REQUEST FOR PROPOSAL

4DI. REDUCE PREMATURE BIRTHS
Clinical Standards Educational Protocol Model & Adoption Support

CNY Care Collaborative
109 Otisco Street, 2nd FL
Syracuse, NY 13204
4.D.I. REDUCE PREMATURE BIRTHS
Clinical Standards Educational Protocol Model & Adoption Support

Timetable of Key Events:

Event:
Opportunity Announced 7/14/2016
Inquiry Period Begins-Submittal of Questions 7/25/2016
Inquiry Webinar 8/10/2016
Inquiry Period Closed 8/17/2016
Letter of Intent Due 9/12/2016
Proposal Submittal Deadline 11/04/2016
Awards Announcement (Tentative) 12/02/2016
Contract Start Date (Projected) 1/02/2016

Inquiries:
From the issuance of this Request for Proposal (RFP) until contractors are selected, all contacts concerning this RFP with personnel of Central New York Care Collaborative, Inc. (CNYCC), except as otherwise specified herein, must be made through:

Kelsie Montaque
Project Manager
109 Otisco St, Syracuse, NY 13204
with “Clinical Standards RFP Inquiry’ in the subject line.

Applicants will submit questions which will be answered on the August 10, 2016 Inquiry Webinar. Applicants will have the opportunity to have questions answered and ask additional questions. All answers to inquiries will be posted on CNYCC’s website. Applicants are given an extra week to submit additional questions; the answers will published on CNYCC’s website.
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1. **SUMMARY AND BACKGROUND**

Central New York Care Collaborative, Inc. (CNYCC) is a New York not-for-profit corporation created to serve as the lead entity for the Performing Provider System (PPS) implementing the DSRIP program in six Central New York counties: Cayuga, Madison, Lewis, Oneida, Onondaga, and Oswego. As such, CNYCC is the lead of collaboration of more than 1,400 healthcare and community based service providers working together to create a better system of care for all patients in our region -- specifically focused on the Medicaid and uninsured individuals.

Through a New York State initiative called the Delivery System Reform Incentive Payment (DSRIP) Program, we're striving to integrate services, collaborate on patient care, improve regional healthcare quality and lower the costs of care over a five year period.

The 4.d.i. Reduce Premature Births objective is to reduce the rate of preterm birth in NYS by at least 12% to 10.2%. Preterm birth, defined as any birth before 37 weeks gestation, is the leading cause of infant death and long-term neurological disabilities in children. Babies born prematurely or at low birth weight are more likely to have or develop significant health problems, including disabling impairments, compared to children who are born at full term at a normal weight. Preterm infants are vulnerable to respiratory, gastrointestinal, immune system, central nervous system, hearing and vision problems, and often require special care in a neonatal intensive care unit after birth. Longer-term problems may include cerebral palsy, mental retardation, vision and hearing impairments, behavioral and social-emotional concerns, learning difficulties and poor growth.

In 2010, 11.6% of New York State births were preterm. Babies who are born preterm cost the US health care system more than $26 billion annually. In 2007, about 48% of preterm infant hospital stays nationally were paid by Medicaid, the largest source of health insurance for preterm infants.

The purpose of this Request for Proposal (RFP) is to obtain proposals from candidate organizations interested in partnering with CNYCC to create a Clinical Standards Educational Protocol Model(s) to educate, integrate, and train all birthing hospitals and outpatient obstetrical care providers in the adoption and implementation of a prenatal care structure that will reduce preterm births. Applicants may either choose to undertake all or selected areas of prioritization as stated below:

- Determining an approach to integrate and enhance the utilization of screenings and referrals for tobacco and other substances into the scope of care/services targeting pregnant women who smoke or use other substances.
- Management of preterm labor through the identification of priority areas driven by the State Perinatal Data including but not limited to:
  - Depression/Anxiety
The selected organization will monitor and provide adoption support for the implementation of the Educational Protocol Model(s) for all birthing hospitals and outpatient prenatal care providers within the six Central New York Counties: Cayuga, Madison, Lewis, Oneida, Onondaga, and Oswego.

CNYCC will conduct a fair and extensive evaluation of all proposals based on criteria listed herein. CNYCC will select the organization(s) whose mission, goals, and proposal best aligns with the project requirements.

**Purpose and Funding Availability**

CNYCC is issuing this targeted RFP and estimating that a total of $500,000 will be available for FY1 & FY2 for the provision of Clinical Standards: Educational Protocol Model & Adoption Support within the six Central New York counties: Cayuga, Madison, Lewis, Oneida, Onondaga, and Oswego.

**Eligible Applicants**

Eligible Partner organizations will have:

- Ability and expertise to capture existing statewide perinatal data, gather perinatal data based on the implementation of the Educational Protocol Model, and composite data in order to formulate approaches that lead to the reduction of preterm birth.
- Previously established, outcome-driven collaborative relationships with the birthing hospitals and outpatient prenatal care providers in the six Central New York counties with a reputation of providing support and guidance for quality improvement and assurance, as it pertains to prenatal care.
- Experience providing Clinical Education/Trainings.

