

**New York State Department of Health**  
**A Request for Applications for**  
Establishment of New or Expansion of Existing  
Certified Home Health Agencies in New York State  
Division of Home and Community Based Services

**Questions and Answers**

**DATA**

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1. Will the Department make available any data that applicants may use in providing needs assessment and preparing the proposal?
  - A. There are various sources of information that exist for applicants to access data. Some include the following, although others exist:  
<https://apps.nyhealth.gov/METRIX/main.action>,  
<http://www.health.ny.gov/diseases/chronic/sources.htm>  
<http://2010.census.gov/2010census/popmap/>  
[http://www.health.ny.gov/health\\_care/managed\\_care/reports/index.htm](http://www.health.ny.gov/health_care/managed_care/reports/index.htm)  
<http://www.health.ny.gov/statistics/sparcs/>  
<http://www.cdc.gov/DataStatistics/>  
<http://www.health.ny.gov/nysdoh/medstat/medicaid.htm>  
[http://www.health.ny.gov/statistics/health\\_care/managed\\_care/plans/reports/](http://www.health.ny.gov/statistics/health_care/managed_care/plans/reports/)  
<http://www.health.ny.gov/nysdoh/medstat/quarterly/quarterly.htm>  
[http://www.health.ny.gov/statistics/community/minority/medicaid\\_redesign\\_team.htm](http://www.health.ny.gov/statistics/community/minority/medicaid_redesign_team.htm)  
[http://www.health.ny.gov/statistics/health\\_care/medicaid/eligible\\_expenditures/](http://www.health.ny.gov/statistics/health_care/medicaid/eligible_expenditures/)
2. Is CHHA utilization information available?
  - A. Please see the Excel spreadsheet which contains 2008 CHHA utilization data by county, sex and age cohorts that is currently posted on the Department website at:  
<http://www.health.ny.gov/funding/rfa/chha/index.htm>
3. What is meant by “The patterns of in and out migration for specific services”? Will the Department specify which services this statement means?
  - A. In and out-migration refers to patient travel patterns based on county, state or country of residence and county of service for any health care service. For example, Albany county residents seeking health care in facilities in other NYS counties would be out-migration. Residents from other NYS counties, other states or countries seeking health care services in Albany county facilities would be in-migration. In and out-migration patterns are based on many factors, such as family, physician, availability of services, healthcare provider reputation, etc.

**SERVICE AREA**

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4. Is there a limit to the number of counties that the DOH will consider in a single expansion application? And if we apply for several counties, will the DOH approve in an “all or none” fashion, or individually?
  - A. There is no limit to the number of counties DOH will consider in a single expansion. The applicant must demonstrate need in accordance with 709.1(a) and/or demonstrate how they will facilitate Medicaid Redesign for each county they propose to serve.

5. If an applicant wants to apply to serve multiple counties, is it possible that they will get approval for some of the counties and not all of the counties for which they apply?
  - A. Yes, it is possible that the applicant will not be approved for any counties or will be approved for some counties and not all of the counties they apply for. The applicant must demonstrate need in accordance with 709.1(a) and/or demonstrate how they will facilitate Medicaid Redesign for each county they propose to serve.
6. When determining the number of existing CHHA's in a county for prioritization of applications, will all CHHA's that serve a particular county be counted regardless of where they are based, or only those that are physically headquartered within that county?
  - A. CHHAs that are approved to serve the county will be counted regardless of where their office is physically located.
7. What will be the process for adding counties to a CHHA operating certificate in the future in the event that one of the systems or plans with which the applicant is partnering expands into additional counties? For example, what if a LTHHCP partners with an MLTC that plans on expanding into other areas but has not yet received approval. Should the applicant go ahead and list those areas even if their capacity in that geographic area is expected to grow at a future date with enrollment in the plan?
  - A. CHHAs can only provide services in their approved geographic region. If they enter into a contract with an entity that provides services in other counties they will have to seek Public Health and Health Planning Council approval to expand service delivery to those counties. Providers who anticipate entering into contracts with providers to provide services outside their existing approved service area should consider responding to this RFA to expand their service area. The applicant must demonstrate need in accordance with 709.1(a) and/or demonstrate how they will facilitate Medicaid Redesign for each county they propose to serve.
8. In Section I- Introduction, it is stated that areas of the state that have the highest number of Medicaid recipients receiving home health services will be the Department's highest priority. Can you identify the counties of NYS that have the highest number of Medicaid recipients?
  - A. Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester counties.
9. If a county has two existing CHHAs, in addition to any county CHHA, will the Department still consider the application meeting the criteria outlined in the RFA, less than two CHHAs and/or purpose to facilitate implementation of Medicaid Redesign Initiatives?
  - A. The Department will consider all proposals that facilitate the implementation of the Medicaid Redesign Initiatives.
10. Our agency is looking to expand into 2 counties sometime in the future. Are we still required to submit the RFA by the March 9th deadline?
  - A. Yes, all CHHAs proposing to expand into additional counties must submit a response to this RFA by March 9, 2012 and the corresponding CON application by April 20, 2012.
11. What is the time line for an applicant to be operational in those counties if they were selected?
  - A. The timetable for implementation of the Medicaid Redesign Initiatives is relatively short. If an applicant is selected through the RFA process, they must still receive Public Health and Health Planning Council approval. In accordance to 10NYCRR 760.8, the applicant must be operational one year after Public Health and Health Planning Council approval.

