

## REQUEST FOR PROPOSALS (RFP)

### Medicaid Together Central Point of Intake

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Issue Date: April 7, 2020

**Amended: April 28, 2020**

Response Due date: May 15, 2020

Reply to:

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## Summary (Amended – 04/28/2020)

The Fund for Public Health in New York City (FPHNYC), issues this Request for Proposals (RFP) for the selection of a Central Point of Intake (CPI) on behalf of *Medicaid Together Improving Asthma*, a project of the New York City Department of Health and Mental Hygiene (DOHMH).

Medicaid Together is a new program that aims to deploy Integrated Pest Management with Allergen Reduction (IPM-AR) to the homes of children who have been admitted to a hospital with an asthma diagnosis, have an allergy to cockroaches or mice, have pests at home, and are members of a Managed Care Organization (MCO) that is participating in the Program.

<b>RFP Release Date</b>	<b>RFP Posted: April 7, 2020</b>
<b>Application Timeline</b> <b>Amended – 04/28/2020</b>	RFP Release Date: April 7, 2020 <b>Question Submission Deadline: April 17, 2020 April 30, 2020</b> Q&A Posted: May 1, 2020 <b>Application Deadline: May 15, 2020</b>
<b>RFP Information Session via Webinar (will be recorded)</b>	Date: April 27, 2020 Time: 2-3:30pm EST Register at: <a href="https://attendee.gotowebinar.com/register/7337471407260412683">https://attendee.gotowebinar.com/register/7337471407260412683</a>
<b>Application Contact</b>	Ariana Holland, <a href="mailto:aholland@fphnyc.org">aholland@fphnyc.org</a>
<b>Project Term</b>	Three years anticipated to start in the Summer/Fall 2020
<b>Anticipated Award</b>	The organization selected under this RFP will be designated as the CPI for the project. The CPI will derive revenue from entering into Managed Care contracts. In the 3-year period, this revenue may range from \$0 to \$1,200,000 depending on number of MCOs that the CPI contracts with and number of eligible participants to which the service is deployed.

## Project Background

In order to improve the health outcomes among children under the age of 18 with asthma, Enterprise Community Partners and the New York City Department of Health and Mental Hygiene (DOHMH) are developing a citywide program called the *Medicaid Together Improving Asthma Program* (“Medicaid Together”, or the “Program”). The Program, conducted in partnership with Medicaid Managed Care Organizations (MCOs) throughout the city, aims to deploy Integrated Pest Management with Allergen Reduction (IPM-AR) and case management services to the homes of children who have been admitted to a hospital with an asthma diagnosis, have an allergy to cockroaches or mice, have pests at home, and are members of an MCO that is participating in the Program.

IPM-AR is a form of pest prevention and an intervention that can decrease asthma symptoms among children. IPM-AR primarily involves the removal of existing pest allergens from the home and improving sanitary and structural conditions to deny pests food, water, harborage and movement. It includes the targeted application of low toxicity pesticides if needed.

This demonstration project hopes to prove that investing in housing improvements through IPM-AR and home-based education can (a) reduce asthma hospitalization and improve housing quality for at-risk, low-income children, and thereby (b) reduce healthcare costs, creating paths for broader replicability. The Program is expected to last for three years and serve up to 1200 children in this period.

DOHMH is New York City's public health agency, administering a wide range of services to promote population health through innovative and evidenced-based best practices. Serving more than 8 million people from diverse ethnic and cultural backgrounds, DOHMH is one of the largest public health agencies in the world with an annual budget of \$1.6 billion and more than 6,000 employees (about 4,000 full-time and 1,500 part-time staff) throughout the five boroughs.

## Description of Services

This RFP seeks proposals from entities wishing to serve as the exclusive Central Point of Intake (CPI) for the *Medicaid Together* program, which is expected to last for three years. The CPI's primary role will be to independently complete the following workflow (which may be non-materially amended by the Program based on its needs), for patients who may live anywhere within the five boroughs of New York City:

1. Receive secure referrals, by phone or protected electronic exchange, from hospitals of patients who may be qualified to receive Program services.
2. Contact the patient promptly after the CPI's receipt of a referral and determine whether the patient is in fact eligible to receive services under the program.
3. Explain the IPM-AR procedure to the patient, enroll the patient in the Program, and arrange a time for the patient to receive IPM-AR services.
4. Dispatch a qualified IPM-AR provider (See Appendix A) to the home of the eligible patient at the arranged date and time, confirm the vendor satisfactorily provided those services by reviewing the vendor's documentation of the visit, and pay the vendor for these services.
5. Inform the referring hospital and the patient's MCO each time IPM-AR services are rendered, or if they are unable to complete the IPM-AR.

