

HEAL NY – PHASE 7
Capital Restructuring Initiatives #2
Request for Grant Applications #0712200252

QUESTIONS AND ANSWERS

Correction

There is no requirement for matching funds for projects funded under this RGA, in any percentage. The statement in section 3.4 (page 14) of the RGA under the subparagraph entitled Stage 2, which states that at least 50 percent of project funds must come from sources other than the grant, is in error.

Questions and Answers

In addition to the 79 questions answered herein, there remain several for which answers are not yet developed. The DOH and DASNY expect to address these more complex inquiries shortly, and answers will be posted upon their completion.

Anti-Trust

1. Regarding anti-trust concerns and in light of this being a competitive procurement, please describe the process for contacting DOH to request active supervision if two entities choose to engage in discussions potentially viewed as anti-competitive.

In order to protect the integrity of the bidding process, the Department will not participate in pre-bid discussions intended to facilitate the development or submission of any bid. Discussions between applicants who are preparing a joint submission that are reasonable and necessary for the development of a bid may nevertheless be exempt from the antitrust law under the Noer-Pennington doctrine, which protects actions taken in petitioning state government. To the extent a facility may deem the protections of the Noer-Pennington doctrine an inadequate source of protection, it may resort to the use of neutral parties to facilitate the exchange of information.

Eligible Applicants

2. RGA Section 1, paragraph 1.4: Some Berger facilities just recently received notification of HEAL awards. If a Berger Commission closure/downsizing is in the process of being implemented but the impact on services has not yet occurred and cannot be documented, can a coverage partner still be considered for funding?

Yes. However, the applicant would have to demonstrate the likelihood that patients from areas served the Berger-affected facility would be treated at the applicant facility. For example, letters from referring physicians stating their intent to treat patients at the applicant's site, or arrangements by the Berger facility for transfer of patients and their records to the applicant site.

3. On page 6 of the grant application under section 1.4 "Eligible Applicant", Article 31 Hospitals are not listed. Are Article 31 Hospitals considered Eligible Applicants under this HEAL 7 Initiative?

No. Hospitals licensed under Article 31 of the Mental Hygiene Law are not eligible to apply. However, Article 28 hospitals that operate psychiatric beds or other programs requiring approval under Article 31 are eligible to apply.

4. I noticed that "Eligible Applicants" now include Hospices - per Amendment # 1. I am requesting that Long Term Home Health Care Programs (LTHHCP) also be recognized as Eligible Applicants. This type program provides for alternative to institutional care in a less restrictive setting - i.e. the patients home. It appears that the HEAL 7 phase is directly related to accomplishing such an outcome.

LTHHCPs are operated by Certified Home Health Agencies (CHHA), nursing homes and hospitals, which are eligible to apply. A CHHA, nursing home or hospital may apply to establish or expand a long term home health care program if this is also compatible with the overall goals for the RGA and reflects documented need in the community.

5. I am confused on who is eligible for HEAL 7 awards. Are Berger affected facilities like Glendale Home and Ellis Hospital eligible for any HEAL 7 awards?

Glendale, Ellis and other recipients of HEAL Phase 4 funding are eligible to apply. However, they may not request funds for any activity related to the implementation of their Berger mandates, including activities proposed in their original Phase 4 applications that were not funded.

6. How do we know if we are a "coverage partner"?

Coverage partners are those that have experienced an increase in demand for their services as a direct result of the closure or downsizing of a facility affected by mandates of the Berger Commission. Applicants must be able to demonstrate any such increase in the form of additional patients or clients from areas formerly served by the Commission-affected facilities, referrals by physicians or other practitioners, formal transfer of patients/clients by closed or downsized by Berger mandates, or other verifiable causes.

7. Can a licensed home care services agency be an Eligible Applicant for HEAL 7 funds (section 1.4, p.6)?

No. Among home care agencies, only Certified Home Health Care Agencies (CHHAs) are eligible to apply. A LHCSA may participate in Phase 7 projects only as a subcontractor of a CHHA.

8. If you have related organizations within a system, can you apply for multiple sites or is this RGA restricted to one site?

Applications may be for services at more than one site, provided all such sites are operated by the applicant licensed operator.