**Applicant’s Responsibilities**

It is the applicant’s responsibility to meet the entire intent of these specifications. Applicants shall carefully examine the terms of this document and judge for themselves the circumstances and conditions affecting their proposal. Failure on the part of any applicant to make such examination and to investigate thoroughly shall not be grounds for any declaration that the applicant did not understand the terms and conditions herein. CNYCC shall not be liable for any costs associated with the preparation, transmittal, or presentation of any response or materials submitted in response to the RFP.
It is the responsibility of each applicant to:
- Examine the RFP documents thoroughly;
- Consider federal, state and local laws and regulations which may affect your proposal.
- Study and carefully correlate applicant’s observations within the RFP document;
- Visit the site and examine schematics to become familiar with local conditions that may affect your proposal, if appropriate.

2. **PROJECT SPECIFICATIONS**

This RFP is designed to solicit an organization to undertake a multi-year development of a Clinical Standards Educational Protocol Model, based on identified priority areas for the adoption and implementation by participating birthing hospitals and outpatient prenatal care providers within the six Central New York counties. The proposed organization(s) will be responsible for the development of the Clinical Standards Educational Protocol Model(s) in specified subject matters.

**Expectations:**

*Data Analysis*
Organization must have the ability capture existing statewide perinatal data, gather perinatal data based on the implementation of Educational Protocol Model, and aggregate data in order to frame ongoing approaches that lead to the reduction of preterm birth.

*Education/Training*
Provide a basis for educating and training participating birthing hospital staff, outpatient prenatal care providers, and staff on the Clinical Standards Educational Protocol Model. As appropriate, trainings will include but are not limited to the “At Risk for Preterm Birth and Adverse Pregnancy Outcomes” definition, 5As and screening for other substances of concern, prenatal care standards, current guidelines on the management of preterm labor and other priorities as may be identified by CNYCC’s Clinical Governance Committee.

*Monitoring*
Set the basis for monitoring the implementation of the Clinical Standards Educational Protocol Model by the birthing hospitals and outpatient prenatal care providers within the six Central New York counties. It will be the responsibility of this organization to provide ongoing identification of relevant and up-to-date best practices and standards as it relates to selected priority areas in prenatal care and preterm births.
Adoption
Ensure the adoption of the Clinical Standards Educational Protocol Model and provide support to the birthing hospitals and outpatient prenatal care providers within the six Central New York counties. It will be the responsibility of applicants to evaluate the level of adoption and implementation on an ongoing basis for quality improvement and assurance purposes.

These services are not all inclusive. CNYCC will entertain additional activities designed to promote and reduce preterm births.

3. Proposal Guidelines/RFP Format

1. All requirements noted within this RFP are required and must be addressed in the proposal, following the instructions provided. This proposal should be no more than 25 pages not including appendices, resume attachments, or budget justification.

2. Proposals should be submitted on 8½ by 11-inch paper, with one (1)-inch margins using the minimum of 12 point type, in Times New Roman font. At least one (1) copy of the proposal should be in loose-leaf form, that is, not stapled or bound and easily accessible for photocopying. To be considered for funding, Applicants are required to submit one (1) signed original proposal and One (1) copy of the proposal. To facilitate the review process, all proposal pages must be numbered. Applicants may NOT submit extraneous material such as brochures or newspaper articles.

Submission and Project Timeline

The Letter of Intent is due no later than 5pm EST Monday September 12, 2016. Content of the Letter of Intent should include:

1. Organization name and contact information
2. If applicant is not proposing to undertake all elements of this RFP, a description of applicant’s plans for partnerships to address all required elements

All proposals in response to this RFP are due no later than 5pm EST Friday November 04, 2016. All proposals also must be in accordance with the format specified above and below.

1. Please submit one PDF version via email to Elizabeth Fowler, Elizabeth.Fowler@cnycares.org. Please also mail:
   2. One (1) signed original
   3. One(1) copy

Proposal Submittal Process

Please send items requested in a sealed envelope marked “Request for Proposal: Clinical Standards: Educational Protocol Definition Model & Adoption Support” to the address below:
Request For Proposal
Clinical Standards Educational Protocol Model & Adoption Support

ATTN: Elizabeth Fowler
Central New York Care Collaborative, Inc.
109 Otisco Street, 2nd Floor
Syracuse, NY 13204

Any proposals received after this date and time will not be considered. All proposals must be signed by an authorized representative of the organization submitting the proposal.

All proposals must include:
- Cover Sheet (Appendix A)
- Applicant Information Sheet (Appendix B)
- Categorical Information (Appendix C)
- Budget Template (Provided)

Evaluation of proposals will be conducted by a consulting agency. If additional information or discussions are needed with any applicants during this window, the applicant(s) will be notified.