## GENERAL

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12. Can you identify the 17 county-operated CHHAs that have recently closed?
- A. The county CHHAs that have recently closed include:  
Albany, Allegany, Broome, Cayuga, Chenango, Erie, Fulton, Genesee, Nassau, Oneida, Onondaga, Ontario, Otsego, Putnam, Schenectady, Seneca and Rockland.
13. Can you identify the county-operated CHHAs that are planning to close or have closure plans in place?
- A. The Department can not disclose the county CHHAs that have indicated they intend to close because they have either not submitted closure plans or their closure plans have not yet been approved.
14. If a particular county has 10 existing CHHAs, will there be consideration of awarding another CHHA due to the large influx of patients in need of services as a result of the Medicaid Redesign Initiatives?
- A. The applicant must demonstrate need in accordance with 709.1(a) and/or demonstrate how they will facilitate Medicaid Redesign for each county they propose to serve in order to be considered.
15. The RFA indicates that applications should not exceed 25 pages. I want to confirm that this limit does NOT include attachments. In addition to Organizational Charts, what sort of documents may be attached?
- A. The Application should include all sections as described in the RFA and should not exceed 25 pages, including the executive summary, timeline and work plan. A list of attachments that the applicant elects to submit is required. Attachments are not included in the 25 page limit. Attachments are limited to an additional 25 pages. The substantial information supporting the proposal should be contained in the 25 page narrative response of the RFA. The narrative should be unique, concise single-spaced, and use at least a 12 point font, including timeline and work plan. All pages must be numbered. It is up to the applicant to decide what information they will provide as attachments in addition to the organizational chart.
16. If an existing CHHA provider wants to apply to add multiple counties, is it best to split them up and submit multiple RFAs, or put them all into 1 RFA?
- A. The applicant should submit one proposal in response to this RFA for all counties in which they propose to provide home health services. The applicant must demonstrate need in accordance with 709.1(a) and/or demonstrate how they will facilitate Medicaid Redesign for each county they propose to serve.
17. Section IV discussed geographic service areas. Is it necessary to complete an Application for each service area? For example can the application include NYC and Westchester counties? If so, if there is a need for only one region will the entire application be denied?
- A. Please see the answer to question 16. Only 1 application should be submitted for all the counties in which the applicant proposes to provide services.

18. As my health care system has a CHHA in our service profile already, I am not interested in my LTHHCP serving as a traditional CHHA but I want to make sure my LTHHCP is in a position to be able to serve the Medicaid only and dually eligible long term care community patient population in the new world of managed care. Does a LTHHCP need to be recognized as a CHHA in NYS in order to be able to contract with MCOs and/or MLTC? And other than this concern, is there any other reason I should be thinking about as a reason to apply to become a CHHA so that I can service the population specified above that I am not aware of at this time?
- A. On February 7, 2012 the Department issued guidance to existing LTHHCP and the health care community regarding the Medicaid Redesign proposal #90. Please refer to this guidance about the role of the current and future LTHHCP. This can be found on the Department website at:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/docs/2012-02-07\\_lthhcp\\_clarification.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-02-07_lthhcp_clarification.pdf)
19. Will the Department make any need factors/estimates or formulas available to the public or is it up to the applicant to develop its own methodology for determining need per the 709.1 criteria?
- A. The applicant is responsible for demonstrating need in accordance with 709.1(a).
20. If an applicant for expansion of a CHHA's existing service area does not apply for approval in response to this RFP, is NYS DOH planning to solicit proposals again at a later date? If so, does NYS DOH have an estimated time frame when another CHHA RFP might be issued in the future (i.e., in another year)?
- A. At this time, the Department does not anticipate issuing a second RFA for the Establishment of New or Expansion of Existing Certified Home Health Agencies in New York State. However, the department reserves the right to allow prospective applicants to apply at a future date for establishment or expansion of service areas and populations.
21. On page 8, under Organizational Capacity, what are you looking for in "Describe your proposed or existing relationships with local health departments and social service districts"?
- A. Information regarding any formal or informal relationships the applicant may have with the local health departments and social services districts including, but not limited to, contracts or referral agreements.
22. Is the RFA process for the expansion or establishment of CHHAs in New York State being rolled out across the whole state at this time? So are all counties across NYS that meet the criteria for additional CHHA approvals open for this process?
- A. All responses to this RFA are due on March 9, 2012. The RFA process for the expansion or establishment of CHHAs in NYS is statewide. Applications addressing facilitation of MRT initiatives will be assessed prior to applications addressing access to services in counties with fewer than 2 CHHAs.
23. If the application in response to the RFA Emergency regulations is an existing CHHA that has contracts with MLTCP as a participating provider, and the MLTCP has requested that the CHHA expand to contiguous counties on either side, does the CON application have to prove need for the CHHA's expansion pursuant to 10 NYCRR 709.1?
- A. Yes, all applicants must demonstrate need in accordance with 709.1(a) and/or demonstrate how they will facilitate Medicaid Redesign for each county they propose to serve.