9. Can a to-be-formed corporation that wants to have an enriched housing program be an Eligible Applicant (section 1.4, p.6)?

No. The applicant must already be licensed by the Department of Health (DOH) as an Enriched Housing Program in order to apply for HEAL NY Phase 7 funds.

10. Section 1.4 Eligible Applicant, page 6 Are Long Term Home Health Care Programs (LTHHCPs) included as eligible applicants?

See question #4.

11. Are managed long term care programs (MLTCs) included as eligible applicants?

No. Managed Long-Term Care programs operate under Article 44 of the Public Health Law. Article 44 entities are not eligible to apply for funding under this RGA.

Miscellaneous

12. Page 5: There is no activity 3. Is this a misnumbering?

Yes, this is a misnumbering.

13. Can institutions submit more than one application?

Yes, but applicants should note that multiple applications should be based on separate, distinct projects, neither of which should be dependent upon approval of the other. Applicants should also note that their multiple applications will, in essence, be competing against each other.

14. Is it permissible, for an eligible applicant to submit two (2) separate and distinct HEAL NY Phase 7 Grant Applications?

See answer #13.

15. Are applicants able to submit more than one application to HEAL 7?

See answer # 13.

16. Can an Eligible Applicant submit more than one application for HEAL 7 funds, provided the applications are for different projects?

See answer # 13.

17. Can an Eligible Applicant apply for one project which is its own and submit another application as part of a joint project with another Eligible Applicant?

Yes, but see answer #13 above. Also, if the joint project encompasses more than one region, clearly define the portion of the application and funds for each region.

18. I have both an RHCF and a CHHA - if I have a proposal for each, it appears I must submit two separate proposals. Is that correct?

Both projects could be submitted as one application.

19. Are HEAL applications subject to FOIL?

Yes, but not until OSC approval of all contracts resulting from this RGA.

20. In what section should the Vendor Responsibility Questionnaire be included, the Technical, Financial or both?

In the Financial application.

21. Can the same project apply to both HEAL Phase 7 and Phase 8?

Yes, but the State will only fund a project once.

22. Technical Question: Page 13-Section 3.3-

How to File an Application-3rd paragraph-The application package needs to include 6 copies on separate CD's of the Technical Application and of the Financial Application - how do we ensure that the CD's will be readable when sent in? What format or program do we need to have to ensure readability?

To ensure readability, CDs should be formatted as PDF files.

23. Re: pp 34 & 35. Sections skip from "E" to "G". Was there meant to be an "F" as per HEAL NY 8? Or not?

Section E, Eligible Applicant Financial Stability in this RGA appears as "F" in the Phase 8 RGA. This is due to slightly different requirements in the financial application component for each, which resulted in different letter-numbering of the paragraphs. The absence of an

“F” component in the Phase 7 RGA reflects an error in designation of the paragraphs, not missing information.

24. Is the Department contemplating an extension for HEAL 7?

The due date for the submission of applications has been extended by two weeks, to April 17, 2008.

25. I understand that the grant is to be single-spaced with at least 12 point font. Are graphs and/or maps allowed to be included in the document?

Yes, graphs and maps are allowed.

26. Aside from the word document (Attachments 4-7) on the DOH web site for HEALs 6 & 7, will you also be releasing excel spreadsheet templates for the financial applications?

Yes. These will be available through the Web site shortly.

Financial

27. Page 14: Stage 2 of Review Process mentions that at least 50% of the project funds come from sources other than the grant. This does not seem to be mentioned anywhere else. Are at least 50% of the project funds to come from sources other than the grant?

No, matching funds are not required in any percentage. See the correction on the first page of this document.

28. Please confirm that funds are available to cover personnel costs associated with construction, renovation, implementation of information technology, planning, legal and design work for the HEAL 7 objectives as stated on page 4 of the RGA.

Funds are available for such personnel costs. However, applicants are reminded that contracts let under this RGA will be limited to 24 months' duration, and should not be viewed as a source of ongoing support for staffing or other personnel costs.

