NYS Office for People With Developmental Disabilities (OPWDD)
Request for Services - Home Enabling Supports

SECTION 1: Introduction

Effective on 10/1/2023, OPWDD added Home Enabling Supports (HES) as a subcomponent to the Assistive Technology (AT) benefit for persons enrolled in the OPWDD HCBS Waiver and living in non-certified settings. Not-for-profit agencies will have the ability to purchase HES technology on a person's behalf when a reasonable expectation has been identified that access to the service(s) will increase, maintain, or improve the person's safety, independence, health outcomes, and/or meaningful participation in the community, with less reliance on or the deferral of paid staff for supervision and/or assistance.

The devices or supports acquired as part of HES may include but are not limited to: Assistive Devices, Remote Support, and Health Assessment and Coordination Services (HACS).

There will be two AT providers designated to provide HES in each Developmental Disabilities Regional Field Office (DDRFO) region of the state unless an exception is granted by the Commissioner or their designee to ensure support access.

HES providers will be selected through this competitive selection process. Selected providers will be certified by the OPWDD Division of Quality Improvement (DQI) and receive an Operating Certificate for the provision of HES. All funding associated with provider selection and awarding of an Operating Certificate for the provision of HES shall be provided by a reimbursement for HES expenses billed directly through eMedNY by the provider.

For more information on Home Enabling Supports visit: ADM #2024-02 Home-Enabling Supports Provided to OPWDD Home and Community-Based Services 1915C Waiver Enrollees | Office for People With Developmental Disabilities.

1.1 Medicaid Funding

The Medicaid reimbursement rates for services will be established in accordance with the law, regulations, and policy in existence at the time services are provided.

To receive reimbursement, the selected provider will need to be enrolled as a Medicaid provider; hold all operating certificates required by Mental Hygiene Law; obtain all required OPWDD approvals to provide the services; and comply with all other requirements for receiving Medicaid payments for such services.

The maximum expenditure for acquisitions of Remote Supports, HACS, and/or assistive devices for the benefit of a Medicaid beneficiary must not exceed $5,000 per calendar year.

1.2 Term of Award

N/A

1.3 Eligible Applicants

Minimum applicant requirements include:

Only OPWDD certified not-for-profit providers in good standing, defined by meeting all of the requirements described in 1-12 below, can be issued HES certification.

1. The provider will be disqualified if it is on "Early Alert" at the time that the application is submitted, or if it has been on “Early Alert” at any time during the twelve months prior to the issuance date of this Request for Services (RFS).

2. The provider must be current in the submission of Consolidated Fiscal Reports (CFR) at the time that the application is submitted. Applicants must provide the most recent CFR schedule 2A for the purpose of demonstrating overall financial viability. Applicants may be asked to provide an interim CFR, including CFR schedule 2A, and interim financial statements. OPWDD retains the right to make the final determination of financial viability, including after reviewing the provider’s fiscal information/documents during the application evaluation process.

3. There are no issues identified by OPWDD or another governmental agency during a fiscal audit that remain unresolved in the twelve months prior to the issuance of this RFS.

4. A provider that has more than one unresolved Adverse Action upon submission of application will not be considered.

5. OPWDD will review applicant’s history of compliance for the last three years and reserves the right to disqualify any agency that has demonstrated significant issues with performance during that period. As part of the ongoing performance issues assessment, OPWDD will consider the following items:

    - The number of Adverse Actions compared with the number of sites/programs managed by the provider.
    - Any fines, Immediate Jeopardy declarations, systemic issues, or other complaints.

6. OPWDD will review provider’s history of compliance for the last three years and reserves the right to disqualify any agency that has demonstrated significant issues with performance during that period or about which OPWDD finds information that may affect the provider’s ability to fulfill its obligations.

7. Application is received on or before the proposal due date in Section 2.2.

8. All required sections of the application are complete, including the required cover sheet and attachments.

9. Application meets formatting requirements.

10. Provider must be certified by OPWDD as an AT not-for-profit provider at the time of submission of its response to this RFS.

11. Provider must have a demonstrated understanding of the rights of people served by OPWDD as described in OPWDD regulations 14 NYCRR §§ 633.4, 636-1.2, and 636-2.4, and have the capacity to ensure that the person provides informed consent for any technology funded under HES.