In addition, the CPI will need to fulfill the following responsibilities:

6. Sign an agreement with FPHNYC, which commits the CPI to deliver on the terms outlined in its application under this RFP, and for any programmatic amendments that may occur.
7. Sign an agreement with DOHMH for data sharing and reporting requirements
8. Sign agreements with each MCO participating in the Program, which will guarantee equal services and pricing to all MCOs participating in the Program. These agreements may include Business Associate Agreements (BAA) under the Health Insurance Portability and Accountability Act (HIPAA), which may be provided by each MCO, which will characterize the CPI's work with each MCO as an ancillary service on behalf of that MCO.
9. Select and maintain contracts with vendors who have demonstrated experience providing IPM-AR services to address cockroach and mouse infestations in NYC residential housing. These vendors and their protocols must be approved by DOHMH before they provide services related to the Program. DOHMH's current requirements for approval of IPM-AR vendors are attached to this RFP as Appendix A: Pest Management Firm Qualification and Minimum Requirements, and Appendix B: IPM-AR Protocol.

10. Perform all necessary supervision and quality assurance of the procured vendors, to ensure that services are being delivered as promised (See Appendix C: Quality Assurance).
11. Be readily available to receive any comments or complaints from patients who received services, and promptly ensure that any problems are rectified.
12. Maintain close and effective weekly communication with DOHMH and each MCO.
13. Provide regular reports to DOHMH and each MCO regarding the patients served by the CPI, as further described below.

It is expected that the majority of housing units will be serviced for cockroach infestations (with or without mice). A smaller proportion will be serviced for mice alone.

### Reporting Requirements

The selected applicant will be required to submit monthly reports, annual reports, and a final report, to DOHMH and to each participating MCO. The DOHMH report will include all patients who were referred to the CPI in relation to the Program, whereas each MCO report will include only patients who are attributed to that MCO.

The specific format and content of these reports will be specified by DOHMH following the selection of a CPI. To be selected, an applicant must have the ability to collect and cross-reference all of the following data elements, and must commit to provide them in any reasonable format requested by DOHMH, including presentation in aggregated and/or line-level formats:

1. Patient referrals received by CPI from hospitals
  - a. Patient identity (including Client ID number in Medicaid or Child Health Plus)
  - b. Date of referral
  - c. Hospital referred from
  - d. Information included in the referral
  - e. MCO attribution
  - f. Previous referrals of same patient
  - g. Whether patient is qualified to receive services – and if not, why not
2. Outreach attempts to referred patients by CPI
  - a. Patient contacted
  - b. Date of outreach
  - c. Method of outreach
  - d. Outcome of outreach (e.g., “IPM-AR scheduled”, “Patient declined”, etc.)
3. Services delivered to patients by IPM-AR providers dispatched by CPI
  - a. Patient served
  - b. Date of service
  - c. Services provided
  - d. Vendor providing services
  - e. Outcome of services (e.g., “IPM-AR provided”, “Patient not home”, etc.)

## Funding Parameters and Evaluation Criteria

### Funding Parameters

The CPI selected under this RFP will receive funding from the Program's participating MCOs and will use that funding to pay for all IPM-AR services rendered under the Program, along with the CPI's own overhead and other costs. In order to receive funding, the selected CPI will execute uniform contracts with all participating MCOs. The Program is designed to have a single program-wide CPI, and DOHMH intends to direct all participating MCOs to contract with the selected CPI as their exclusive means of procuring IPM-AR services related to the Program. DOHMH, as the agency facilitating the program planning, will work with the selected CPI to finalize the details of the Program, and will name the CPI in the agreements with each MCO.

The Program, as currently designed, is expected to require the delivery of approximately 200 units of IPM-AR city-wide in year one, and up to 500 units each year in years 2 and 3, for a total of approximately 1,200 units over the three-year period of the Program. The selected applicant must commit to provide at least this quantity of service if requested, but the actual amount of service requested may be lower depending on evolving Program needs.

