

RFP# 2024-010 (Opioid Settlement Funded Community Grants)

Proposal title: Improving Retention-in-Care for Albany Med Opioid Use Disorder Patients

Proposer: Alan S. Boulos, MD  
47 New Scotland Ave  
Albany, NY 12208  
518-262-9038  
[researchadmin@amc.edu](mailto:researchadmin@amc.edu)

Contact person: Bill Hammer  
Assistant Director  
Office of Research Affairs

# COUNTY OF ALBANY

## PROPOSAL FORM

### PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Community Grants

RFP Number: 2024-010

### THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent  
Albany County Department of General Services  
Purchasing Division  
112 State Street, Room 1000  
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date	Number
02/01/2024	RFP-2024-010
02/2/2024-02/16/2024	All Addendum

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

(c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
  - (a) Non-Collusive Bidding Certificate (Attachment "A")
  - (b) Acknowledgment by Bidder (Attachment "B")
  - (c) Vendor Responsibility Questionnaire (Attachment "C")
  - (d) Iranian Energy Divestment Certification (Attachment "D")
  - (e) Proposer Qualification Questionnaire (Attachment "E")

7. Communication concerning this Proposal shall be addressed to:

\_\_\_\_\_  
William D. Hammer, Asst. Dir., ORA  
\_\_\_\_\_  
Albany Medical College, MC-1 (express R-102)  
\_\_\_\_\_  
47 New Scotland Ave, Albany, NY 12208  
\_\_\_\_\_  
Phone: (518) 262-9038  
\_\_\_\_\_

8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

**COUNTY OF ALBANY**

**PROPOSAL FORM**

**PROPOSAL IDENTIFICATION:**

Title: **Opioid Settlement Funded Community Grants**

RFP Number: **2024-010**

**COMPANY:** Albany Medical College

**ADDRESS:** 47 New Scotland Ave.

**CITY, STATE, ZIP:** Albany, NY 12208

**TEL. NO.:** (518) 262-9038

**FAX NO.:** (518) 262-5890

**FEDERAL TAX ID NO.:** 14-1338310

**REPRESENTATIVE:** Alan S. Boulos, M.D.

**E-MAIL:** researchadmin@amc.edu

**SIGNATURE AND TITLE:** *Alan Boulos, Dean*

**DATE:** 2/26/24

RFP# 2024-010 (Opioid Settlement Funded Community Grants)

Improving Retention-in-Care for Albany Med Opioid Use Disorder Patients

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## Statement of Proposer Qualifications

Albany Medical College is the proposer of this grant. It is one of the nation's oldest medical schools and one of four free-standing medical colleges in the United States. Each year it confers more than 200 degrees, including medical degrees, advanced Nurse Anesthesiology, Physician Assistant Studies, Bioethics, and Biomedical Sciences. The medical college has created an innovative curriculum that integrates basic science and clinical medicine to build a framework for diagnosis, prevention, and treatment that focuses on health equity and holistic, effective medical treatment.

Albany Medical College's commitment to community has been an important part of our identity for many years and is central to our strategic plan, with the goal of using our collective expertise to help our community lead healthier lives. We see this as a call to go beyond providing health care services by focusing on improving social determinants of health. As a result, Albany Medical College partners with dozens of community organizations to improve the region's health and quality of life. In addition, large medical centers are traditionally located centrally in underserved communities, and this is the case with Albany Medical College.

Albany Medical Center is the centerpiece of medicine, research, and medical education in the Capital District region of New York State and is one of the area's largest private employers with 9,000 employees. Albany Medical Center is a 734-bed "safety net" hospital for the community where patients are treated regardless of ability to pay. It is also a destination for specialty services. Albany Medical Center is part of Albany Med Health System, which also includes Saratoga Hospital, Columbia Memorial Health, Glens Falls Hospital, and the Visiting Nurses Association of Albany. Albany Med Health System is locally governed and employs more than 16,000 professionals, including nearly 850 physicians, and can be found in more than 100 locations across a 150 mile catchment area covering 25 Counties.

Albany Med serves incredibly diverse communities, including three million people across 23 urban and rural counties in Northeastern New York and into Western New England. Approximately 70% of adult and pediatric patients are Medicaid or Medicare beneficiaries. In 2022, there were more than 35,000 patient admissions, over 1 million outpatient visits, and 78,300 emergency department visits.

The name and title of the person authorized to bind the Proposer is Dr. Alan S. Boulos who is the Dean of Albany Medical College. His address is 43 New Scotland Ave, MC-1; Office of Research Affairs, Albany NY 12208. Telephone number is 518-262-9038. Email is researchadmin@amc.edu

The professional staff member who will be involved in the County Engagement will be Dr. Andrew K. Chang, an Endowed Professor and Vice Chair of Research and Academic Affairs in the Department of Emergency Medicine. His address is 43 New Scotland Ave MC-139, Albany NY 12208. He has published numerous studies, including 14 randomized clinical trials, the vast majority having to do with pain and/or the opioid crisis. His 2017 publication in JAMA demonstrated no difference in pain relief when using a combination of oral acetaminophen (Tylenol) and oral ibuprofen (Motrin) as compared to 3 commonly used opioids including oxycodone/acetaminophen (Percocet), hydrocodone/acetaminophen (Vicodin), and codeine/acetaminophen (Tylenol with codeine). Dr. Chang's office address is 43 New Scotland Ave, MC-139, Albany, NY 12208 and his direct office phone is 518-262-4936.