12. Provider must employ or contract with qualified staff that have at least one year of experience in conducting technology assessments; **and**

    Either:

    - Have a credential in enabling technology (e.g., Enabling Technology Integration Specialist (ETIS) (https://www.techfirstshift.com/credentials-and-certifications) or Assistive Technology Professional (ATP) (https://www.resna.org/Certification/Assistive-Technology-Professional-ATP)).

    Or:

    - Are clinicians with at least two years of experience working with people with intellectual and/or developmental disabilities in a related field (e.g., Occupational Therapy, Physical Therapy, Speech Therapy, Rehabilitation Counselor, Social Work).

Applicants must meet all 12 of the above requirements. Applicants who fail any portion of the review process will have their application disqualified from consideration. It should be noted that any provider that receives an OPWDD HES certification must remain in good standing throughout the entire certification period and length of the service delivery.

For Remote Support and HACS services, HES providers must subcontract with Remote Support and HACS vendors. Vendor contracting is the responsibility of the HES provider and may include additional stipulations. It is the HES provider's responsibility to ensure the vendor meets the requirements outlined in the HES ADM; however, the official applicant of this RFS must be the not-for-profit OPWDD certified provider organization, **not the vendor**.

1.4 Eligible Target Population

OPWDD is responsible for determining whether an individual is eligible for services based upon the definition of "developmental disability" in NY Mental Hygiene Law § 1.03(22) and in accordance with OPWDD's eligibility advisory guidelines. For the purposes of this RFS, a person must be determined eligible for services by OPWDD.

In addition, people must meet certain eligibility criteria to access HES.

HES Assistive Devices and HACS Eligibility

- A reasonable expectation has been identified that access to the HES service(s) will increase, maintain, or improve the person's safety, independence, health outcomes, and/or meaningful participation in the community, with less reliance on or the deferral

of paid staff for supervision and/or assistance.
- Person has OPWDD HCBS Waiver eligibility and enrollment.
- Person lives in the community in a non-certified residence.
- Assistive devices and HACS are available to people of all ages.

Remote HES Supports Eligibility

- A reasonable expectation has been identified that access to the HES service(s) will increase, maintain, or improve the person's safety, independence, health outcomes, and/or meaningful participation in the community, with less reliance on or the deferral of paid staff for supervision and/or assistance.
- Person has OPWDD HCBS Waiver eligibility and enrollment.
- Person lives in the community in a non-certified residence.
- Person must be age 15 or older.

Reasonable Indication of Need

The receipt of HES alone is **not** sufficient to demonstrate a reasonable indication of need for a monthly HCBS waiver service. In addition to HES, a person must receive at least one monthly HCBS waiver service or monthly monitoring of health and safety (e.g., care management) to meet the reasonable indication of need requirement for HCBS waiver enrollment as defined in 42 CFR § 441.302(c). See 23-ADM-06: https://opwdd.ny.gov/system/files/documents/2023/07/final-waiver-enrollment-and-eligibilty-adm_7.17.pdf.

Self-Direction

For people who are enrolled in Self-Direction, the cost of the acquisition of devices or cost related to Remote Support or HACS vendors must be accommodated within their Personal Resource Account (PRA).

Information regarding Self-Direction can be found here: Self-Direction | Office for People With Developmental Disabilities

1.5 Reporting and Operating Requirements

Applicants that are selected to be a Home Enabling Supports provider must participate in an outcome measurement Community of Practice (CoP) with staff from OPWDD. The CoP will finalize data collection tools and strategies to evaluate the outcomes of Home Enabling Supports service provision in the following areas:

- Promotion of a person's independence in their home environment
- Promotion of a person's safety in their home environment
- Empowering a person to live in the most integrated setting possible
- Minimizing the need for on-site staff

The modalities used for data collection may include survey data, focus groups, record reviews, evaluation of claims data and subcontractor reporting. Activities of the CoP will begin in 2025 and are anticipated to conclude in twelve months.

HES providers assess the needs of the person in consultation with the Care Manager, care planning team, and vendor (if applicable), through the person-centered planning process. The outcome of this assessment must be documented in the HES plan.

HES providers will be required to review the use of the service as part of the person-centered planning process and report outcomes data.

The HES Provider is expected to remain in "good standing" (see Section 1.3) throughout the service delivery period.