The CPI must offer the same terms of payment and service to each MCO participating in the Program. In particular, terms of payment must be as follows:

1. Fees chargeable to the MCO may consist only of two elements. These charges will be considered payment in full for *all* of the CPI's work related to the Program in years 1-3:
  - a. A "Unit Charge" per unit of IPM-AR services actually delivered to the eligible patient (i.e. a unit is a unique home treated. See Appendix B for protocol). Each unit of IPM-AR will be delivered at the same price, regardless of the CPI's costs in procuring the unit of IPM-AR services<sup>1</sup>.
    - i. The Unit Charge may not exceed \$1,000 per eligible patient receiving IPM-AR services
    - ii. If the proposal includes a Fixed Annual Charge as defined below, the Unit Charge may not exceed \$900 per eligible patient receiving IPM-AR services
  - b. A "Fixed Annual Charge," payable annually, which will be the same regardless of the amount of IPM-AR services provided during the course of the billing year. The total Fixed Annual Charges charged by the CPI may not exceed an aggregate of \$10,000 in the first year, and \$25,000 in year 2 and 3, apportioned between MCOs as directed by DOHMH.
2. An applicant must commit to a specific Unit Charge and Fixed Annual Charge (if any) in their application to this RFP. Those prices must be written into each MCO contract and may not change throughout the term of the Program.
3. The CPI will guarantee, in each MCO's contract, to provide up to a fixed number of units of IPM-AR services to the MCO's patients in each year, if that many units are required. If a smaller number of units are required in the year, the CPI will only provide and bill for the number actually required. The number of units to be guaranteed to each particular MCO will be provided to the CPI by DOHMH. Once that number of services has been provided to the MCO's patients, unless the MCO otherwise agrees in writing, the CPI need not provide more services to the MCO's patients until the following funding year and may not bill the MCO for services provided

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<sup>1</sup> For apartments evaluated to have severe infestations and/or requiring further service, a sufficient number of follow-up visits will be provided to further knock down pests and provide pest proofing.

in excess of the contracted amount. Each MCO contract will specify a maximum amount payable per year, and the MCO will not be responsible to pay any amount beyond that number.

4. If the CPI is charging a Fixed Annual Charge, the CPI may require each MCO to pay the Fixed Annual Charge at the start of each contract year. The CPI must offer each MCO two options for payment of Unit Charges:
  - a. **Prospective Payment.** In this payment model, at the start of each contract year the MCO will pay to the CPI the maximum amount payable for that year. The CPI will credit that amount to the MCO's account and will deduct each Unit Charge incurred by the MCO from that amount. Any credit balance remaining at the end of a contract year will be rolled into the MCO's credit balance for the next contract year. Any unexpended amount remaining at the end of the Program will be refunded to the MCO, upon the MCO's request.
  - b. **Retrospective Payment.** In this payment model, the CPI will periodically invoice the MCO for Unit Charges actually incurred, at the end of each month, quarter, or other period agreed to between the CPI and MCO.
5. The CPI may only assess and collect Prospective Payments and/or Fixed Annual Charges once per year, at the beginning of the contract year. The CPI may not charge additional fees or penalty charges to an MCO that chooses to terminate their agreement early.

The selected applicant will sign an agreement with FPHNYC which will obligate the CPI to these terms in the CPI's dealings with the participating MCOs. Neither DOHMH nor FPHNYC will directly pay the CPI selected under this RFP for the services described herein, nor can they guarantee that the selected CPI will ultimately receive any specific amount of revenue or profit as part of the Program. The selected CPI understands that its reimbursement under the Program is dependent on the CPI's own ability to contract with the Program's participating MCOs and provide the services described under those contracts.

### Eligibility Requirements

In order to be considered, applicants for this RFP must demonstrate the ability and commitment to perform all of the responsibilities enumerated in the Description of Services, on terms consistent with those described under the Funding Parameters, throughout the entire three years of the Program and for patients residing anywhere in the five boroughs of New York City. In particular, the applicant must show the following, with appropriate evidence where applicable:

1. **Capacity to select and contract IPM-AR vendors:** Ability to select qualified vendors and arrange the provision of IPM-AR services city-wide throughout the term of the Program, which may be demonstrated by existing contracts with IPM-AR providers, or demonstrated ability to identify and contract with IPM-AR providers.
2. **Capacity to supervise and perform quality assurance on IPM-AR:** Ability to manage and supervise the provision of IPM-AR services, including the capability to quality check IPM-AR vendors' work.
3. **High quality customer service:** Ability to promptly and adequately respond to complaints from the recipients of IPM-AR services.
4. **ePACES access:** Current ability to access the system ePACES to verify clients' Medicaid eligibility and MCO assignment.

