate.

FEIN Number	Company Name	Company Address
Contractor's Signature: _____ Date: _____		Phone Number: _____ E-Mail: _____
Printed or Typed Name: _____		Title: _____

If you are not providing a RFQ Response, place an "x" in the box, please explain why you are not responding, and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

After fully completing the information above, please submit the Cost Proposal Form via email, mail, or hand delivery to the Primary Designated Contact indicated below:

Email: (reference RFQ NYS 060821 in subject line)

jennifer.vallely@opwdd.ny.gov and
eny.nyc.li.contracthub@opwdd.ny.gov

Remember to attach the completed Cost Proposal Form and signed Contractor Information page to the email.

Mail or Hand Deliver to:

OPWDD
Contract Management Unit – RFQ: NYS 060821
C/O Jennifer Vallely, CMS1
26 Center Circle, Building 58, Service Building
Wassaic, NY 12592-2637

Special Note for Delivery: OPWDD is located in a rural area. The OPWDD mailroom is open from 10:00 am – 3:00 pm; therefore, overnight delivery can take a minimum of two (2) business days to be received by OPWDD. Contractors mailing their responses must allow sufficient mail delivery time to ensure receipt of their quotes by the quote submission deadline. Do not depend upon an expedited, “early AM,” or similar delivery service to timely deliver to OPWDD. The Designated Contact reserves the right to request the original executed page of this RFQ.