24. I am an existing Special Needs CHHA that has submitted a CON application to expand my service area prior to the RFA being issued. Do I need to respond to this RFA?
- A. If the applicant continues to want to request approval to serve only a special needs population in the additional county, a response to this RFA is not required. If they want to revise the CON to serve the general population, the submission of a response to the RFA and a corresponding CON is required. The new CON must clearly indicate that it amends, supersedes, and replaces the previous CON submitted.
25. I am an existing Special Needs CHHA that has a CON application in the DOH to expand my population to a general population. Do I have to submit a response to this RFA and another CON application?
- A. Yes. Please refer to page 6 of the RFA for further details.
26. Section V of the RFA, Work Plan – what is the work plan? Does this relate to the work needed to prepare the CON application, to establish the CHHA or to operate once a CHHA is approved?
- A. Applicants are to develop a detailed work plan that describes how major or significant tasks described in the proposal will be implemented in chronological order. Page 11 of the RFA, describes the essential elements that must be contained in the work plan.
27. Will the Department post a sample detailed work plan?
- A. The Department will not provide a template for the work plan.
28. The RFA states (p. 9, “Community Need”) that “The applicant should demonstrate how approval of the proposal will build access to efficient and effective community-based systems of care through the development of an integrated health care system or formal relationships that coordinate patient care.” Does an applicant need to submit supporting documentation for the formal relationships?
- A. The applicant is encouraged to provide supporting documentation whenever available.
29. Does the DOH have information regarding possible barriers to care in these regions?
- A. The applicant is responsible for demonstrating knowledge of the barriers that exist to appropriate service delivery, and how its proposal will adequately address those barriers.
30. One of the Medicaid Redesign tenets is to ensure continuity of care. Will continuity of care be among the criteria used to evaluate applications?
- A. Please refer to Section VI. Review and Evaluation of the RFA. Among the criteria used to evaluate applications is the applicant’s capacity to enhance care coordination and to ensure continuity of home health services for individuals currently receiving services.
31. Under “Project Description,” the RFA indicates that preference will be given to applications that advance Medicaid redesign in areas of the state that have the highest number of Medicaid home health recipients. Is this a preference in RFA scoring, or a timing priority? The NYC metropolitan area has the highest absolute numbers of Medicaid home health recipients; however, other areas of the state may have high proportions of Medicaid recipients who may currently be underserved.
- A. Applications addressing facilitation of Medicaid Redesign Initiatives will be reviewed prior to applications addressing access to services in counties with fewer than 2 CHHAs. The implementation of Medicaid Redesign Initiatives relating to the transition of home health recipients to managed care and managed long term care will occur in Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester first.