5. **Legal compliance:** Demonstrated knowledge and ability to comply with all relevant laws and regulations governing the services to be provided under this RFP, particularly the Health Insurance Portability and Accountability Act (HIPAA).
6. **MCO contracting ability:** Ability and qualifications to contract with NYC Medicaid MCOs as a vendor, and particularly the ability and qualifications to act as a Business Associate as such term is defined under HIPAA. This must be demonstrated by at least one active pre-existing Business Associate Agreement (BAA) with an NYC MCO.
7. **Government contracting ability:** Ability to contract with government agencies.
8. **Reporting ability:** Ability to capture and flexibly report in real time on all data specified under Reporting Requirements.
9. **Billing ability:** Ability to bill for services according to all the parameters described under Funding Parameters, including the ability to bill prospectively or retrospectively and accurately maintain credit balances.
10. **Proof of liability insurance:** Demonstrate that necessary insurance coverage, including commercial general liability and Workers Compensation, is in place from the start of the contract.

## Selection Criteria

A Selection Committee will be used to review and score all eligible and complete applications using a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The point value total is 100 points divided as follows:

- Demonstrated Quantity and Quality of Successful Relevant Experience (50 points)
- Demonstrated Level of Organizational Capacity (35 points)
- Quality of proposed approach (15 points)

Reviewers will be looking for responses that are succinct and complete. The application must address outcomes and activities to be conducted over the entire project period.

After scoring applications, reviewers will participate in a review meeting where applications are discussed as a team. Reviewers will be able to modify their individual scores based on discussions at the review meeting.

The top 3 highest scoring proposals will be identified and their proposers invited to participate in an interview and/or a site visit. The purpose of the interview/site visit is to get to know the applicants and clarify the information contained in their application to ensure mutual understanding. The interviews shall not materially change the information included in the proposal. After the interviews/site visits have been completed, the Selection Committee will determine if the scores need to be adjusted based on the criteria set forth in the RFP. The Selection Committee will then select the highest scoring proposal for award.

There may be negotiations to finalize the selected CPI's work plan before a grant agreement can be made final. Once a work plan has been agreed upon, an agreement can then be executed with FPHNYC.

## Required Documentation

All bidders must submit a written narrative proposal that addresses the criteria and includes required supporting documentation noted below. In order for a submission to be complete, the following must be submitted with the proposal:

- Cover Sheet
- Eligibility Requirements Questionnaire
- Proposal Narrative

Applicants must adhere to the instructions and requirements provided. Proposals submitted that do not supply the required information will be considered non-responsive.

## Application Details

### Application Timeline (Amended – 04/28/2020)

The deadline for submission is Friday, **May 15, 2020 by 11:59pm EST**. Proposals must be submitted via email to Ariana Holland at: [aholland@fphnyc.org](mailto:aholland@fphnyc.org). Late and/or incomplete proposals may not be accepted. Below is a detailed timeline of events related to this Request for Proposals process.

EVENT	DATE
<b>Release of Request for Proposals</b>	April 7
<b>Inquiry Period – Amended – 04/28/2020</b> Questions regarding this RFP must be submitted in writing to <a href="mailto:aholland@fphnyc.org">aholland@fphnyc.org</a> . Please indicate “Medicaid Together RFP” in the subject line. All inquires must be directed ONLY to the email address listed.	<b>April 7-17</b> <b>April 7-30</b>
<b>Webinar:</b> Register at: <a href="https://attendee.gotowebinar.com/register/7337471407260412683">https://attendee.gotowebinar.com/register/7337471407260412683</a>	April 27 2-3:30pm
<b>Q&amp;A Posted:</b> <a href="https://fphnyc.org/get-involved/requests-proposals/">https://fphnyc.org/get-involved/requests-proposals/</a>	May 1
<b>Deadline for receipt of proposals</b>	May 15

FPHNYC/DOHMH will offer an optional information session about this RFP via webinar on April 27, 2020. The purpose of the session is to clarify the RFP process and the scope of the required services. Please register prior to the Webinar’s start using the link below:

<https://attendee.gotowebinar.com/register/7337471407260412683>

While FPHNYC/DOHMH are unable to answer specific questions regarding individual proposals, all potential applicants are encouraged to submit questions in writing to [aholland@fphnyc.org](mailto:aholland@fphnyc.org) by **April 17<sup>th</sup> April 30<sup>th</sup>**. (Please indicate “Medicaid Together RFP” in the subject line.) Questions will also be accepted in writing during the webinar, and instructions on how to submit a question via the Live Meeting will be provided once you log onto the event. Questions asked at the conference that cannot be adequately answered during the session may be deferred. All Q&As will be posted to the FPHNYC website, as well as a recording of the webinar by 5:00pm EST on May 1, 2020.