29. In the RGA financial section (page 38 entitled "Project Fund Sources"), I see where we must show how much is funded from HEAL versus other sources, but there is no maximum percentage shown for HEAL. In previous HEALNY RGAs, the HEAL portion of the project cost couldn't exceed 50%. I have read through this RGA and haven't seen such a restriction. Is there such a restriction? If so, what is and where is it mentioned in the RGA? If not, is there a certain percentage expected by the financial review team to come from other funds?

There is no requirement for matching funds, in any percentage. The application forms recognize that HEAL funds may support a larger project for which the applicant is able to furnish the additional necessary funding.

30. Can you provide in writing that there is no match requirement for HEAL 7 grant applicants?

See the correction on the first page of this document.

31. Is there a 50% funding match (i.e., does 50% of the project costs have to come from funds other than HEAL)?

See answer #30.

32. Is it possible that an applicant would be awarded a portion of its funding request, i.e. for applications with multiple project components? Or, will the Department award applications either in full or not at all?

Applications will be evaluated on the merits of proposed activities in their entirety. Although some individual costs may be disallowed, the Department will not fund portions or segments of proposed projects.

ALP Beds

33. Are applications that were part of last year's ALP solicitation eligible for grant funding under HEAL-NY 7?

No. Applicants (under the #1584 ALP RFA) demonstrated the financial feasibility of their proposed ALP beds in their application materials. HEAL funds may not be used to supplant other funds already available to the applicant.

34. We would like to propose to a local hospital that we collaboratively submit a HEAL 7 request that they (the hospital) downsize / eliminate their hospital-based SNF and that our Adult Home convert the same number of beds to ALP. The hospital would utilize the bulk of our HEAL 7 funding request to renovate the SNF space for another service (i.e. outpatient, etc). The Adult Home would require some, but minimal renovating to accommodate the ALP program. Would this application be eligible for consideration?

Collaborative activities between community-based and institutional providers are encouraged. However, the entity that would use the bulk of the awarded funds should be the lead applicant.

35. If a nursing home wishes to expand its services to include ALR and ALP beds (which it has not yet applied for) to meet the needs caused by Berger mandates and reduce its bed capacity by a number less than the increase in ALR/ALP beds should the facility apply to HEAL NY Phase 7 or Phase 8?

The application could be considered under both but could receive funding under only one (see answer #21). Approval for HEAL funding, however, would be contingent upon approval for the additional ACF/ALP/ALR beds, which themselves would be subject to existing need methodologies and other certification requirements. This HEAL RGA does not authorize additional ACF/ALP/ALR beds other than those already deemed needed.

36. Can grant funds be used to fund construction of a replacement nursing home facility, where a CON application had been previously submitted but not yet approved, whereby the CON will be revised to downsize the facility and the old facility will be renovated for ALR and ALP beds and adult day care?

No. The submission of the earlier CON indicates that the facility has the financial wherewithal to undertake the project without HEAL funds. Funds under this RGA may not be used to supplant funds already available to the applicant.

37. Can HEAL 7 funds be used to pay expenses for the expansion or construction of Assisted Living Program (“ALP”) beds that have been applied for under an Application (RFA #1584) submitted to DOH on December 28, 2007 (specifically under section 1.3, p.5, #5)?

See answer #33.

38. If the answer to #40 above is yes, should an Eligible Applicant who submitted a December 2007 ALP Application (RFA # 1584) for additional ALP beds attach its December 2007 ALP application to the HEAL 7 application?

See answer #37.

39. Are there new ALP beds which are available for funding under HEAL 7 (specifically under section 1.3, p.5, #5)? If so, how does an applicant apply for the new ALP beds?

No. This RGA does not authorize new ALP beds.

40. Is the swap of Skilled nursing beds for ALP beds an acceptable initiative under this RGA?

The exchange of RHCF beds for ALP beds would be acceptable, assuming the proposed “swap” or conversion is approved by the Department. Otherwise, proposals could only be approved in accordance with 18 NYCRR Section 485.6 or approved under another Department authorization such as Rightsizing.

Technical

41. Under Phase 7, is our nursing home allowed to temporarily decertify beds? If so, is there a minimum length of time for which they must be decertified?

No, the temporary decertification of inpatient beds will not be considered. HEAL funds are intended to support the permanent reduction of excess inpatient capacity and the reconfiguration of services to meet community needs.