Person-centered planning includes cultural and linguistic competency, which is the ability to understand and respond to the cultural and linguistic needs of others. It involves having the knowledge, skills, and attitudes to promote effective cross-cultural communication and practice. Care Coordination Organizations (CCOs), Care Managers, and providers must consider, respect, and be responsive to a person's cultural needs and preferences. They must also communicate with the person in a way that is meaningful to the person. For example, this may include using translating services, pictures/visuals for education, and plain language. All respondents must document their capacity to support cultural and linguistic competency.

SECTION 2: General Requirements

2.1 Desired Outcomes and Program Requirements

Desired Outcomes:

- Increased independence in the person's home environment
- Promotion of a person's safety in their home environment
- Empowering a person to live in the most integrated setting possible
- Minimized need for on-site staff

Program Requirements:

Identified Need

HES services must be related to an assessed need, with specific outcomes to be achieved, as documented in the person's Life Plan. A reasonable expectation must be identified that access to the HES service(s) will increase, maintain, or improve the person's safety, independence, health outcomes, and/or meaningful participation in the community, with less reliance on or the deferral of paid staff for supervision and/or assistance.

Service Authorization

HES requires prior authorization by the DDRFO.

Projects or purchases initiated or completed before DDRFO or OPWDD prior authorization are not reimbursable by Medicaid.

Catchment Area

HES providers must make HES available to any authorized person within their catchment area. HES providers must not give preference to persons receiving other Waiver services from their agency or limit access for those who do not receive other Waiver services from their agency.

Assessment

The HES provider must assess the person to evaluate their needs and goals. The HES provider then develops a plan based on information learned during that assessment. The assessment must occur within 30 days of the person being enrolled with an HES provider. Assessment of the person must include, but is not limited to, conducting an in-home visit to identify areas where personal safety and/or goals of increased independence in activities of daily living can be addressed using HES. The assessment will determine the type of HES to be acquired.

Based on the preference of the person, the in-home visit may occur remotely with the use of face-to-face technology, in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

HES Plan Development

The HES provider must work with the person, Care Manager, Care Planning Team, and vendor (if applicable) to create the HES Plan. No Staff Action Plan is required. The HES Plan development must be person-centered and follow the Person-Centered Planning standards described in 14 NYCRR §§ 636-1.2.

The completed HES Plan must include:

- Basic service information;
- Identification of the person's valued outcome(s) or goal(s) that will be supported with HES;
- If receiving remote supports, identification of at least one additional measurable valued outcome related to Remote Support service;
- Privacy, health, and safety assurance;
- Informed consent;
- Identification of vendor and the vendor's information (if the person will receive Remote Support services and/or HACS); and
- If receiving Remote Supports, an addendum that addresses plans for delivery of Remote Supports.

Remote Support Addendum to the HES Plan

The HES Plan must integrate planning information developed by the vendor that subcontracts for the Remote Support. Therefore, a Remote Support Addendum must be created by the Remote Support vendor for people receiving Remote Supports. To create this addendum, the vendor must perform work with the person, their Care Manager, and the HES provider and complete an in-home assessment. The addendum must include:

- Justification statement that explains how Remote Supports benefit the person,

promote independence, assist in outcome achievement, and assure health and safety. Description of the person's personal preferences and how the delivery of Remote Supports will reflect those preferences. This must reflect the utilization of person-centered tools and exhibit how support strategies have been developed to meet the summarized preferences;

- Verification that a risk assessment was completed and reviewed through the utilization of the person's person-centered tools and other assessment results by the support team to ensure the appropriate technology solutions and/or support strategies have been identified to address any risk areas;
- Description of the required Remote Support equipment function, purpose, features, general location in home, and the person's and the family's understanding of how to use the equipment (e.g., turn on and off, how to request assistance remotely, etc.);
- Description of initial and ongoing training strategies for the person supported, support staff, and family members / natural supports, if applicable;
- Schedule for when Remote Supports will be provided and the type of Remote Supports (e.g., Active Support, Active On-Demand, Check-in Scheduled, Check-in Random) provided;
- Detailed back-up plan description in the event of system failure (e.g., equipment malfunction, power outage);
- Detailed emergency/on-call responder plan in the event the person needs a paid in-person response to their residence. The emergency response plan can include natural supports or paid supports. The detailed plan for response at the person's residence or location covered by Remote Supports should include, at a minimum, a description of:

    - Response time as per requirements defined by the team. In situations requiring a person to respond to the person's residence, the response time must not exceed 30 minutes;
    - Response type, which includes face-to-face and/or telephone depending on how to respond optimally to the person's particular need at that time, to ensure health and safety;
    - Effective procedure in emergency situations for notifying emergency personnel such as police, fire, emergency medical services, and psychiatric crisis response entities; and
    - Documentation of the event as required by OPWDD Incident Management regulation and policy.