No contact with DOHMH or the Fund for Public Health in New York City beyond the above-listed Inquiry Period is permitted in the period between the release of this RFP and the notice of award. Any oral

communication shall be considered unofficial and non-binding with regard to the RFP and subsequent award.

FPHNYC reserves the right to amend the RFP at any time using an Addendum. All Addenda will be posted at [www.fphnyc.org](http://www.fphnyc.org); it is the applicants' responsibility to check the website for Addenda.

## Application to serve as CPI of Medicaid Together

Please include the following 3 parts in your application:

- Part I: Cover Sheet
- Part II: Eligibility Requirements Questionnaire
- Part III: Narrative for Evaluation

### Part I: Cover Sheet

Please submit this Proposal Transmittal Cover Sheet with your application signed by the Project Lead (individual who will liaise with DOHMH) and the Executive Director of the applying organization (or someone authorized to sign contracts on behalf of the organization). Where possible, the transmittal sheet should be reproduced on the applicant's official letterhead.

<b>Vendor's Legal Entity Name:</b>
<b>Vendor Employer Identification Number:</b>
<b>Project Lead Name:</b>
<b>Project Lead Title:</b>
<b>Project Lead mailing address:</b>
<b>Contact E-mail:</b>
<b>Phone Number:</b>
<b>Certifications:</b>  As Project Lead, I certify that all information provided in this application is correct and accurate to the best of my knowledge.  Project Lead Signature: _____ Date: _____  As the Executive Director (or delegate authorized to sign contracts) for the organization submitting this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application.  Executive Director Signature: _____ Date: _____  If said individual is not the applicant's Chief Executive Officer, this document shall attach evidence showing the individual's authority to bind the proposing entity.

Part II: Eligibility requirements questionnaire (Necessary for any applicant. 0 points)

Please confirm that you meet eligibility requirements A-B by checking one of the boxes in each question, and every box in questions C-I. I attest to the following on behalf of the organization:

**A. Capacity to select and contract IPM-AR vendors (as described in Appendix A). Mark one option.**

- We have had or have overseen IPM-AR contracts in the last 5 years and will further expand on this in Q3
- We have not had nor have overseen IPM-AR contracts in the last years, but can demonstrate ability to do so in Q3

**B. Capacity to supervise and perform quality assurance on IPM-AR (as described in Appendix C). Mark one option.**

- We have supervised and done QA on IPM-AR contracts in the last 5 years and will further expand on this in Q3
- We have not supervised or performed QA on IPM-AR contracts in the last 5 years, but can demonstrate ability to do so in Q3

**C. High quality customer service:**

- Ability to provide high quality customer service and will demonstrate how in Q5

**D. ePACES access:**

- Able to directly access the ePACES system for purposes of verifying the MCO of a patient.

**E. Legal compliance**

- We understand and take responsibility for compliance with the relevant regulations applicable to the services described in this RFP, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA).

**F. MCO contracting ability:**

- We have BAA(s) with the following NYC Managed Care Organization(s): \_\_\_\_\_ and are able to receive Protected Health Information as part of that BAA.

**G. Government contracting ability:**

- We are not impeded from entering into agreements and contracts with the New York City Department of Health and Mental Hygiene. Signature: \_\_\_\_\_

**H. Reporting ability:**

- We have the ability to capture and flexibly report in real time (under 1 business day) on all data specified under Reporting Requirements; and will further expand on this in Q4.

**I. Billing ability**

- We have the ability to bill for services according to all the parameters described under Funding Parameters, including the ability to bill prospectively or retrospectively and accurately maintain credit balances; and will further expand on this in Q4.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part III: Narrative for evaluation

Please respond to how you meet each of the following characteristics.

**Demonstrated Quantity and Quality of Successful Relevant Experience (50 points)**

1. Demonstrated track of success enrolling 100+ referred clients per year into programs, preferably programs with telephonic enrollment comparable to IPM-AR services, be specific on how you serve the needs of non-English proficient clients (no more than 500 words)
2. Demonstrated existing relationships with NYC healthcare provider, hospital or MCO-based case management programs, preferably for children with asthma. (no more than 300 words)
3. Demonstrated experience with IPM-AR vendors, and ability to perform quality assurance and supervise IPM-AR vendors and handle complaints; or evidence that the organization will be able to effectively hire and oversee these services in line with evidence base. If subcontractor(s) will be utilized, please specify (no more than 500 words)
4. Demonstrated ability to handle the volume of referrals, types of payment methods, and reporting expected of this program. If subcontractor(s) will be utilized, please specify (no more than 250 words)
5. Describe your approach to assess and improve customer satisfaction. If subcontractor(s) will be utilized, please specify (no more than 250 words)