**PROPOSAL SECTION II: Describe the Problem**

The opioid epidemic continues unabated with over 46,000 deaths involving opioids in the United States (US) in 2018. The burden is also great locally here in Albany County where preliminary data showed 85 overdose deaths involving opioids in 2021 and 82 deaths in 2022.

Although people with opioid use disorder (OUD) have frequent interactions with the health care system, engagement and retention in OUD care remains low, especially for marginalized populations. People with OUD who are admitted to the hospital report inadequate long-term planning, unsuccessful aftercare, and lack of resources to transition to ongoing OUD care as significant barriers to staying engaged with OUD treatment.<sup>1</sup>

Retention in care is important because it is associated with better outcomes, such as reduced mortality, decreased drug use, and improved quality of life in those with OUD.<sup>2</sup> Retention in care is one of two primary evidence-based interventions for reducing opioid-involved overdose deaths among patients,<sup>3</sup> the other being MOUD (Medication for Opioid Use Disorder) typically with buprenorphine/naloxone (Suboxone). SAMHSA has recommended using MOUD over the older and more commonly used term of “Medication Assisted Treatment (MAT)” to reinforce that medication is its own treatment form.

Therefore, the problem that we are addressing in this opioid settlement grant application is the need for a dedicated case manager to work with our OUD patients to improve their retention in care. The proposed case manager will provide frequent proactive contact to prevent relapse and promote stability, both regarding their opioid use disorder as well as in other parts of their lives. Doing so will result in fewer overdose deaths and better quality of life for these vulnerable patients.



### **PROPOSAL SECTION III: Describe the Approach**

Purpose: The main purpose of the requested funds is to hire a dedicated case manager who would work with our patients with opioid use disorder (OUD). Case management can be generally described as a coordinated approach to the delivery of physical health care, substance use disorder treatment, mental health care, and social services, linking clients with appropriate services to address specific needs and achieve stated goals. A case manager will provide a single point of contact for multiple health and social services systems. The case manager will advocate for our OUD patients, assist with needs sometimes thought to be outside the realm of substance abuse treatment, and be flexible, community-based, and patient-oriented.

A case manager will result in significant improvement in retention-in-care for these vulnerable patients who are otherwise susceptible to becoming “lost” in the system given the significant social barriers that exist in patients with OUD. Thus, a critical component includes integrating social determinants of health into our patients’ treatment plans and engaging in a culturally competent manner.

The case manager will use motivational interviewing techniques, strength-based counseling, behavioral activation, and proactive care navigation. Naloxone will be distributed, and overdose prevention education provided as part of harm reduction. Case managers will work to overcome pharmacy barriers and optimize convenience for discharge prescriptions, help overcome insurance barriers, and directly schedule patients in clinics at patient preferred dates and times. They will also provide reminders to patients on important dates, such as scheduled followup appointment visits.

In-kind resources: Significant in-kind resources include two addiction clinics at Albany Medical Center. One meets on Tuesday and Friday morning (8 total hours per week) and the other meets on Thursday afternoon for 3 hours per week with an additional 2 hours every other Wednesday morning. These clinics are staffed by a nurse practitioner (NP) along with one of 5 toxicologists/addiction medicine attendings and one emergency physician. The NP and 5 toxicologists/addiction medicine attendings also perform inpatient OUD consults in the Albany Medical Center hospital.

The case manager will receive and make phone calls, receive voicemail, and send and receive text messages through dedicated smart phones. The ability to text is an important access point because some individuals have text only capabilities on their phone due to financial barriers. Individuals will be asked to save the case manager's phone number in their phone as a contact so that individuals will know that incoming phone calls from the case manager are not spam calls.

In a recently published study in the *Annals of Emergency Medicine*, substance use navigation for ED patients with substance use disorders was strongly associated with higher engagement rates in addiction treatment after discharge (50.4% vs 15.9% at 30 days after ED discharge).<sup>4</sup> This study used a whole person care model that reframed interventions from being “disease-focused and transaction-based” to being “person-focused and relationship-based.”

Outreach Protocol (OP): If an individual misses a followup addiction clinic appointment, the case manager will follow an Outreach Protocol as follows: attempt a daily call/text and a daily HIXNY (a non-for-profit, health information exchange) search for 3 consecutive days, followed by a weekly call/text, and a weekly HIXNY search for 3 weeks. If there is no response by week 3, a letter will be mailed to the address on file and an alert placed in the EMR (Electronic Medical Record). Emergency departments will be asked to call the case manager if the individual registers as a patient. If it is after hours and the case manager is not available, we will ask the ED staff to collect contact information which will be emailed securely to the case manager, who will attempt follow up the next business day. If there is successful reconnection with the individual who requests continuation of MOUD, the case manager will immediately call the NP or one of the toxicologists of the addiction clinic so an assessment can be done to facilitate the prescribing of another buprenorphine/naloxone prescription. If it is determined that an individual needs and agrees to a higher level of care, the case manager will work to refer the individual to the appropriate treatment, such as inpatient rehabilitation or a daily dosing methadone clinic. The case manager will also help with any referral needs, such as transportation, letters from medical providers, emotional support, or family communication. The case manager would assist recently discharged patients

from the hospital as well as our current addiction clinic patients to continue to engage in drug treatment, whether with our clinic or another organization.