Distributing the HES Plan

The HES Provider must provide a copy of the completed HES Plan ten business days from submission of their assessment claim to the person and their Care Manager.

Acquisition

The HES provider must purchase, lease, or otherwise provide for the acquisition of assistive devices/technology, and will assist with the setup of the device/equipment. For Remote Supports and HACS, the procurement and setup of equipment may be provided

by either the vendor or the HES provider (See **Vendor Qualification and Requirements** section in ADM). Remote Supports and HACS are billed by the HES provider, which is responsible for the contract arrangement with Remote Supports and HACs vendors. There is no bidding requirement for HES provider subcontracts.

Providers must ensure that a warranty program (break/fix and/or device replacement) is available and used for certain services.

Training & Troubleshooting

The HES provider must teach the person, and any informal or formal supports who will be assisting the person, how to use the assistive device. The HES provider must provide to the person any needed training and help with troubleshooting for devices for at least three months following installation of the device. After three months, the person and/or their supports should work with the device manufacturer for any additional needs.

Billing, Claiming, and Cost Limits

The cost for the acquisition of technology, services, or devices is limited to no more than $5,000 per year for each person and must be funded within applicable thresholds and limits of the Assistive Technology category of service. As such, the total cost of Home Enabling Supports (both the direct reimbursement to the provider and the acquisition costs), is an offset to any Assistive Technology costs that are funded outside the Home Enabling Supports service. The current limit for Assistive Technology is described in ADM #2021-04 https://opwdd.ny.gov/adm2021-04-service-documentation-assistive-technology-e-mod-and-v-mod-services-provided-individuals.

The provider is qualified to bill the following fees upon the completion of the deliverable or delivery of the service described below. The administrative fees shown below are available to be billed, as described below, by the HES provider outside the $5,000 annual HES limit. They will be offset within the broader annual funding threshold of a person's AT benefit:

- One-time Assessment Fee of $189 for the first month for completion of Home Enabling Supports Plan (maximum of one payment per year, per person). This fee is for initial assessment. It is not an annual expenditure and generally should not be billed in subsequent years. Exceptions to this may occur if the person's needs change substantially or the Home Enabling Supports technology the person is using has significant changes or updates requiring a new assessment.

- One-time Start-up / Setup / Fostering Technology Uptake Fee of $315, which can occur in the first or second month for Start Up / Setup / Fostering Technology Uptake (maximum of one payment per year, per person). This fee is for start-up activities. It is not an annual expenditure and generally should not billed in subsequent years. Exceptions to this may occur if the Home Enabling Supports technology the person is using has significant changes or updates requiring new equipment.

- Monthly Troubleshooting and Support Fee of $63/month for troubleshooting and/or additional training. This fee may be billed by the HES provider once per month for up to three (3) months in the twelve (12) month period following acquisition of the

device. Billing of this fee is limited to months where there is an interaction with and/or for the person to support the use of the technology. Billing for this service cannot occur in the same month where the One-time Assessment Fee, One-time Start-up / Setup / Fostering Technology Uptake Fee, or Ongoing Subscription Management Fee are billed.

  - If troubleshooting is needed beyond three months, for devices that do not include a subscription service, the person (and/or those who support them) should seek assistance from the device manufacturer.
  - If troubleshooting is needed beyond three months, for subscription services, the person (and/or those who support them) should seek assistance from the subscription (e.g., Remote Support or HACS) vendor.

- Ongoing Subscription Management Fee of $63/month may be billed by the provider. This fee is paid to the HES provider for administrative activities related to subscription management; this fee is not used to pay for the cost of the subscription service. Billing for this service cannot occur in the same month where the One-time Assessment Fee, One-time Start-up / Setup / Fostering Technology Uptake Fee, or the Monthly Troubleshooting and Support Fee are billed.