**Demonstrated level of Organizational Capability (35 points)**

6. Describe the staffing and resources which the applicant will devote towards its commitments under this RFP, including the job descriptions and qualifications of key personnel. If subcontractor(s) will be utilized, please specify (no more than 500 words)
7. Which of the following payment options will your organization be willing to accept (if you would be willing to accept both options, please indicate so by including pricing for both)
  - o Option A: Fixed Annual Charge<sup>2</sup> of \$ \_\_\_\_\_ in Year 1, \$ \_\_\_\_\_ in Year 2, and \$ \_\_\_\_\_ in Year 3. Accompanied with a Unit Charge<sup>3</sup> of \$ \_\_\_\_\_ for the duration of the project. The total expected cost for scenarios where 50% and 100% of the IPM-AR units are deployed is described below:

	50% of IPM-AR units utilized		100% of IPM-AR units utilized	
	# of units delivered	Total Cost	# of Units delivered	Total cost
Y1	100		200	
Y2	250		500	
Y3	250		500	

<sup>2</sup> Fixed Annual Charge must not to exceed annual amounts of \$10,000 in Year 1, and \$25,000 in Y2 and Y3.

<sup>3</sup> Unit Charge may not exceed \$900

- Option B: Unit Charge<sup>4</sup> of \$\_\_\_\_\_ for the duration of the project, with no fixed charge. The total expected cost for scenarios where 50% and 100% of the IPM-AR units are deployed is described below:

	50% of IPM-AR units utilized		100% of IPM-AR units utilized	
	# of units delivered	Total Cost	# of Units delivered	Total cost
Y1	100		200	
Y2	250		500	
Y3	250		500	

8. Please provide a detailed justification of the costs and pricing for each case or group of services and explain how that price model will allow you to fulfill all the duties of the CPI described in this RFP inclusive of cases when the program enrollment is lower than expected. *(e.g. assuming 100 children are successfully enrolled in the first year -50% of target-, with a price of XXX per IPM service completed, we would have a total revenue of XXXXX, and we would spend XXXXX for 100 units treated with IPM services, XXXX for XX hours of outreach and enrollment services, XXXX for XX hours of satisfaction and quality assurance services, XXXX for compensation to IPM providers for cancelled visits at a rate of XX per visit cancelled, XXXX for administrative overhead at a rate of X%, etc. This price model will allow us to fulfill all the duties of the CPI because..... )* (no more than 500 words)

**Quality of proposed approach (15 points)**

9. Describe why your organization could be the best choice for CPI in the Medicaid Together program. In your description, include any information that would assist the reviewers to understand organizational services and capability to successfully rollout the program not otherwise described above (no more than 500 words)

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<sup>4</sup> Unit charge may not exceed \$1,000

## Appendix A: Pest Management Firm Qualifications and Minimum Requirements

### **A. Qualified pest management firms will be able to demonstrate experience providing:**

1. Removal of pest evidence and pest-related allergens, including cockroach and mouse excreta and bodies, via use of steam cleaners, HEPA vacuums, and detergents
2. Sealing small holes to prevent pest entry points into unit
3. Eliminating harborage areas, such as cracks and crevices in cabinets and on countertops.
4. Excluding pest entry and limiting pest movement via the installation of escutcheon plates, exclusion mesh, and other pest-proof barriers
5. Targeted application of low toxicity pesticides, bait stations and traps to address cockroach and mouse infestations
6. Electronic data collection, including
  - a. Documentation of conditions conducive to pests
  - b. Monitoring data
  - c. Materials used to address pest infestations
7. Ability to schedule and confirm appointments in advance of service dates
8. Flexible scheduling and the ability to handle multiple service requests on a daily basis
9. Ability to scale to support a greater than expected number of service requests

### **B. Minimum requirements for pest management firms:**

All qualified pest management vendors must have at least:

1. New York State Department of Environmental Conservation (DEC)-issued Business Registration
  - a. Provide and attach a copy of the DEC-issued Business Registration
2. Commercial Pesticide Applicator, Technician certificates, and/or licenses for all persons who will be performing or supervising pesticide applications.
  - a. Provide and attach a copy of the certificates and/or pesticide applicator licenses for all persons who will be assigned to the project
3. Five (5) years' experience with industrial, commercial, residential or institutional pest management accounts.
4. A two (2) year verifiable record of practicing Integrated Pest Management (IPM)
5. Proof of liability insurance
6. Vendors shall conduct a criminal history background check (a "Background Check") on all technicians providing services covering the three years prior to assignment. Background Check must include, for residents of the State, a criminal history record search of the State Office of Court Administration's records for all 62 State counties. In addition, Participant shall conduct a Background Check through the records for any other state in which the person resided in the last three years.