Community Coordination: Coordinating with local community organizations that work with people with OUD will be a pillar of our approach. By building on existing relationships and developing new ones, we will be able to offer our OUD patients additional resources that we currently do not offer. We view this as a two-way street: partner organizations serve as referral sources for AMC's addiction clinics while at the same time we will refer our patients to these partners organizations for services we cannot offer or per our patients' preferences.

The case manager will create a database by utilizing internet search engines and leveraging personal and work experiences to develop a list of organizations that often encounter individuals with OUD. The case manager will reach out to these organizations through email or telephone to inform them of our services and assess these organizations' interests and needs. For all organizations contacted, we will email a document for staff explaining our services and a one-page flyer that can be handed out to the public or posted in a high traffic area detailing our contact number, hours of operation, and services for those who wish to follow in our clinics. We will work to strengthen an already existing relationship with Catholic Charities' Project Safe Point, a health hub for individuals struggling with substance use disorders that serves Albany County. Project Safe Point provides needle exchange, bridge MOUD services, case management, HIV/Hep C screening, and overdose prevention. In addition, we will work to strengthen our relationship with Homeless and Travelers Aid Society (HATAS), an organization located in Albany, NY, which helps people experiencing homelessness find housing and jobs, and works with people entering the community after incarceration. Other organizations we look to improve relationships with include substance abuse treatment centers such as Hope House, St. Peter's, and the methadone clinics at Whitney Young and Camino Nuevo.

Transportation: Transportation is a significant barrier for many patients with addiction. Many of our patients require Medicaid transport with services such as A+ Meditrans Rehja and others. We have

heard from our patients that on occasion, transportation does not show up, and that no one picks up the phone when they try to call about their transportation. Our NP has also attempted to call cab companies after a no-show and confirms that the call is often not answered nor can a voicemail be left. Therefore, some of our requested funds will be used to help pay for last minute transport, such as by Uber or Lyft, in order for OUD patients to be able to make their appointments. Based on experience, we estimate needing to use these funds approximately once per week.

Support Services: Our approach will rely on the case manager educating and arranging services related to OUD for our patients while also helping them with other medical and social services. These include but are not limited to helping patients make primary and specialty care appointments, inpatient rehabilitation intakes, and mental health care appointments. In addition, the case manager will coordinate transportation, connect patients with peer support and housing services, assist with job readiness, help with applications for state ID and social security cards (i.e. if lost and need to reapply), help apply or reapply for Medicaid, and help navigate DSS (Department of Social Services). Similar to the database developed for community coordination, the case manager will develop a comprehensive guide to recovery support services including contact information, steps for referrals, insurance eligibility, bus route information, and available services. The guide will be a living document with twice yearly revisions. We will keep track of the number of referrals sent to each organization which will serve to inform what types of services we need more referral sources for, such as housing and mental health.

#### **PROPOSAL SECTION IV: Experience and Expertise**

Albany Medical College was founded in 1839 and is one of the nation's oldest medical schools. Albany Medical Center Hospital was founded about 10 years later in 1849. Both are located at 43 New Scotland Avenue, Albany, NY 12208. The two addiction clinics were started in 2017 and 2021. For more details on Albany Medical College and Albany Medical Center, please see the Statement on Proposer Qualifications page that accompanies this application. Albany Med is a not-profit organization.

AMC's Division of Medical Toxicology and Addiction Medicine within the Department of Emergency Medicine includes 5 experienced toxicologists who are dually boarded in emergency medicine and medical toxicology: Heather Long, MD; Adam Rowden, DO; Alicia Tudor, MD; Molly Boyd, MD; and Emma Furlano, MD. In addition, all the toxicologists, with the exception of Dr. Furlano, are certified in addiction medicine, and all have been working clinically in our addiction clinics for 3-7 years. The 5 toxicologists also perform OUD consults in the emergency department (ED) and the inpatient floors of the hospital. Dr. Michael Waxman, an emergency physician and Research Director in the Department of Emergency Medicine also staffs the addiction clinics, though he does not provide consultative services either in the ED or the inpatient floors.

Danny Resnick is a nurse practitioner (NP) who works on both the outpatient and inpatient settings providing consultations and MOUD treatment. Mr. Resnick has worked with underserved populations with substance use disorders his entire career. He has worked in two methadone clinics, a clinic for people experiencing homelessness, and FQHCs (federally qualified health centers). He is well versed in OUD treatment, the culture that surrounds it, and the needs of those who suffer from OUD. From 2017 to 2019, Mr. Resnick ran a mobile clinic program at an FQHC dedicated to serving people experiencing homelessness. He supervised two employees, coordinated and managed relationships with outside organizations and provided full scope primary care to a vulnerable population. He is expected to work closely with the requested case manager.