Service Documentation

The HES provider is responsible for maintaining documentation of service delivery. Service documentation for all HES must include the following to validate payment for services:

1. Documentation that validates the claim submitted to eMedNY. This must include the receipt or paid invoice for any acquired technology or devices. For the payment to a vendor for the delivery of Remote Support or HACS, the vendor must maintain a receipt or paid invoice and ensure that the additional documentation (below) is maintained by the vendor.
2. A copy of the person's Life Plan, which must include Home Enabling Supports as a support/service and identify the HES provider
3. A copy of the person's completed HES Plan that meets the requirements of section Assessment and HES Plan Development
4. Any other applicable planning/service document(s) that substantiate eMedNY claims.

Service Reporting

Additional service documentation is required for HES that are Remote Support services and/or HACS. Vendors must provide service reports to the HES provider. The HES provider must maintain service report documentation. Remote Support Services and/or HACS service documentation must include 1-4 above and include:

1. Type of service (e.g., Remote Support, or HACS)
2. Date and time(s) of service
3. Medicaid Client Identification Number (CIN) of individual receiving service
4. Name of the vendor and Staff Person's name
5. Number of units of the delivered service per calendar day OR description of the services delivered that directly relate to the services specified in the approved HES Plan. If, for example, a sensor alerts a remote caregiver, describe the occurrence

that activated the sensor, when it happened, who was involved, response, and outcome.

Development of HES Policies

The HES provider must develop, maintain, and enforce written policies approved by OPWDD. These policies must address how the provider:

- will ensure the person's right of privacy, dignity and respect, and freedom from coercion.
- decided upon the HES device, and how this technology or support was explained to the person and/or a representative that assists them with informed decision making.
- will ensure the HES meets applicable information security standards.
- will ensure its provision of Remote Supports complies with applicable laws governing individuals' right to privacy.

Individual Privacy, Consent, Rights & Rights Restrictions

Federal and state HCBS regulations protect a person's right to privacy, dignity, autonomy, control, independence, choice, respect, and freedom from coercion and restraint. In some cases, the HES could impact these rights (e.g., remote technology, two-way audio/visual technology, video cameras as a component feature of HES technology or for other assistive purposes). The use of video cameras is limited to certain placements, which will be identified and agreed upon during the informed consent process (see Remote Home Enabling Supports, pg. 8), must be controllable by the person, and cannot be used for a provider's convenience or for general surveillance.

Written Informed Consent is Required When Privacy Rights are Limited:
If a person's right to privacy is impacted by HES (e.g., through remote technology and/or GPS tracking devices), the HES provider must ensure that the person provides written informed consent before the HES is used. This includes being fully informed of what the device/service/support entails. These details may include, but are not limited to:

- the Remote Supports staff's ability to observe the person's activities and/or listen to their conversations in the residence;
- the location in the residence that the remote device(s) will be placed; and
- whether or not recordings will be made. Informed consent(s) will be obtained initially, prior to the person receiving HES, and as needed (e.g., a new service/support/device is obtained that impacts privacy).

If the HES impacts the privacy of anyone else living in the residence, they must also provide written informed consent before the HES is used. Written informed consent must also be updated as needed (e.g., when a new support/service/device is used). People may revoke their consent to the HES at any time.

Rights Limitations Documentation: Rights limitation(s) must be appropriately documented in the person's HES Plan (See Rights and Privacy Requirements section) and other applicable person-centered service plan(s) (e.g., Life Plan, or other planning/service document(s) such as Staff Action Plans, Behavior Support Plans, Plans of Nursing

Services). The documentation requirements may vary depending on the person's specific medical or behavioral needs. Documentation must comply with federal and state regulations (e.g., 14 NYCRR §§ 633.4, 636-1.2 and 636-2.4).

Privacy and Placement of Remote Technology: The placement of Remote Support devices will be considered based on assessed need, privacy, rights considerations, and informed consent of the person and others who live in the home. If the remote technology impacts the person's privacy, providers must comply with OPWDD regulations 14 NYCRR §§ 633.4; 636-1.2, and 636-2.4.

