

**HEAL NY – PHASE 16**  
**Urgent Care Facility in Greenwich Village**  
**RGA - #1004071212**

**Modification**

Section 1.2.1 of the RGA is modified to read as follows:

**1.2.1 Elements of an Eligible Project**

An Eligible Project must include the creation of an urgent care capacity in the SVCMC service area, and may also include one or more of the following elements:

- a) renovation and expansion of existing facilities to improve efficiency and increase service capacity and/or;
- b) expansion of hours and /or days of service by ambulatory and primary care clinics within underserved communities and/or;
- c) expansion of the range of ambulatory and primary care services offered by established providers and/or.
- d) transition of services from emergency departments to ambulatory settings in order to reduce reliance on emergency rooms for primary care and/or
- e) services to reduce barriers to primary care encountered by underserved populations.

**Questions and Answers**

**Eligible Applicants**

1. Do the services sought also include mental health?

Yes. Funds available under this RGA may be used to support capital projects for mental health services.

2. Can an established Article 28 network be a lead applicant? Can an established Article 28 network be a participant in the grant application?

An Article 28 network established in accordance with 10 NYCRR Section 401.1 may apply for funding under this RGA as a lead applicant or a participant (co-applicant). So-called “networks” or other inter-facility organizational arrangements not established under Section 401.1 are not eligible to apply.

## **Miscellaneous**

3. Will multiple projects be funded under HEAL 16, or just one project?

The actual number of projects funded will depend on the number and quality of applications received.

4. Does this request cover specialty services that are currently being provided in the O'Toole building?

This question lacks sufficient detail to be answered.

5. On page 3, Section 1.2, first bullet includes the statement 'at existing SVCMC sites or other locations,...'. Please identify what existing SVCMC sites are available to provide the ambulatory facilities. Please include address, floor, square footage, and current use.

Whether specific SVCMC sites will close or continue in operation has not been determined.

The other factors listed in this question vary from time to time with facility operations, and information thereon is not maintained by the Department. It is also incumbent on organizations intending to apply for funding under this RGA to be knowledgeable about existing services in the area they propose to serve.

6. The first paragraph states: "Projects to be considered under this RGA will create ambulatory services, including urgent care..." The paragraph ends with the phrase: "A project will include" which is followed by a list of ambulatory care parameters. Section 1.2.1 – Elements of an Eligible Project indicates that creating an urgent care center is one of several possible project options. I'm looking for confirmation that the proposing an urgent care center is not a MUST and that an applicant may indeed propose to undertake one or more of the OTHER options in 1.2.1 and be eligible for a grant award.

See Modification, above.

## **Financial**

7. On page 3, Section 1.1, states that there is a match of funds. Please indicate the % match that is required.

Matching funds are required. There is no specific level or percentage, but the larger the applicant's contribution to project costs, the more favorably the application will be viewed (provided the proposed project is compatible with the overall purpose and objectives of the RGA).

8. On page 6, Section 1.6, Eligible costs, item g). Please describe what ‘limited period of time’ we can expect transitional costs to be covered? What % of non-capital costs can we expect to be considered for possible funding?

The majority of proposed costs should be for capital expenditures. Non-capital costs associated with transition or start-up should not be a major component of the proposed project. Applicants are also reminded that contracts let pursuant to awards made under this RGA will be limited to 24 months’ duration and should not be viewed as a source of ongoing support. Any eligible costs have to be incurred within the two-year contract period.

9. The RGA states that “Grant based activities that are eligible for reimbursement by the award will be retroactive to the point in time where St. Vincent’s Medical Center ceases operations.” Please explain what this means. What if St. Vincent’s maintains the operations of its ambulatory care services and converts its ER to an urgent care center – will the HEAL 16 grant awards be withdrawn? And if this is the case, will grant expenses incurred be reimbursed?

It is anticipated that if SVCMC is able to continue to provide services in some fashion, there will still be a need for other projects to provide access to ambulatory and outpatient care in the community. It is therefore expected that any contracts executed pursuant to this RGA will remain in effect for their full amount and duration.

10. The RGA states that the determination of funding will be based, in part, on “Identification of matching funding sources”. Is a match **REQUIRED** or desired? Is there a specific match level required or desired?

See answer #7.

11. Re the note on Page 5 that “Award amounts may be less than the amount requested”, will NYSDOH CHOOSE to fund certain project components or will the amount be lower than requested for technical reasons, such as to exclude ineligible costs or, to fully use all HEAL 16 funding the lowest scoring grantee might get only the balance of the funds available?

Applications will be evaluated in their entirety. Should some proposed costs be deemed unacceptable, the Department may allow a reduction in the applicant’s proposed activities. However, applicants are reminded that the number of applications received is likely to exceed the number that can be funded. Applications looked upon most favorably will be those most consistent with the objectives and requirements of the RGA. Applicants should therefore not propose activities likely to be viewed as inconsistent with the objectives and eligible costs described in the RGA.

12. The RGA seems to indicate that the grant awards are primarily focused on capital funding rather than the operational costs of expansion of hours or services by ambulatory and primary care clinics. For existing healthcare institutions already operating in the neighborhood, the expense associated with expanding urgent care capacity to address patient needs immediately is primarily a non-capital undertaking. Could you please clarify:

- (a) Will a proposal primarily focused on operational expense for urgent care capacity expansion be considered?
- (b) What is the maximum percentage of non-capital costs that may be requested?
- (c) Is there an upper limit to non-capital costs that may be requested?

See answer #8.

### **Eligible Costs**

13. Are planning costs that relate to reorganizing the way care is delivered, e.g., visit flow redesign to increase productivity of providers in existing and reconfigured facilities, eligible grant expenditures?

The costs of a reasonable amount of planning activities associated with the applicant's capital project proposed under this RGA would be eligible for consideration. However, planning costs should not constitute the bulk of the proposed funding request.

14. Are financing expenses eligible grant costs? Financing expenses may include fees and interest associated with borrowing funds to pay grant-related expenses prior to voucher submission/payment, (2) fees and capitalized interest associated with construction financing; and (3) fees associated with the permanent financing that may provide the balance of the total project costs.

Fees and interest charges directly related to project activities may be allowable costs.

15. The RGA states that eligible costs, may include: "Start-up costs and Transitional costs for a limited period of time." And that "Non-capital costs can only be a small segment in the proposal." If left to my own devices, I would include a request to cover unreimbursed costs/deficits incurred prior to the services achieving breakeven. Please provide guidance on the use of funds, time limit and the percentage that these costs can comprise of the total grant amount requested.

See answer #8. In addition, operational deficits are not eligible for funding.

### **Payment Requirements**

16. The RGA states that "DOH shall make payment to the Grantee, no more frequently than quarterly, based upon eligible expenses actually incurred by the Grantee..." Will grantees be able to voucher for expenses for which they have invoices in-hand – and use grant funds to actually pay those invoices – or must the expenses have been PAID for prior to voucher submission, such that grantees will be reimbursed ONLY for payments made?

Funds will be disbursed on a reimbursement basis. Therefore, expenses must be incurred prior to submission of a voucher to DOH.