The PI role will be filled by Andrew Chang, MD, MS, an endowed professor of Emergency Medicine and Vice Chair of Research in the Department of Emergency Medicine. Dr. Chang has a Master's degree in Clinical Research, is a prior recipient of an NIH K23 award, and was the senior author on a recent publication on physician renewal of controlled substances based on urine test results. Dr. Chang will hire and supervise the case manager and oversee and assist in reporting requirements.

We have significant experience with the target population for this project and already play a significant role in combating Albany County's opioid epidemic. From February 2023 to February 2024,

there were 930 consultations related to opioid use disorder (OUD) on the in-patient hospital floor and emergency department for a total of 304 patients (i.e., some patients were admitted to the hospital and were seen multiple times during their hospital stay). From February 2023 to February 2024, there were 1519 total clinic visits for 248 patients (i.e., many patients are seen on a regular basis).

Important in our application is not only our track record of prior OUD funding, but also the lasting effect that occurred once those prior grant funds expired. An example is our receipt of a BHNNY (Better Health for Northeast New York) grant to expand access to buprenorphine treatment services. This award (\$262,000) led to the hiring of Danny Resnick, a nurse practitioner, in 2020. Mr Resnick quickly became the center of our efforts to treat OUD in our community. His hiring led to an increase in-hospital coverage of the consult service and doubled outpatient addiction clinic time. He is now funded through our department and is no longer reliant on grant funding, which ended 18 months after grant initiation. We believe that the funds from this Opioid Settlement grant will allow us to hire a case manager whose value will also be demonstrated in a similar manner resulting in external funding when this grant expires.

#### **PROPOSAL SECTION V: Budget**

We are requesting funds for three items over 2 years. The vast majority of the funds are being used to hire a case manager at 1.0 FTE. This case manager will result in increased retention in care of our OUD patients which is the problem that we are addressing in this grant proposal.

Many of our patients rely on Medicaid-paid transport to and from our clinics. On occasion, however, transportation fails to show up at the patient's residence. We have heard complaints from our OUD patients that when they call the transportation company, often no one answers, resulting in missed appointments. Therefore, the second, much smaller use of requested funds is for transportation. We estimate the frequency of missed rides to occur approximately once per week and will use these dedicated funds to pay for Uber or similar taxi rides when such situations arise.

The final use of funds is for the PI to supervise the hired case manager and to make sure reporting requirements are completed as required by the grant.

**Albany County Opioid Settlement Funded Community Grants**

**Albany County Department of Mental Health**

**RFP #2024-010**

**Budget Form**

Budget Category	Year 1	Year 2 (if applicable)	Year 3 (if applicable)
<b>Personnel (identify all funded positions and the percentage supported by this funding)</b>			
PI (Principal Investigator): Andrew Chang, MD, 4.5% @ @221,900/year	\$9986	\$10,286	
Case Manager (100% @ \$70,690/year)	\$70,690	\$72,811	
A) Personnel Subtotal	\$80,676	\$83,096	
<b>Fringe Rate</b>			
10.9%			
B) Personnel + Fringe Subtotal	\$89,469	\$92,154	
<b>Supplies and Equipment (please list any equipment over \$1,000)</b>			
Laptop	\$1800		
Office Supplies	\$74	\$74	
C) Supplies Subtotal	\$1874	\$74	
<b>Other Expenses (please identify)</b>			
Travel to and from appointments	\$3500	\$3500	
D) Other Expenses Subtotal	\$3500	\$3500	
Subtotal Lines B-D	\$94,843	\$95,728	
<b>Admin (Admin is limited to no more than 5% of Lines B-D)</b>			
	\$4671	\$4758	
<b>Total by Year</b>			
	\$99514	\$100,486	
<b>Total Funding Requested</b>			\$200,000



## **PROPOSAL SECTION VI: Reporting**

Our SMART goals all refer to measures that we believe will improve with the hiring of a case manager dedicated to our OUD patients.

Goal #1: Demonstrate a 20% or more annual increase in the percentage of addiction clinic patients who are continuously retained for a minimum of 6 months after the hiring of the case manager.

A generally accepted measure of minimally adequate MOUD (Medication for Opioid Use Disorder) retention is incorporated in a measure of pharmacotherapy retention recently endorsed by the Centers for Medicare & Medicaid Services National Quality Forum (NQF) [https://qpp.cms.gov/docs/QPP\\_quality\\_measure\\_specifications/CQM-Measures/2019\\_Measure\\_468\\_MIPSCQM.pdf](https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_468_MIPSCQM.pdf). This specifies that patients initiating a medication, such as buprenorphine, should be continuously retained for a minimum of 6 months. We have chosen to allow 1 missed visit over a 6 month span to still be counted as meeting this metric. Using this parameter our rate of retention is calculated to be 55.5% since 2022. Thus, our first goal is to show a 20% increase per year in the percentage of addiction clinic patients who are continuously retained for a minimum of 6 months after the hiring of the case manager. Therefore, after the first year our retention rate would increase to 66.7% and after the second year it would increase to 80%.

Goal #2: Demonstrate that 75% of new OUD consults in our ED or inpatient setting followup in either our outpatient addiction clinic or one similar within 30 days of initial consult.