42. If our nursing home proposes to downsize, but our application is denied, are we required to decertify the beds?

No. Applicants will not be required to undertake activities that are not funded.

43. Is it required that we decertify beds to be awarded money for renovations and programmatic changes that are responsive to community need and will improve our facility's financial stability?

Projects for ambulatory and community-based services without accompanying reduction of inpatient beds are eligible for consideration.

44. For a CHHA, would an application requesting funding to purchase telemedicine technology be an eligible project? Telemedicine allows our staff to care for more clients out in the community.

Purchases of technology and equipment are eligible, provided that such purchases would help meet an identified need in the community and are otherwise consistent with the goals and objectives of the RGA.

45. Our community has had hospital-based RHCF beds eliminated as part of the Berger Commission report. While our occupancy runs at over 98% for long term care beds, we are now seeing a need from the affected hospital to take more "difficult to place" patients. To the extent that these patients require specialized equipment that we do not have (ex. bariatric equipment) and specialized space for these patients, would an application asking for funds to purchase such equipment or to restructure space (ex. for larger residents) be an eligible project?

Projects to cover services to patients from facilities downsized or closed because of Berger Commission mandates are eligible for funding.

46. If a facility applies for the grant and receives less funds than applied for or DOH and DASNY determines that no public funds are needed, will the facility be required to implement the proposed plan?

No. Applicants will not be required to undertake activities that are not funded.

47. Can a facility that downsized under a HEAL Phase 2 grant apply for funding under HEAL Phase 7 to add a service that was discussed in the Phase 2 proposal as pending the outcome of a feasibility study, but for which no funding was requested or received under Phase 2? We seek assistance to establish on-site dialysis to support our recently approved CON for a

If support for the proposed activity was not requested under Phase 2 and is also not the subject of a Commission mandate, the activity would be eligible for consideration under Phase 7.

48. Can downsizing be contingent on approval of a HEAL application?

Yes. See answer #45.

49. Does the grant proposal request have to be only for direct expenses for downsized rooms or can we request assistance to upgrade antiquated common areas as well?

HEAL will support only activities directly related to the goals of the RGA, and which address a documented community need. Activities that do not meet these criteria will not be considered for funding.

50. Under the RGA section 1.3, HEAL-NY Capital Restructuring Initiatives #2 Objectives (page 4), it is clear that an objective of HEAL7 is to “help hospitals and nursing homes eliminate excess beds, in favor of ambulatory and community oriented services” . While HEAL 8 is solely targeted to rightsize nursing homes, please clarify whether (1) nursing homes that are eliminating beds can apply for both HEAL 7 and HEAL 8 ? (2) given that HEAL 7 is a larger pool of money, would rightsizing projects that do not include a shared governance/collaboration or Berger-impact component be likely to be funded?

The goals and objectives of Phase 7 and 8 are stated clearly in each RGA. See answer #21.

51. Are we at a disadvantage if we are eliminating acute care beds that are not currently staffed?

The elimination of beds not currently in use (so-called “paper beds”) would not constitute a substantive downsizing activity.

52. The application seems heavily weighted toward Berger impacted areas. Would a telehealth project for a CHHA and LTHHCP be an acceptable project to fund? Would it be an acceptable project in a non-Berger-affected region?

Projects for areas not affected by Berger mandates are eligible for consideration but, like all applications, must be responsive to documented community need.

53. Can you provide more information on the level of detail applicants need to submit regarding architectural design of new construction and/or renovation? If schematics are required, can you provide examples of what type of detail should be included within those?

- architectural narrative describing intent of project, resulting form/configuration, summary of functional concept proposed.

- location of proposed project (campus/building/floor) and summary of scope of work (square footage of new and renovation, functional areas involved, work categorized as space reconfiguration and infrastructure upgrades).
- estimated basic cost of construction (cost per SF and incremental, equipment, A/E and construction management fees, site work, etc.).
- estimated time frame for implementation
- schematic floor plans;
- site plans, if applicable.

54. Will DOH consider an application by an Eligible Applicant to add programs which DOH has placed a moratorium on (i.e. adult day health care services) (specifically under section 1.3, p.5, #5 and #6)?