32. Will applications from existing long term home health care programs (LTHHCPS) and special needs CHHAs that are already serving patients be given this same level of processing priority to “ensure access”?
- A. Please see the answer to question 31.
33. Page 6 (under “Background”) refers to a “limited expansion of public need.” Please indicate how the Department defines “limited” and whether there are any pre-determined limitations on how many new CHHAs and geographic service area/population expansions will be recommended for approval through this process.
- A. There is not a pre-determined limitation on how many CHHAs and geographic service area/population expansions will be recommended for approval through the RFA review. All applicants must demonstrate need in accordance to 709.1(a) for each county/population the applicant proposes to serve and/or demonstrate how they will facilitate Medicaid Redesign for each county/population they propose to serve.
34. Will DOH provide a list of counties under consideration for the CHHA Establishment RFA that meet the requirement of having "less than 2 existing CHHAs not including those operated by the county" as specified on page 3, paragraph #2?
- A. Information on existing CHHAs throughout NYS can be found on the Department of Health website under the Home Health and Hospice Profile at: <http://homecare.nyhealth.gov/>
35. If an entity, existing CHHA, is submitting an application for more than one region, is it recommended or required to file one application for all regions/counties or separate applications by region, county, or both?
- A. The applicant should submit one proposal in response to the RFA for all counties in which they propose to provide home health services. The applicant must demonstrate need in accordance with 709.1(a) and/or demonstrate how they will facilitate Medicaid Redesign for each county they propose to serve.

## **CHHA REQUIREMENTS**

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36. Is it a requirement that a certain percent of revenues of the CHHA be used for charitable (non-paying) customers?
- A. It is a regulatory requirement that a certain percent of revenues of the CHHA be used for charity care. Please refer to Section 763.11(a)(11) of Title 10NYCRR.
37. If it is still the case that a certain percent of revenues of the CHHA be used for charitable (non-paying) customers and would it apply if the licensed and certified agencies were in one corporation?
- A. Yes.

## **CHANGE OF OWNERSHIP**

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38. Can an entity that is purchasing a CHHA, submit a response to the RFA to expand their CON application to include additional counties?
- A. No, the service area can not be expanded through a change of ownership CON application. If you are interested in serving additional counties, you must submit a response to the RFA and submit a corresponding CON application.

39. The last bullet under “Project Description” indicates that applicants that are proposing to purchase a CHHA should denote that in the RFA. However, the bullet goes on to say that the RFA process is “not intended to supersede, undermine or interfere with the existing change of ownership process.” Does that mean that any such prospective purchaser will automatically be recommended for approval through the RFA process?
- A. No. Applicants that have submitted a change of ownership CON Application do not need to apply through the RFA selection. Change of ownership applications are still subject to Character and Competence Review, and are not guaranteed approval. The Department has made it clear that change of ownership of an existing certified home health agency will continue to receive priority status for character and competence review and action by the Department. Priority is given to these applications to ensure access to services for patients currently receiving home health services.
40. The last paragraph of the introduction states that certificate of need (CON) applications for changes of ownership of existing CHHAs will be given priority status for reviews to “ensure access to services for patients currently receiving home health services.” How does this advance the Medicaid Redesign Initiatives, which the preceding paragraph indicates is the highest priority of the RFA?
- A. Changes of ownership are not part of the RFA.
41. We have just completed an RFP process to purchase a county CHHA and Long Term Program. We are awaiting the final legislative approval on February 7th. Will we be required to submit a RFA or simply complete a CON Application?
- A. A response to the RFA is not required for a change of ownership. You must submit a CON application as appropriate.

## **ELIGIBLE APPLICANT**

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42. Is it still a requirement that a licensed home care service agency cannot exist within the same corporation as a CHHA?
- A. The Department of Health discourages CHHAs and LHCSAs from being operated by the same corporate legal entity because of the different regulatory requirements and payment structures applicable to CHHAs and LHCSAs.
43. If a new corporation needs to be formed, can this take place after certification is received?
- A. The applicant must submit proposed legal documents depending on facility type as part of the CON application. i.e. a For-Profit Corporation must submit a proposed Certificate of Incorporation and Proposed Corporate Bylaws. Prior to certification, the process must be completed.
44. If a group of nursing home owners want to respond to the RFA, do they need to create a separate corporation (to be formed) in order to respond to the RFA?
- A. An eligible applicant must be a public, not-for-profit or proprietary entity or subdivision of such an entity or organization. Please refer to Section III. Who May Submit an Application of the RFA.

45. Does the CHHA have to be a separately incorporated entity from a current not-for-profit? For example, a not-for-profit LHCSA and Hospice would like to develop a CHHA. Does a separate corporation need to be formed? This would be difficult to accomplish in the time frame established by the state.
- A. The Department of Health discourages CHHAs and LHCSAs being operated by the same corporate legal entity because of the different regulatory requirements and payment structures applicable to CHHAs and LHCSAs. The applicant may submit proposed documents as part of the CON application.
46. Can a for-profit entity apply?
- A. Yes. Please see page 6, III. Who May Submit an Application of the RFA.
47. Does a separately incorporated entity have to be created to establish a CHHA for a managed care organization (MCO)?
- A. Yes, a CHHA must be a separately incorporated entity.
48. Can only existing CHHAs apply?
- A. No. The RFA is to seek proposals from eligible applicants to establish new CHHAs or to expand existing CHHAs. An eligible applicant must be either a not-for-profit, proprietary or public entity.