We currently do not have baseline data for the proposed second goal as listed above because we do not have the manpower to determine if patients who were seen in our ED or on our inpatient floors successfully followed up at addiction clinics outside of our healthcare system. With the hiring of a case manager, we will begin to track such data. Given the increased connections that our case manager would be making with outpatient community resources and clinics, our goal would be that 75% of patients went to a followup visit within 30 days.

Goal #3: Create two databases/guides. The first would be a list of community organizations that often encounter individuals with OUD while the second will be a comprehensive guide to recovery support services including contact information, steps for referrals, insurance eligibility, bus route information, and available services. These guides will be living documents with twice yearly revision. We will survey our patients on the helpfulness of the guides and ask for their continued input in an effort to improve them and make them patient centered.

## **References**

1. Raven MC, Carrier ER, Lee J, Billings JC, Marr M, Gourevitch MN. Substance use treatment barriers for patients with frequent hospital admissions. *J Subst Abuse Treat* 2010;38:22-30.
2. Timko C, Schultz NR, Cucciare MA, Vittorio L, Garrison-Diehn C. Retention in medication-assisted treatment for opiate dependence: A systematic review. *J Addict Dis* 2016;35:22-35.
3. Williams AR, Mauro CM, Feng T, et al. Performance Measurement for Opioid Use Disorder Medication Treatment and Care Retention. *Am J Psychiatry* 2023;180:454-7.
4. Anderson ES, Rusoja E, Luftig J, et al. Effectiveness of Substance Use Navigation for Emergency Department Patients With Substance Use Disorders: An Implementation Study. *Ann Emerg Med* 2023;81:297-308.



February 23, 2024

Re: RFP# 2024-010 Opioid Settlement Funded Community Grants

To Opioid Settlement Grant Reviewers:

We are six physicians and a nurse practitioner who comprise the Division of Addiction Medicine within the Department of Emergency Medicine at Albany Medical Center. We began as a medical toxicology clinic meeting one Tuesday morning a month and in 2017, in response to the opioid epidemic and needs of our region, we transitioned to an addiction medicine clinic providing medication-assisted therapy (MAT) with buprenorphine/naloxone. At that time we were 3 physicians and we started with a handful patients referred to us by St Peter's Addiction Recovery Center. Physicians were limited to prescribing buprenorphine to 30 patients each and this allowed them to take on new patients and us to become familiar with the process. We had 81 clinic visits that year. We quickly added another physician and increased our clinic to weekly. We successfully applied for a grant that allowed us to hire a full-time nurse practitioner devoted to our addiction medicine practice. This allowed us to further expand our clinic to twice a week and we subsequently added a second weekly clinic. Last year we had 1545 clinic visits, a nearly 2000% increase from when we started in 2017. Additionally, we saw ~300 patients in the emergency department and inpatient units at Albany Med for opioid use disorder related complaints including overdose, acute withdrawal, pregnancy-related complications and neonatal abstinence syndrome and infectious complications including skin-related infections, endocarditis and abscesses of the spine and central nervous system. These ED and hospital patients we introduce or continue on MAT and bridge to community MAT providers on discharge, including our clinics for patients who live in our region.

We have significantly increased our outreach and our presence in Albany County and the Capital Region. We know from our patients that our clinic and MAT with buprenorphine/naloxone have made a difference in our patients' lives:

"I know I would be dead without it. Probably a long time ago but for sure by now with all the Fentanyl." DC, patient since 2017

"I feel like I have my life back." MM

"This is the only thing that helps my pain." KS

"Cravings? I never have cravings anymore. I don't even think about it. That little voice in my head is completely shut down." KM

"This literally saved my life." TT

We know that our clinic and MAT allows our patients to hold jobs, re-establish and maintain relationships with their children, spouses, families and friends and address their overall mental and physical health and well-being. Some of our patients that started with us in 2017 are still in our practice. Some have moved on. But this is an especially vulnerable patient population. We know at least four of our patients who overdosed and died. We know of others who started using again and are in prison. Others we see a few times in clinic and then never see again or see in the hospital, start on buprenorphine, arrange for expedited follow up in clinic and then never see again. It bears saying again that this is an especially vulnerable population – often with significant co-morbid physical and mental health conditions, with tenuous holds on housing, jobs and transportation and with medical illiteracy – trying to navigate a healthcare system that can be confusing and unforgiving. With our last grant we successfully increased our

outreach. With this grant, we seek to improve our retention.

We plan to allocate grant funds to hire a case manager to assist our patients with the barriers they face. We envision a case manager assisting with coordinating transportation to clinic, setting up appointments with primary care and mental health clinics, connecting them to available social services and helping them to obtain necessary identification cards, social security cards and free phones. Even the most motivated of patients may become derailed when dealing with these obstacles.

Once funded, we plan to evaluate the utility of hiring a dedicated case manager. We will track the number of patients referred from hospital to our clinic before and after implementation of a case manager. We will identify at risk clinic patients and refer them to the case manager. Attrition rates before and after implementation will be analyzed. Further, we will conduct a follow up survey amongst our patients to qualitatively analyze the usefulness of a case manager.