## Appendix B: IPM-AR Protocol

The following pest management strategy should be used by the pest management professional:

1. Home assessment for pests, primarily cockroaches and mice, to determine the extent and type of infestation and environmental conditions promoting such infestation, with associated documentation,
2. Treatment for pests which will include sanitation and repair measures, such as pest proofing, steam cleaning, HEPA vacuuming, mouse trapping and insecticide or rodent bait application if necessary, and,
3. Addressing instances of severe infestation of mice and/or cockroaches which will involve a follow-up visit or visits for additional treatment.

The Unit Charge will include all of the following IPM-AR services:

### **A. Service Scheduling**

1. Required: CPI will provide IPM-AR Contractor with contact information for services, including name, address and apartment number, and phone number(s).
2. Required: Contractor will contact the family by telephone within 48 business hours (M-Sa) of receipt of contact information from CPI. If Contractor is unable to contact the family after 2 more attempts at different times of the day (3 total attempts), then the Contractor will notify CPI.
3. Required: Contractors should schedule IPM-AR service visit at a time convenient for families.
4. Preferred: The majority of treatments should be scheduled during business hours with availability for evening and weekend. Vendor will not be required to work more than one weekend per month.
5. Preferred: Contractor will confirm scheduled appointment 24-48 hours prior to the IPM-AR visit and describe service preparation instructions to participant.
6. Required: Contractor will advise tenants on preparation instructions for the visit. Contractor will advise participant on the use of dust suppression techniques, i.e. misting or wet wiping, prior to the removal of items from cabinets and drawers. Contractor will advise Caregivers, who believe they may be adversely affected by the preparation work, to consider requesting assistance from another individual and to move to another room while the preparation work is being done.

### **B. Treatment of Dwelling Unit (One licensed applicator required)**

1. Required: Contractor will arrive at the household within the scheduled appointment timeframe and verify that they have the correct household.
2. Required: Contractor will dress in clothing that clearly identifies their company name and carry identification to show to the household member.
3. Required: Contractor will explain the IPM-AR visit and answer any questions the tenant may have regarding the service. Contractor will emphasize that participants and household members should remain away from the treatment area for the course of the visit. If people are present

with allergies or are sensitive to allergens they should remain in another room behind a closed door or leave the home for the course of the visit.

4. Required: Contractor will assess the kitchen and bathroom, radiators, pipes, and other possible entry points and harborage areas throughout the unit to determine the type and severity of infestation present; conditions conducive to pest activity (structural, sanitary, etc.). Contractor will document all findings:
  - Evidence of pests: including live or dead pests, nests, frass, etc.
  - Points of entry for pests including holes, cracks, gaps and openings
  - Leaks and moisture sources
  - Uncontained food sources such as inadequately stored food, garbage and pet food.
  - Other potential allergy/asthma triggers in the home such as:
    - Significant mold growth
    - Carpeting (extent)
5. Preferred: Contractor will make best efforts to remove items from kitchen and bathroom cabinets if they have not been emptied by the tenant.
6. Required: Contractor will provide intensive cleaning of the kitchen and bathroom to reduce allergen levels and treat for existing pest infestations.
7. Required: All materials used during treatment visits must be approved by DOHMH. List of approved materials will be made available to CPI.
8. Required: Contractor will mist all mouse nesting areas, urine stains, and droppings with water and detergent solution to minimize the dispersion of mouse allergens during cleaning and removal. *Under no circumstances shall Contractor **dry sweep** any nests or droppings.*
  - i. Contractor will wait at least 10 minutes prior to HEPA vacuuming nests and mouse evidence after misting to ensure adequate saturation.
  - ii. If nesting materials are too large for the vacuum nozzle, Contractor will place a wet paper towel(s) over the nest, gather material and immediately bag the nest in a manner that minimizes dust generation.
    - i. Contractor will replace latex gloves after each nest removal to avoid spreading mouse allergens throughout the home.
9. Required: Contractor will HEPA vacuum all cabinets, cabinet drawers, pantry and horizontal surfaces (in the kitchen and bathroom) including floors, countertops, walls, and the backs and sides of large appliances (stove and refrigerator) to remove all visible debris and detritus and live cockroaches.
10. Required: Contractor will steam clean, where possible, all areas where there is an accumulation of grease, frass, urine, and other evidence of pests and food sources, including behind the stove. Contractors should avoid delaminating cabinets with steam.
11. Required: Contractors will use steam cleaner to flush out cockroach harborage areas and HEPA vacuum scattered roaches.
12. Required: After steaming and vacuuming areas, Contractor will scrub and wipe down areas using an approved cleaning solution and allow areas to air dry.
13. Required: Contractor will document all sanitation activity on service forms.
14. Required: Contractor will apply approved pesticide formulations to cracks and crevices, harborage areas, and areas of pest activity as necessary.