## **EXISTING PROVIDERS**

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49. Please provide a list of all CHHA providers, and the counties they are approved to serve.
- A. Please see PDF document found on the Department website at: <http://www.health.ny.gov/funding/rfa/chha/index.htm>
50. Please provide a list of the LTHHCPs in New York and their sponsorship.
- A. Please see PDF document found on the Department website at: <http://www.health.ny.gov/funding/rfa/chha/index.htm>

## **LTHHCP**

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51. Can an entity that is purchasing a CHHA, submit a response to the RFA to expand their CON application to include additional programs such as a LTHHCP?
- A. No. LTHHCP slots are based on a specific need process. This RFA is not intended to supersede that process.
52. I have a CHHA that also has approval to operate a LTHHCP, but the LTHHCP has approval to provide services in counties that my CHHA is not approved to serve. Should I submit a response to this RFA to request approval for my CHHA to serve those counties?
- A. Yes. A response to the RFA should be submitted if your CHHA wants to be request approval to provide services in the counties currently served by your LTHHCP.

53. The RFA notes that LTHHCPs are not general purpose CHHAs (pg. 6, "Who May Submit an Application"). For purposes of the need analysis, how should LTHHCPs and other programs whose clients needing more than 120 days of long-term home and community-based care be treated? The mandatory enrollment into MLTC will cause this landscape to shift, making it difficult for an applicant to project future capacity? Should the applicant include these programs in their community need assessment, and if so, is DOH looking for a picture of current capacity only?
- A. The applicant should assess community needs and provide a description of the health needs of the community. The applicant must describe how the establishment or expansion of an existing CHHA will improve health care outcomes such as reducing emergency room visits and hospital readmissions. The proposal should include how fragmentation of health care delivery will be reduced through enhanced care coordination and a reduction of inappropriate utilization of services. The applicant should demonstrate how approval of the proposal will build access to efficient and effective community-based systems of care through the development of an integrated health care system or formal relationships that coordinate patient care.
54. Is preference given to existing Lombardi programs?
- A. There is no preference given to any specific provider-type. Applicants selected through this RFA to establish new certified home health agencies, or expand the approved geographic service area and/or approved population of existing certified home health agencies, must demonstrate need in accordance with the criteria set forth in subdivision (a) of Section 709.1 of Title 10. Further, applicants must demonstrate how they will enhance care coordination, and increase quality and efficiency of providing home health services, improve patient choice and access as well as improve quality outcomes.
55. What is the Department's intent for LTHHCP that do not receive CHHA approval? In what way would they be able to continue to provide services with an Article 36 LTHHCP licensure? Can they contract with Managed Care Organizations, Care Coordination Organizations or be network partners to Health Homes to provide home care services, or is that only permitted by CHHAs?
- A. On February 7, 2012 the Department issued guidance to existing LTHHCP and the health care community regarding the Medicaid Redesign proposal #90. Please refer to this guidance about the role of the current and future LTHHCP. This can be found on the Department website at:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/docs/2012-02-07\\_lthhcp\\_clarification.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-02-07_lthhcp_clarification.pdf)
56. The application states "if a LTHHCP is interested in expanding the population they serve as a New York State certified home health agency, they must submit an application.....". If the LTHHCP is currently operating in Suffolk County, and intends to continue to operate only in that county, does that mean the LTHHCP doesn't have to submit an application because the LTHHCP is not "expanding"?
- A. If the agency proposes to become a CHHA, the agency must submit a response to the RFA and a CON application is required.
57. As a Medicare-certified agency, the LTHHCP currently is not precluded from admitting and serving patients who are Medicare-only. If the LTHHCP intends to continue to serve a Medicare-only population in Suffolk County, can we assume that we don't have to submit an application? If we intend to expand to additional counties, would we then submit an application only for those additional counties?
- A. The LTHHCP approval authorizes your agency to provide LTHHCP services to individuals in Suffolk County. If your LTHHCP wants to expand to other counties, the expansion of LTHHCPs into additional counties is not included in this RFA. To request such an expansion, you must submit a CON application to expand your LTHHCP's service area. If your agency is proposing to serve individuals that are not in the LTHHCP as a general purpose CHHA, then you must submit a response to this RFA.