Sincerely,

A handwritten signature in black ink that reads "Heather Long". The signature is written in a cursive, flowing style.

Heather Long, MD

Chief, Division of Medical Toxicology & Addiction Medicine

Professor, Department of Emergency Medicine

**ATTACHMENT "A"**  
**NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO**  
**SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW**

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation

  
\_\_\_\_\_  
Signature

EVP & Dean  
\_\_\_\_\_  
Title

Albany Medical College  
\_\_\_\_\_  
Company Name

2/26/24  
\_\_\_\_\_  
Date



**ATTACHMENT "A"**  
**NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO**  
**SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW**

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation

  
\_\_\_\_\_  
Signature

EVP & Dean  
\_\_\_\_\_  
Title

Albany Medical College  
\_\_\_\_\_  
Company Name

2/26/24  
\_\_\_\_\_  
Date

**ATTACHMENT "B"  
ACKNOWLEDGMENT BY PROPOSER**

If Individual or Individuals:

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.:


On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.


\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Qualified in \_\_\_\_\_  
Commission Expires \_\_\_\_\_

If Corporation:

STATE OF New York )  
COUNTY OF Albany ) SS.:

On this 26 day of February, 2024, before me personally appeared Alan Boulos to me known, who, being by me sworn, did say that he resides at (give address) 47 New Scotland Ave, Albany, NY 12208; that he is the (give title) EVP & Dean of the (name of corporation) Albany Medical College, the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

HEIDI ANN BLACKWELL  
Notary Public, State of New York  
No. 01BL6072172  
Qualified in Albany County  
Commission Expires April 1, 2022 

  
Notary Public, State of New York  
Qualified in Albany  
Commission Expires April 1, 2026

If Partnership:

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of \_\_\_\_\_ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Qualified in \_\_\_\_\_  
Commission Expires \_\_\_\_\_



**ATTACHMENT “C”  
ALBANY COUNTY  
VENDOR RESPONSIBILITY QUESTIONNAIRE**

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR’S LEGAL BUSINESS NAME <b>Albany Medical College</b>		3. IDENTIFICATION NUMBERS a) FEIN # <b>1141338310A1</b> b) DUNS # <b>190592162</b> <b>UEI: G6VVM PNK4Y48</b>	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) <b>https://www.amc.edu/</b>	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <b>47 New Scotland Ave., Albany, NY 12208</b>		7. TELEPHONE NUMBER <b>(518) 262-9038</b>	8. FAX NUMBER <b>(518) 262-5890</b>
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name <b>William D. Hammer</b> Title <b>Asst. Dir, ORA</b> Telephone Number <b>(518) 262-9038</b> Fax Number <b>(518) 262-5890</b> e-mail <b>hammerw@amc.edu</b>			
13. LIST ALL OF THE VENDOR’S PRINCIPAL OWNERS. <b>This is a 501(c)3 Institution of Higher Learning Senior Leadership</b> attached.			
a) NAME	TITLE	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A “YES,” AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor. <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRICIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS: a) An elected or appointed public official or officer? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <i>List each individual’s name, business title, the name of the organization and position elected or appointed to, and dates of service</i> b) An officer of any political party organization in Albany County, whether paid or unpaid? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <i>List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.</i>			

16.	<p>WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p>	
a)	<ol style="list-style-type: none"> <li>1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</li> <li>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</li> <li>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</li> <li>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</li> <li>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</li> <li>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</li> <li>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</li> <li>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</li> <li>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</li> </ol>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b)	<p>been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c)	<p>been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>1. federal, state or local health laws, rules or regulations. (Attached NYS VRQ Legal Proceedings for details)</p>	
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES <b>H</b> HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?          Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>(Attached NYS VRQ Legal Proceedings for details)</p>	
18.	<p>DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <ol style="list-style-type: none"> <li>a) file returns or pay any applicable federal, state or city taxes?  <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></li> <li>b) file returns or pay New York State unemployment insurance?  <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></li> <li>c) Property Tax  <i>Indicate the years the vendor failed to file.</i></li> </ol>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES <b>I</b> WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING?          Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20.	<p>IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ration, Debt Ration, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES <sup>1</sup> :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;		
Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.		

<sup>1</sup> “Affiliate” meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity’s daily operations, that entity will be an “affiliate” for purposes of this questionnaire.



**SENIOR LEADERSHIP TEAM**

**Dennis P. McKenna, MD**

President & Chief Executive Officer  
The John D. Picotte Family Distinguished Chair  
of Leadership

**Frances S. Albert**

Executive Vice President, Chief Operating Officer & Chief Financial Officer

**Victor P. Becker, MD, FAAFP**

Senior Vice President & Chief Health  
Information Officer

**Alan S. Boulos, MD**

Executive Vice President & Dean, Albany Medical College

**Sandra J. Castilla**

Vice President & Chief Human Resources Officer

**Ellen M. Cosgrove, MD**

Vice Dean for Academic Administration

**John A. DePaola**

President, Albany Med Physicians Group  
Senior Vice President, System Chief Administrative Officer,  
Albany Medical College

**Noel Hogan, Ed.D., CPA**

Senior Vice President & Chief Compliance Officer

**Matthew C. Jones, Esq.**

Senior Vice President & General Counsel

**Kristopher Kusche**

Senior Vice President & System Chief Information Officer

**Lisa McGrath**

Interim Vice President for Development

**Barbara E. Ostrov, MD**

Vice Dean for Clinical Affairs

**Peter G. Paige, MD**

Executive Vice President & Hospital General Director

**Daniel K. Pauze, MD**

Vice President of Medical Affairs &  
Chief Medical Officer

**Kevin Zeng**

Vice President & Chief Nursing Officer

VII. Legal Proceedings

Within the past five (5) years, has the Business Entity or any Affiliate:

7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?