Upon notification, the contract negotiation with the winning applicant will begin immediately.

If the organization submitting a proposal must outsource or contract any work to meet the requirements contained herein, this must be clearly stated in the proposal. Additionally, all costs included in proposals must be all-inclusive to include any outsourced or contracted work. Any proposals which call for outsourcing or contracting work must include a name and description of the organizations being contracted.

Contract terms and conditions will be negotiated upon selection of the winning bidder for this RFP. All contractual terms and conditions will be subject to review by CNYCC legal representation and will include scope, budget, schedule, and other necessary items pertaining to the project.

**Required Content**

Each response must include the following information:
- Applicant agencies will provide a history of their organization and what makes their agency uniquely qualified to offer this service.
- Describe in detail your organization’s experience with similar projects including a listing of any current projects of this same type.
- Describe your agency’s experience in working with this targeted population/area and the process which will be put in place to ensure current licensing protocols.
- Describe how you will fulfill the activity as identified in this RFP. Include a tentative time schedule.
• Applicant must provide an explanation of selected priority area(s) and its effect on preterm births rates as supported by current perinatal data.
• Provide a plan for monitoring the adoption of the clinical standards protocol by hospitals and outpatient obstetrical providers.
• Identify the staff that would be assigned to work on this project. Define the capacity in which each person would be working, and describe the qualifications, education, training, expertise, and experience that qualifies these individuals to work on this project. Please include resumes for all staff.
• Proposals must provide a detailed and accurate budget. There must be a clear budget explanation, and budget items must reference project specific topics. Budget explanation is expected to be realistic with a budgeting total that is within CNYCC’s proposed funding availability (Detailed in Section 1).
• Lastly, the applicant agency should describe efforts that will be employed to implement, educate, and train obstetrical care providers on new protocol.

NOTE: All costs and fees must be clearly described in each proposal.

4. EVALUATION, DATA AND REPORTING REQUIREMENTS

1. Applicant will provide quarterly updates on the progress of the ongoing development of the Clinical Standards Educational Protocol Model to the Clinical Governance Committee and provide a quarterly report that outlines work. In addition, once the implementation of model begins, organization will provide a quarterly report detailing progress of implementation, monitoring, and adoption support.
2. Applicant will provide a detailed outline of plan to provide education and training to all birthing hospitals and outpatient prenatal care provider staff once model is developed.

5. PROPOSAL EVALUATION CRITERIA

CNYCC will evaluate all proposals based on the following criteria. To ensure consideration for this RFP, your proposal should be complete and include all of the following criteria:
• Overall proposal suitability: proposal must meet the scope and needs included herein and be presented in a clear and organized manner.
• Organizational Experience: Applicants will be evaluated on their experience as it pertains to the scope of this project.
• Previous work: Applicants will be evaluated on examples of their work pertaining to the nature of the work described.
• Technical expertise and experience: Applicants must provide descriptions and documentation of their staff’s technical expertise and experience. Please append resumes of current staff who would complete functions under this project and job descriptions for any new positions.
Sealed Proposals are due by **5:00 p.m., Friday November 04, 2016** to CNYCC; 109 Otisco Street (2nd Floor); Syracuse, NY; 13204.

**CNYCC RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS**

The undersigned hereby certifies that he/she has examined and fully comprehends the requirements and intent of the Notice, Information, Specifications and RFP for Peer Support, and offers to fulfill the activities as shown on the attached RFP for the cost listed below.

Federal ID Number: __________________________

__________________________________________  ________________
Type or Print Name                      Company

__________________________________________  _______________________
Title                                  Address

__________________________________________
Authorized Signature

__________________________________________  _______________________
Date                                  Telephone Number/ Fax

Please attach any additional information to this sheet.
APPENDIX B
APPLICANT INFORMATION SHEET

Proposing Organization: ____________________________

Address: ____________________________

______________________________

Phone: (____) _______________________

Fax: (____) _______________________

Contact Person:
Name: ____________________________

Title: ____________________________

Address: ____________________________

Phone: (____) _______________________

Fax: (____) _______________________

E-mail: ____________________________

Signatory Authority: ____________________________

“In consideration of the limitations of this proposal, I hereby certify that the information in this proposal is correct to the best of my knowledge, and that I am an official of the above organization authorized to sign and submit this proposal.”

Name/Title: ____________________________

Signature: ____________________________

Date: ____________________________
APPENDIX C
CATEGORICAL INFORMATION

Organization’s Safety Net Status

☐ Safety Net Provider
   Provider Code(s): __________________________________________________________

☐ Non-Safety Net Provider

Are you a new implementing site or an existing implementing site?

☐ New CenteringPregnancy® Implementing Site
☐ Existing CenteringPregnancy® Site

Please indicate the county where you are currently or planning to implement the CenteringPregnancy® Model:

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<th>County of Implementation</th>
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