58. Would an existing LTHHCP be required to undergo full or limited CON review to become a general purpose CHHA?
- A. An existing LTHHCP requesting approval to become a general purpose CHHA is required to submit a full review construction CON application. Although these CONs will be processed as construction applications, applications are required to complete the questions in Schedule 21A required for CHHA establishment.
59. Can the LTHHCP Medicare provider number be transferred to the CHHA? Would it be the same number?
- A. Yes, it is possible that a LTHHCP Medicare provider number may be transferred to the CHHA, depending on the responses given in the CON application.

## **MLTCPs**

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60. Please name the managed long term care plans (MLTCPs) in New York.
- A. The list of MLTCPs can be found on the Department website at: [http://www.health.ny.gov/health\\_care/managed\\_care/mltc/mltcpplans.htm](http://www.health.ny.gov/health_care/managed_care/mltc/mltcpplans.htm)
61. Can you please provide the names of the 14 MLTCPs who do not have a CHHA or long term home health program?
- A. The 14 MLTCPs who do not have a CHHA or LTHHCP affiliated with them are:
- Amerigroup
  - Complete SeniorCare
  - Fidelis Care at Home (NY Catholic Health Plan, Inc.)
  - Fidelis Medicaid Advantage Plus
  - GuildNet (Jewish guild for the Blind)
  - Guildnet Gold
  - HIP Medicaid Advantage Plus MLTC (Health Insurance Plan of New York)
  - Independence Care System (Cooperative Home Care Associates)
  - PACE CNY (Loretto/Independent Living Services)
  - Senior Health Partners (Healthfirst Company)
  - Senior Network Health, LLC (Mohawk Valley Network, Inc.)
  - Senior Whole Health
  - Wellcare Advocate (Wellcare Health Plans, Inc.)
  - Wellcare Advocate Complete
62. Is there a specific line item in the budget or some advisory document or other material that indicates a total of 75 Certificates of Authority may be approved?
- A. PHL Section 4403-f(6)
6. Approval authority. (a) An applicant shall be issued a certificate of authority as a managed long term care plan upon a determination by the commissioner that the applicant complies with the operating requirements for a managed long term care plan under this section. The commissioner shall issue no more than seventy-five certificates of authority to managed long term care plans pursuant to this section.

63. What is the number of MLTCP eligibles by county?
- A. The Department does not collect this information.
64. What is the average cost per MLTCP enrollee by county?
- A. The Department does not collect this information.
65. What is the expenditure amount per MLTCP enrollee by county?
- A. The Department does not collect this information.
66. Can an MLTCP that has not yet received its Certificate of Authorization (COA), but submitted an application, also apply? Or only those MLTCPs with secured COA?
- A. MLTCPs that have not received their COA may apply to the RFA if they meet the criteria for eligible applicants. Please refer to Section III. Who May Submit an Application of the RFA.
67. The RFA states that up to 75 additional certificates may be awarded. Given that this is such a large number, what is the likelihood that more than one CHHA would be awarded if multiple applications are received for an area without significant unmet need?
- A. The RFA was referring to the number of MLTCPs the Department has authority to approve not the number of CHHAs that will be approved through this RFA Review Process.
68. Are you planning any changes in the reimbursement to Managed Care Organizations, based upon patient needs and services, since this could potentially affect the amount the MCO would be able to pay the CHHA or should we consider that rates would stay the same? We will need this information if we are to develop an accurate budget.
- A. Rates are set on a fiscal year basis. Currently the 2012-2013 rates are under development.

## **MEDICAID REDESIGN INITIATIVES**

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69. Where can the applicant find a list of Medicaid Redesign Team initiatives?
- A. All information can be found on the Department's Redesigning New York's Medicaid Program website at:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/](http://www.health.ny.gov/health_care/medicaid/redesign/)
70. Medicaid Redesign contemplates initiatives aimed at integrating care for the dually eligible population. Will experience in serving dually eligible patients be among the criteria used to evaluate applications?
- A. The criteria that the Department will use to evaluate applications can be found in Section IV. Review and Evaluation of the RFA.

## **TIME FRAME**

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71. Can you please direct me to a site to obtain CON approvals for home health agencies that were acquired during the last year? These would be for privately-held entities.
- A. All CON approvals can be found on the Department website at:  
<http://www.health.ny.gov/facilities/cons/nysecon/>  
Click Advance Search and choose the criteria for the search desired.