- Yes
- No

Provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the government entity involved and any remedial or corrective action(s) taken and the current status of the issue(s)  
Select method for providing this information:

- Enter Below
- Attach Document(s)
- Attach Document(s) with Explanation

Explain

In April 2020, the College received a letter from the NYS Office of Attorney General stating that it had received notice that the College was continuing to require employees to report to work in-person, without allowing employees to maximize the opportunity to work from home where it is available; and that employees who are able to, and who have been permitted to work from home were being required to work in-person for some portion of time each week; all in violation of NYS Executive Order 202.8. The College responded in writing, asserting that it was in fact in compliance with Executive Order 202.8. To date, no further communications have been received from the OAG in connection with this matter.

7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?

- Yes
- No

7.2 Received any OSHA citation, which resulted in a final determination classified as serious or willful?

- Yes
- No

Provide an explanation of the issue(s), the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s).

Select method for providing this information:

- Enter Below
- Attach Document(s)
- Attach Document(s) with Explanation

Explain

Albany Medical Center received an OSHA Citation notification on 3/18/2019 for 3 items (Morgue Gift Anatomical Program): Citation 1 Item 1 (Slippery Floors), Citation 1 Item 2 (Respirator Cartridge (change schedule)) and Citation 1 Item 3 (Employee wearing a full-face respirator with facial hair that interferes with seal of the mask). Time line breakdown: 9/14/18 initial inspection, 3/11/2019 issued citation and between 3/18/19 and 4/15/19 all item corrected (abated). Total amended penalty equals \$16,500.00 was issued and paid for by AMC. Case Closed 6/4/2019 by OSHA.

Citation Breakdown:

Citation 1 item 1 was abated on 3/26/2019  
2 things were verified and corrected: (1) Review of the floor cut-out specification sheet indicated that the slip resistance (coefficient of friction) is >66COIF Wet HSE pendulum test which we feel is appropriate. (2) After reassessing staff boots (used during OSHA visit) for slip resistant, the boots were discarded, and new slip resistant boots were purchased (3/26/2019) and used 1 week later upon receiving boots. We followed up with the employee that accompanied the OSHA inspector to see if there are still slip issues with the boots. He indicated no slip issues. We feel that the PPE for slip resistance boots have been resolved. The floor cleaning schedule is now done on a weekly basis and the log is posted.  
Citation 1 Item 2 (Respirator Cartridge (change schedule)) fully abated 3/19/2019  
We created a change schedule log on 3/12/2019 and updated policy to reflect that cartridges will be replaced after 3hours or at the end of the work shift; whichever occurs first, and staff was trained on the new process.  
Citation 1 Item 3 (Employee wearing a full-face respirator with facial hair that interferes with seal of the mask) abated 3/18/2019  
Both the Morgue Director and supervisor were reeducated on respiratory protection program to include that no facial hair can be present that may interfere with the proper seal of any tight-fitting respirator. The employee who had facial hair while using his respirator during the OSHA visit has been reeducated by EH&S and reinforced by his supervisor. Employee has maintained a clean-shaven face when wearing his respirator.

7.3 Had a New York State Labor Law violation deemed willful?

- Yes
- No

7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?

- Yes
- No

7.5 Other than the previously disclosed:  
(i) Been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of a citation, summons or notice of violation, or pursuant to any administrative, regulatory or judicial determination; or  
(ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by government entity?

- Yes
- No

Provide an explanation of the issue(s), the Business Entity or Affiliate involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s).

Select method for providing this information:

- Enter Below
- Attach Document(s)
- Attach Document(s) with Explanation

Explain

ISSUE#1: In the original OMIG filing with the state there was a statement included to the effect that we are subject to routine audits and reviews by various government agencies regarding payment for healthcare services, which occasionally result in requests for refunds to payers of claims payments. This is one example of that type of activity. In this instance the amount requested on behalf of the NYS Medicaid Program totaled \$2,613.79. In this case we chose to reimburse the State the full amount requested without examining the validity of their request, which is our normal process usually resulting in a significant reduction or the elimination of the amounts claimed by the State as part of their audits and reviews. In this case the effort required to investigate and gather the evidence to oppose the initial finding would have exceeded the \$2,613.79. So in the interest of using our time on more important matters we paid the full amount of \$2,613.79 requested and closed this activity.