Privacy and GPS-Tracking Devices/Systems: A GPS-tracking system might be considered to address health and safety concerns for people who elope or leave areas where appropriate supervision can be provided. However, GPS-tracking is a rights restriction and must comply with 14 NYCRR §§ 633.4 and 636-2.4. These regulations require, among other things: justification based on the person's behavioral and medical needs; using least restrictive forms of intervention; and obtaining informed consent from the person.

Compliance with Federal and State Requirements

The HES provider must ensure that the remote technology acquired or used by the provider and/or vendor meets the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their applicable regulations, as well as applicable state law. Failure of the HES provider to comply with the requirements of these acts, and their applicable regulations to protect the privacy and security of the participant's protected health information, may result in denial, suspension, or revocation of the provider's certification.

All technology funded through HES must comply with Health and Human Services (HHS) policies and other requirements as well as documents referenced within those policies at: The Security Rule | HHS.gov

Records Retention

All documentation specified above, including the Life Plan, HES Plan, and service documentation, must be retained for a period of at least ten (10) years from the date the service was completed to protect against potential false or fraudulent Medicaid claims under the New York False Claims Act. The date of issuance of the final payment through eMedNY to the HES provider is the date used to establish the start of the ten (10) year retention period. HES require prior authorization by the Developmental Disabilities Regional Field Office (DDRFO). Projects or purchases initiated or completed before DDRFO or OPWDD prior authorization are not reimbursable by Medicaid.

2.2 Key Events / Timeline

RFS Release Date …….....	December 18, 2024
Questions Due (must be received by 4:00 pm)……	January 3, 2025
Question Responses sent by …….	January 10, 2025
Proposals Due (must be received by 12:00 pm) ……..……..…	January 20, 2025

Internal Review Period …….....Jan. 23, 2025 – Feb. 6, 2025

Conditional Award Notifications...……..…… week of Feb.10, 2025

CoP Convenes …….....…….…… February 2025

2.3 Questions and Answers

Written questions regarding this RFS will be accepted until January 3, at 4:00 pm. No telephone inquiries will be accepted. Answers to all questions will be distributed via email by January 10, 2025. Questions may be submitted via email to: peoplefirstwaiver@opwdd.ny.gov

All questions must be typed and include the RFS section the question is about. Along with the question(s), provide your name, organization, mailing address and email.

2.4 Selection Criteria

All proposals will be reviewed by OPWDD staff including, but not limited to, representatives from Central Office and the appropriate Regional Field Office.

Proposal Completeness Review

After the proposal opening, each proposal will be screened for completeness and conformance with the RFS requirements. Incomplete responses, the failure to complete as specified, and/or the failure to provide any of the required functionality may result in a proposal being deemed non-responsive and the disqualification of the application, and the applicant will be notified accordingly. Only proposals that pass the Minimum Qualifications Evaluation will proceed to the Technical Evaluation.

Submission Limits (project specific)

Provider agencies applying for HES may only submit one (1) project application per each of the five (5) OPWDD Regional Field Office (RFO) areas.

Due Diligence Review

Each OPWDD provider applying for HES will be subject to a Due Diligence review (see Section 1.3 for more information). Feedback will be solicited in the areas of Consolidated Fiscal Reporting, Office of Audit Services, Division of Quality Improvement, and any other areas that may be deemed necessary to attain an accurate representation of the provider's fiscal and programmatic strength and possible weaknesses prior to selection. Applicants who receive a negative Due Diligence review in one or more areas may be disqualified from service delivery consideration.

Minimum Qualifications Evaluation

Proposals submitted by applicants will be evaluated on a Pass/Fail basis to determine whether they satisfy the Minimum Qualifications identified in this document. Proposals that fail to meet the minimum qualifications will be deemed non-responsive, will not be

further evaluated, and the applicant will be notified accordingly. Passing proposals next proceed to the Technical Evaluation. Applicants may still be disqualified if it is later determined that the applicant did not meet all the Minimum Qualifications and should not have qualified to move on to the Technical Evaluations stage.

The qualifications for this application that will be evaluated on a Pass/Fail basis are listed in section 1.3 Eligible Applicants.