72. What is the timeframe within which we can expect a “green light” from DOH to submit a full CON?
- A. The CON application must be filed with the Department within 45 days of the due date of the RFA submission. The CON application must be submitted no later than April 20, 2012 to be considered.
73. Why are there two different deadlines, March 9 for the Application and April 20th for the CON application? Why aren't the deadlines the same date? How will the decisions be made; will they be simultaneous on the same date or different dates?
- A. The Department gave a second deadline of April 20th for submission of the CON application to give the applicants additional time to complete the CON. The Department understands it is a lengthy process to gather the information required to submit a complete CON. The RFA is a competitive review. Decisions will be made based on the criteria listed in Section VI. Review and Evaluation of the RFA.
74. In another part of the RFA it is stated that a CON must be submitted by April 20, 2012. We are trying to determine the amount of time we may have to complete the CON following the notification of being selected to move through this process.
- A. All applicants submitting a RFA proposal must submit a CON application no later than April 20, 2012. As indicated on page 7 of the RFA, failure to submit a CON application in conjunction with the RFA will result in the applicant being disqualified.
75. Does the Department expect to announce which RFA respondents have been selected as approved prior to the April 20, 2012 deadline for submission of related CON applications?
- A. No. All applicants are subject to Public Health and Health Planning Council final approval and as such no date has been established for announcements. As indicated on page 7 of the RFA, failure to submit a CON application in conjunction with the RFA will result in the applicant being disqualified.

## **CERTIFICATE OF NEED**

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76. Please confirm that the sections of the CON application under expansion must be completed and not the sections of the CON application under establishment?
- A. The CON schedules required for each type of application can be found on the Department website at:  
[http://www.health.ny.gov/facilities/cons/more\\_information/schedules\\_required.htm](http://www.health.ny.gov/facilities/cons/more_information/schedules_required.htm)
77. On the NYSE-CON website the categories to commence the CON application does not list expansion of service area for an existing CHHA as an option. The only choices are full review, establishment, change of ownership or new facility. What category should be used?
- A. Full review.
78. Do applicants need to submit separate CONs for each of the counties which they apply for in the RFA?
- A. If the applicant proposes to provide service in more than one county the applicant must submit one CON application for purposes of this RFA at this time. If the proposal is approved they may be required by the Department to submit additional CONs.

79. If a CHHA wants to expand to more than one county which are contiguous to counties in which they currently provide service, but the expanded counties are not contiguous to each other, is it sufficient to submit one CON application to cover both counties, or are two CON applications required?
- A. Please see the answer to question 78.
80. The same legal entity that is an existing and operating Article 36 Long Term Home Health Care Program wants to certify under the same corporate structure a Certified Home Health Care. For submission purposes to the RFA and the CON application, is this considered "Addition of CHHA Services" or "CHHA Establishment"? In short, does this scenario require the submission of disclosure information on the Board of Directors for this voluntary not for profit Article 36 existing LTHHCP.
- A. If the applicant is an existing and operating LTHHCP, the CON application should be a full review construction application. Submission of disclosure information is not required. Although these CONs will be processed as construction applications, applicants are required to complete the questions in Schedule 21A required for CHHA establishment.
81. Is a budget required to be submitted with the CHHA application?
- A. Yes, a budget is required to be submitted as part of the CON application.
82. Please send us a new CHHA CON Application so that we could timely submit it to you before March 9, 2012.
- A. CON applications must be submitted via NYSE-CON by April 20, 2012. Please follow the instructions listed in the Public Authenticated NYSE-CON System, under frequently asked question on the Department Website at: <http://www.health.ny.gov/facilities/cons/nysecon/>
83. If you are already a CHHA that has been through the CON process at your inception, do you need to complete a new CON application in addition to the RFA or just the RFA?
- A. If an existing agency would like to expand their geographic service area or population served, a response to the RFA and submission of a complete CON application is required.
84. In Section I- Introduction, it is stated that "through a competitive review process applicants will be selected to move forward through the CON process". Does this mean that an agency needs initial approval of its response to this RFA in order to apply for the CON? Is there a date that the agencies selected will be notified?
- A. All applicants submitting a RFA proposal must submit a CON application no later than April 20, 2012. All applicants are subject to Public Health and Health Planning Council final approval and as such no date has been established for announcements.
85. Having completed a CON application, we note a number of elements NOT requested in the RFA, and we want to ensure that those elements are indeed not required in this new application: \* Financial projections, including utilization details, case loads and associated revenues and expenses (including staffing details) \* Financial projections, including utilization details, case loads and associated revenues and expenses (including staffing details) \* Array of services to be provided and by whom \* Details on Organization, such as certificate of incorporation and by-laws, financials and working capital, as well as personal financial statements \*Vendor sub-contracts and/or leases.
- A. Even though the RFA proposal and CON application both need to be submitted, they are two separate items. Entities that have previously submitted a certificate of need (CON) application to establish a CHHA or expand an existing CHHA, other than change of ownership applications, are advised that they must submit a proposal to the Department in response to this request for applications and they must submit a new updated, complete CON application to ensure consideration of their proposal under this RFA. This new updated, complete CON application must clearly indicate that it amends,

supersedes, and replaces the previous CON application submitted to the Department and reference the previous application by its assigned CON application project number.