Last Modified: Nov 2, 2023  
Modified By: William Hammer

**ALBANY COUNTY  
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN # 1141338310A1

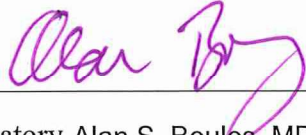
State of: New York    )  
                                  ) ss:  
County of: Albany    )

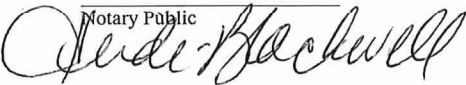
**CERTIFICATION:**


The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information ad belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business Albany Medical College    Signature of Owner   
Address                47 New Scotland Ave.    Printed Name of Signatory Alan S. Boulos, MD  
City, State, Zip    Albany, NY 12208            Title        EVP & Dean

Sworn before me this 26 day of February, 2024  
  
Notary Public


HEIDI ANN BLACKWELL  
Notary Public, State of New York  
No. 01BL6072172  
Qualified in Albany County  
Commission Expires April 1, 2022 

Printed Name  
Heidi Blackwell  
Signature  
February 26, 2024  
Date



**Attachment "D"**  
**Certification Pursuant to Section 103-g**  
**Of the New York State**  
**General Municipal Law**

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
  2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

  
\_\_\_\_\_  
Signature

EVP & Dean  
\_\_\_\_\_  
Title

Albany Medical College  
\_\_\_\_\_  
Company Name

2/26/24  
\_\_\_\_\_  
Date





## CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name &amp; Address of Insured (use street address only)  <b>Albany Medical College</b>  <b>C/O Risk Management A140, 43 New Scotland Avenue, Albany, NY 12208</b></p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured  <b>(518) 262-3577</b></p> <p>1c. NYS One-Stop Employment Insurance Employer Registration Number of Insured  <b>R-4-41-88</b></p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number  <b>14-1338310</b></p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p><b>County of Albany (ref: RFP# 2024-010)</b>  <b>112 State Street, Room 1000</b>  <b>Albany, NY 12207</b></p>	<p>3a. Name of Insurance Carrier  <b>Hartford Accident and Indemnity Co</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"  <b>01WNS57900</b></p> <p>3c. Policy effective period: <b>7/1/2023 to 7/1/2024</b></p> <p>3d. The Proprietor, Partners or Executive Officers are  <input type="checkbox"/> included. (Only check box if all partners/officers included)  <input type="checkbox"/> all excluded or certain partners/officers excluded</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved By                     **Karen A Peters CPCU**                      
(Print name of authorized representative or licensed agent of insurance carrier)

*Karen A Peters* **2/20/2024**

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(Signature) (Date)

Title                     **Senior Vice President**                    

Telephone Number of authorized representative or licensed agent of insurance carrier \_\_\_\_\_

**Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**

## Workers' Compensation Law

### Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



# CERTIFICATE OF INSURANCE COVERAGE

## NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

**PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier**

1a. Legal Name & Address of Insured (use street address only)  Albany Medical College 47 New Scotland Avenue Albany NY 12208	1b. Business Telephone Number of Insured  (518) 262-3773  1c. Federal Employer Identification Number of Insured or Social Security Number  14-338310
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) County of Albany (RFP# 2024-010) 112 State Street, Room 100 Albany NY 12007	3a. Name of Insurance Carrier Sun Life and Health Insurance Company (U.S.)  3b. Policy Number of Entity Listed in Box 1a 958489  3c. Policy Effective Period 01/01/2024 to 12/31/2024

4. Policy provides the following benefits:

A. Both disability and Paid Family Leave benefits.

B. Disability benefits only.

C. Paid Family Leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

B. Only the following class or classes of employer's employees:

\_\_\_\_\_

\_\_\_\_\_

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 02/11/2024 By Russell Cross  
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 800-247-875 Name and Title Russell Cross Client Advocate Support

**IMPORTANT** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be e-mailed to [PA@wcb.ny.gov](mailto:PA@wcb.ny.gov) or it can be mailed for \_\_\_\_\_

**PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)**

**State of New York  
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 15 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Numbers \_\_\_\_\_ Name and Title \_\_\_\_\_

**Please Note:** Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-1. **Brokers are NOT authorized to issue this form.**

## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Bo 3 on this form is certifying that it is insuring the business referenced in Bo 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Bo 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Bo 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

**Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.**

## NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/20/2024

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> MARSH USA, LLC.   507 PLUM STREET, SUITE 110   SYRACUSE, NY 13204  CN102136890--GAUP-23-24	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> <span style="float: right;"><b>FAX (A/C, No):</b></span> <b>E-MAIL ADDRESS:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td><b>INSURER A :</b> Philadelphia Indemnity Insurance Company</td> <td style="text-align: center;">18058</td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Philadelphia Indemnity Insurance Company	18058	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															

**COVERAGES** **CERTIFICATE NUMBER:** NYC-011894358-01 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2631999	12/12/2023	12/12/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2631999	12/12/2023	12/12/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability: Sexual Abuse/Molestation			PHPK2631999	12/12/2023	12/12/2024	Per Occurrence: 1,000,000 Aggregate: 3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Re: RFP#2024-010  
 County of Albany is/is are included as additional insured where required by written contract. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions.

**CERTIFICATE HOLDER** **CANCELLATION**

County of Albany 112 State Street, Room 1000 Albany, NY 12207	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Marsh USA LLC</i></p>
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