Technical Scoring Criteria

Proposals that have not been disqualified during the above reviews will be independently reviewed and evaluated by representatives using an objective review process, with computed scores based on the following criteria:

Scoring Criteria Category	Maximum Number of Points Available
Applicant Experience	20
Applicant Staffing	15
Applicant Performance Outcomes	10
Applicant DDRFO Performance and Quality Review	15
Applicant Person-Centered Processes	10
Applicant Location and Coverage Capacity	20
Applicant Commitment to Diversity, Equity, and Inclusion	10
TOTAL	**100**

Applicant Experience: This section will require applicants to provide a detailed overview and timeline of their operating experience with supports, services, procedures, and vendors related to Assistive Technology.

Applicant Staffing: Applicants will be required to provide detailed overview of all current staffing with assistive technology experience and any future staffing plans.

Applicant Performance Outcomes: Applicants will be required to describe any AT outcomes related to; increased independence in the person's home environment; promotion of a person's safety in their home environment; empowering a person to live in the most integrated setting possible; minimized need for on-site staff.

Applicant DDRFO Performance and Quality Review: This section is based on DDRFO input/analysis regarding provider ability to provide AT services. This includes but is not limited to follow through on Assistive Technology/Environmental Modifications/Vehicle Modifications requests, timely submission of documents, if there is currently a waitlist for services in the operating area(s).

Applicant Person-Centered Planning Processes: This section requires applicant to provide specific details about the agency's person-centered planning processes to ensure that the person is an active part of the service planning process, there is collaboration with the person's care manager and care planning team, and their processes comply with OPWDD regulations.

Applicant Location and Coverage Capacity: This section requires applicant to define their location, where they are currently operating, and what their operational capacity is. In this section the applicant will also be asked to provide detail regarding how ensured access will be achieved and if they have the interest and capacity to temporarily expand their certification footprint. If there is interest, they will be asked to provide the areas to be included in expansion and a plan for increasing capacity.

Applicant Commitment to Diversity, Equity, and Inclusion: This section requires the applicant to provide an overview of their DEI policies, practices, and initiatives (e.g., training initiatives, outreach efforts, DEI specific policies, hiring practices, experience serving historically marginalized communities, language access, cultural and linguistic competence).

For further information on selection criteria see Section 3: Application Instructions Requirements

All applications will be reviewed and scored by OPWDD's Central Office and staff from the respective Regional Field Office of the project location. Awards will be based on the overall score of the proposal and regional priorities.

An applicant's past and current performance in OPWDD programs and contracts, will be considered in reviewing, rating, and ranking its application. OPWDD reserves the right not to issue an award to any applicant if it has been determined that the applicant is not in compliance with existing agency certification and contracting and has not taken satisfactory steps to remedy such noncompliance. When evaluating applications, OPWDD will take into consideration its experiences on previously awarded projects, including, but not limited to, projects that were delivered with significant delays, cost increases, changes in project scope from what was presented at the time of application, or other project modifications that would have impacted the scoring for that project.

OPWDD reserves the right to award certifications to achieve the objectives of the State's overall Assistive Technology strategy, including by geographic region to reach underserved areas.

2.5 OPWDD Rights

OPWDD reserves the right to:

1. Change any of the scheduled dates stated in this RFS.

2. Request applicants who submitted proposals to present supplemental information clarifying their proposal either in writing or by formal presentation.

3. Direct all applicants who submitted proposals to prepare modifications addressing amendments to this document and/or amend any part of this application document with notification to all applicants. These actions are without liability to any bidder or other party, for expenses incurred in the preparation of any proposals or modifications submitted in response to this application process.

4. Eliminate any requirements outlined in this document that are unmet by all applicants, upon notice to all parties that submitted proposals.

5. Waive procedural technicalities, or modify minor irregularities, in proposals received, after notification to the applicant involved.

6. Correct errors in any proposal, or make typographical corrections to proposal, with concurrence of the applicant.

7. Make awards to more than one applicant.

8. Award any or all proposals received in response to this application. However, issuance of this RFS does not commit OPWDD to award any or all proposals. OPWDD can reject any and all proposals submitted and reserves the right to withdraw or postpone this application process, without notice, and without liability, to any bidder, or other party, for expenses incurred in the preparation of any proposals submitted in response to this funding opportunity and may exercise these rights at any time.

9. Negotiate with the selected applicant(s) prior to award.

10. Require awardees to participate in a formal evaluation of the program to be developed by OPWDD. Awardees may be required to collect data for these purposes. The evaluation design will maintain confidentiality of participants and recognize practical constraints of collecting this kind of information.