86. If an entity that has previously submitted a CON application for CHHA establishment or expansion and is now required to withdraw that application (see Section III), will the Department also be waiving the requirement for the entity to pay another CON application fee?
- A. No, the Department will not be waiving the required \$2,000 application fee.
87. If a successful RFA applicant is denied CON approval, will other previously unsuccessful RFA applications be considered for the geographic service area/population in question?
- A. All applications submitted through this RFA will be reviewed by the NYSDOH and recommendations based on the merit of the applicant's proposal will be made to the Public Health and Health Planning Council for final determinations.
88. A CON in the queue on hold because of the moratorium - do we need to do another CON or can you use the one already submitted?
- A. Please see page 6 of the RFA. Entities that have previously submitted a certificate of need (CON) application to establish a CHHA or expand an existing CHHA, other than change of ownership applications, are advised that they must submit a proposal to the Department in response to this request for applications and they must submit a new updated, complete CON application to ensure consideration. This new updated, complete CON application must clearly indicate that it amends, supersedes, and replaces the previous CON application submitted to the Department and reference the previous application by its assigned CON application project number. **Failure to respond to this request for applications will result in their pending CON application to be considered inactive. As such, it will not be reviewed or considered for this or future proposals.**
89. When is the application fee for the CON due?
- A. The application fee is due at the time of submission.
90. Is it refundable if the CON is not approved?
- A. The application fee is not refundable.
91. Is it possible to determine the number of CON openings by region?
- A. No. Applicants must demonstrate need in accordance with 709.1(a) and/or demonstrate how they will facilitate Medicaid Redesign for each county they propose to serve.
92. Will an applicant responding to the RFA be notified /directed to proceed to a CON?
- A. All applicants submitting a RFA proposal must submit a CON application no later than April 20, 2012. The Department does not have a date that applicants will be notified of the status of the RFA proposal.

## NYSE-CON

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93. One cannot access NYSE-CON application without a Health Provider Network (HPN) account. How do you complete the CON application on line without an HPN account?
- A. You do not need to have an Health Commerce System (HCS) account formally known as the HPN. Please follow the instructions listed in the Public Authenticated NYSE-CON System, under frequently asked question on the Department Website at: <http://www.health.ny.gov/facilities/cons/nysecon/>
94. Is the CON application on the DOH website the same form and information as the CON application on the NYSE-CON system? (Can't access on NYSE-CON because not coordinator).
- A. Yes, they are the same.
95. Section VII, Section C: "How to file your Applications", Page 14, paragraph 3 of the RFA says we must submit the CON using the NYSE-CON system by April 20, 2012. Are we correct that we send the RFA by mail, but send the CON electronically using the NYSE-CON system.
- A. Yes, you are correct.

## 855A FORM

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96. An existing CHHA that submits an application for expansion must amend their Medicare 855 application to add the new geographic service areas. When should the Change of Information 855 form to add counties be submitted? Is DOH approval of the CON application required first?
- A. There is no need for applicants to submit an amended 855A form at this time. Public Health and Health Planning Council contingent approval of the CON application is required prior to the submission of an amended Medicare 855A form. The change of information 855A form should only be submitted if the applicant is selected through the RFA process and after contingent approval of the Public Health and Health Planning Council of the CON application.
97. If a LTHHCP is the applicant for a CHHA, please advise as to the completion of Section 1 Basic Information pages 6-7 of the CMS 855 A. Would the LTHHCP be voluntarily terminating its current Medicare number and getting a new number? Would the applicant surrender the other Medicare provider number at the same time?
- A. Guidance regarding 855A changes will be provided to applicants if their application is approved. The 855A does not have to be completed at this time.
98. Will the LTHHCP applying to become a CHHA have to follow the 855a – "All HHAs and HHA sub-units enrolling in the Medicare program must complete this section" HHAs and HHA sub-units initially enrolling in Medicare, Medicaid, or both programs on or after January 1, 1998 are required to provide documentation supporting that they have sufficient initial reserve operating funds (capitalization) to operate for the first three months in the Medicare and/or Medicaid program(s)?
- A. Guidance regarding 855A will be provided to applicants if their application is approved. The 855A does not have to be completed at this time.