15. Required: All pesticides must be applied in accordance with label directions and state and federal regulations and must only be applied by a certified applicator. In addition, applicator must use pesticides pre-approved by DOHMH.
  - i. For cockroaches:
    - i. Apply bait stations in safe places out of the reach of children and pets.
    - ii. Baits should be placed next to all high traffic pest areas along baseboards and in corners, under the sink and in cabinets (on side walls and corners), in closets and close to water and radiator pipes.
    - iii. Gels should be applied to appropriate areas.
  - ii. For mice:
    - i. If there are signs of mice, place indoor bait stations glue and/or snap traps as necessary per EPA best management practice guidelines.<sup>5</sup> Any bait stations used for rodents should be used according to their labels and best management practices. Mice trapping and baiting should always require at least one (1) follow up service to retrieve traps and/or bait stations.
16. Required: Contractor will document all pesticide applications on service reports.
17. Required: Contractor will provide pest proofing in kitchens and bathrooms.
  - i. Contractor will inspect for holes, gaps, or cracks:
    - i. For areas less than 2 inches, Contractor will completely seal holes, gaps, and cracks using a sealant and a backing rod where appropriate.
    - ii. For areas with a total area of 2 to 4 inches, Contractor will stuff with copper mesh and enclose with plaster or escutcheon plate where appropriate.
    - iii. All areas greater than 4 inches should be documented on services tickets, including location and estimated total size.
18. Required: Contractor will properly seal utilities lines at stove outlet, beneath the sink, and around radiators if possible, and document unsealed heat risers providing pest harborage.
19. Preferred: Contractor will apply DOHMH-approved products behind electrical outlet plates as necessary.
20. Sanitation, repair and pesticide application elements can be completed concurrently so long as the effectiveness of each measure is not compromised or diminished.
21. Required: Contractor will document all pest-proofing actions in service documentation.
22. Required: Final cleanup:
  - i. Contractor should remove all treatment-related debris and materials from the home.
  - ii. If warranted, Contractor will perform final HEPA vacuuming of all horizontal surfaces to remove any dust and debris associated with repair and treatment work.
  - iii. Contractor should seal all garbage bags containing items tenants have identified as acceptable to discard.

**C. Follow up Treatments (one licensed applicator required)**

Required: For apartments evaluated to have severe infestations and/or requiring further service, a sufficient number of follow-up visits will be provided to further knock down pests and provide pest proofing. The need for a follow-up visit will be determined by Contractor at time of initial treatment. In

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<sup>5</sup> <http://www.epa.gov/asthma/pests.html>

addition, CPI may determine need for follow-up visit in the course of quality insurance inspections or communications with families. During follow up visits, all monitoring devices should be inspected and findings reported. Removed or replaced monitoring devices must be noted. Contractor need not notify CPI prior to conducting additional service visits (after initial service). Contractor will revisit units identified by CPI as requiring further treatment within a reasonable time frame which will not exceed one month after the most recent treatment visit.

All necessary follow-up visits are included in the Unit Charge proposed by the RFP applicant.

## Appendix C: Quality Assurance

To ensure that the IPM-AR contractor is meeting its project obligations, the CPI will monitor their work by determining that the quantity and services were actually delivered or rendered through site visits, monthly calls, service order review, and invoicing.

- CPI will follow up with all program participants to confirm that services were completed and measure customer satisfaction.
- CPI will review all IPM-AR service records for quality and adherence to the reporting guidelines outlined in the scope of work.
- CPI will also provide follow-up visits to at least 20% of the serviced units for the purposes of quality assurance.

FPHNYC reserves the right to provide inspections, directly or through a third party, to ensure quality of the services.