11. Withdraw **HES certification** if there has been a change of circumstances since the award by OPWDD.

12. Deny issuing an award due to a negative review in the fiscal and/or programmatic areas of the required review.

13. Deny issuing an award due to problems with the overall feasibility of the provider.

SECTION 3: Application Instruction Requirements

The entire OPWDD Request for Services Application, along with the completed cover sheet and required attachments outlined below in the 'Program Specific Information' section, must be submitted directly to OPWDD's Department of Policy and Program Development to the following email address: peoplefirstwaiver@opwdd.ny.gov in the timeframes identified in Section 2.2 of this application.

PROGRAM SPECIFIC INFORMATION

Awarded applicants must adhere to the requirements of a provider performing the role of a certified Home Enabling Support agency.

The narrative portion of the proposal must be submitted in PDF format and should not exceed six (6) pages in length. Proposals should be single-spaced in 12-point font and be composed on letter sized paper (8.5" x 11"). The completed cover sheet must also be attached as well.

In addition, the following attachments should be submitted along with the narrative and cover sheet:

1. Attachment of most recent CFR schedule 2A
2. Attachment of policies/procedures which demonstrate an understanding of the rights of people served by OPWDD as described in section 1.3 (11)
3. Attachment of copy/copies of staff credentialing and/or licensures that meet minimal 'qualified staff' requirements as defined in section 1.3 (12)

Section I: Experience (20) – In this section, please provide an overview and timeline of any assistive technology operating experience relevant to this project of both your agency and, if applicable, the assistive technology vendors with whom you have partnered. Describe any assistive technology you are currently using or providing, or have provided in the past, along with the type of technology, number of units for people served by OPWDD, timeline of project, vendor information, and if the project is currently operational. If it is no longer operational, please explain.

Section II: Staffing (15) – In this section provide detailed overview of agency staffing as it relates to assistive technology experience.

- How many staff do you have with one or more year(s) of experience in conducting technology assessments? Please provide number of staff and years of experience.
- Do you have staffing who are credentialed/certified in enabling technology? Please provide number of staff, credential/certification, and authorizing authority/certifier
- Do you have staff who are clinicians with experience working with people with intellectual and/or developmental disabilities in a related field (e.g., Occupational Therapy, Physical Therapy, Speech Therapy, Rehabilitation Counselor, Social Work)? Please provide number of staff, titles, field of work, and years of experience.
- Does your agency have future plans for Assistive Technology related staffing? Please explain.

Section III: AT Performance Outcomes (10) In this section describe any AT outcomes related to; increased independence in the person's home environment; promotion of a person's safety in their home environment; empowering a person to live in the most integrated setting possible; minimized need for on-site staff.

Include quantitative and/or qualitative data obtained by you and/or vendors, summary reports, personal narratives, and/or any other information that demonstrates your agencies AT related performance metrics and outcomes.

Section IV: DDRFO Performance and Quality Review (15) –No applicant response required. This section is scored internally using DDRFO input/analysis regarding provider provision of AT services.

Section V: Person-Centered Planning Processes (10) - Please provide specific details about the person-centered planning processes your agency uses to ensure that the person is an active part of the service planning process and to ensure that the planned services will meet the person's needs and interests.

- How do you ensure that both the individual's and the family's voices are heard?
- How has your agency demonstrated a commitment to providing person-first services consistent with OPWDD's guiding principles?
- What strategies have been created to ensure that a person is free to interact with others and the community in the most integrated way?
- In what ways has your agency collaborated with the person's care manager and care planning team on person-centered processes?

Section VI: Location and Coverage Capacity (20) – Please provide location and coverage details regarding the following:

- Where your agency is currently operating.
- The number of units for people served by OPWDD.
- How does your agency ensure the service needs of the people residing in the region?
- Is there an interest and a capacity to temporarily expand the agency's certification footprint?
    - If yes, please provide the areas to be included in expansion, capacity forecast in terms of number of units for people served by OPWDD, and a detailed plan for increasing capacity.

Section VII: Diversity, Equity, and Inclusion (10) - Please provide an overview of your organization's diversity, equity, and inclusion policies and practices. In addition, describe how your agency will ensure the program structure and approaches will meet cultural and linguistic competency standards. This should include specific strategies for assessing and meeting the cultural and linguistic needs of members throughout program elements.