No. This HEAL RGA does not dispense with any existing moratoria or other restrictions on new or expanded services.

55. Can HEAL 7 grant funds be used to establish an enriched housing program (Section 1.3, p.5, #5)?

No. The applicant must already be licensed as an enriched housing program by the Department of Health (DOH) in order to apply for HEAL NY Phase 7 funds.

56. Can HEAL 7 grant funds be used to start a Social Adult Day Care Program for residents of a nursing home or an adult home (specifically under section 1.3, p.5, #5)?

No. Social Adult Day Care programs do not have a sufficient medical and health care component to be compatible with the goals and objectives of this RGA.

57. Does a nursing home applicant applying for a HEAL 7 Rightsizing project (specifically under section 1.3, p.5, #4) need to submit an application for the Rightsizing Demonstration Program?

No. Submission of an application for the Nursing Home Rightsizing Demonstration Program is not required.

58. Can a CHHA or nursing home that has a long term home health care program apply for HEAL 7 funds for the long term home health care program (section 1.3, p.5)?

See Answer #4.

59. Can an Eligible Applicant that was directed by the Berger Commission Report to downsize, but was also impacted by other facilities named in the Berger Commission Report, apply for HEAL 7 funds as a coverage partner (specifically under section 1.3, p.4, the first #2)?

Yes, but the applicant may not request funds for activities related to its own Commission-mandated downsizing.

60. Can an Eligible Applicant submit an application for HEAL 7 funds which includes rightsizing upwards to meet the needs of the community? For example, a hospital intends to reduce its psychiatric beds, but simultaneously add other beds to the facility providing for an overall increase in the number of beds for the hospital.

Under the terms of this RGA, a net addition of beds would not be looked upon favorably. A conversion of existing beds to a category of needed beds would be more in keeping with the goals and objectives of this RGA; provided that community need for such a conversion could be demonstrated.

61. Can an Eligible Applicant who is applying for HEAL 7 funds also apply for HEAL 6 and HEAL 8 funds? Will submitting an application for HEAL 7 impact the Eligible Applicant's applications for HEAL 6 and HEAL 8?

See answers #13 and #21.

62. If the applicant can demonstrate impact in census caused by the closing of other area facilities that were not part of the Berger Commission recommendations, would that be sufficient to meet the requirement of need?

This type of application would be eligible for consideration. Whether it was "sufficient" to demonstrate need would depend on how detailed and thorough the documentation.

63. How will a hospital's proposal to close beds in order to increase primary care capacity be weighted if the hospital is unable to demonstrate a direct link to the Berger Commission's closings but it can document an overall increase in ED utilization and in-patient census?

This type of application would be eligible for consideration, but would be best submitted under the HEAL Phase 6 Primary Care Infrastructure RGA.

64. There are 3 separate projects at our residence, that we would make application for under this grant. If the Dept. agrees with the merits of the proposal, but not necessarily each of the projects, will the Dept. award only a portion of the request?

See answer #32.

65. For eligibility - Can an institution able to apply for HEAL 4 funding (and received a very small percentage of what was requested) who has abided by all Berger Commission mandates apply for an entirely new project to HEAL 7?

The institution may apply only if the proposed project activities have no relationship to, nor are they a consequence of, the Berger Commission's mandate for the facility.

66. Is the establishment of a transitional care unit permissible, where we have patients who primarily are destined to go home but need short-term intensive medical care that nursing homes do not provide, and is less than acute care?

No. Transitional care units (TCUs) may be set up only under a special demonstration program established under legislation passed in 2005. All TCU demonstration projects authorized under this measure are currently in operation.

67. Can dollars be used to establish a unit that is a centralized unit for observation patients? A centralized unit will enable improved efficiency and a reduction in length of stay, as opposed to the current scenario of patients scattered throughout the medical units.

While projects to improve efficiency would be eligible for consideration, applicants should keep in mind the broader goals and objectives of the RGA—downsizing of inpatient capacity and reconfiguration of services to better meet identified community needs; and support of Commission coverage partners.

68. Can LTHHCPs utilize HEAL NY funding to enhance their services (i.e. add more slots) or to implement other home and community-based initiatives such as adult day health care program or assisted living program? If so, under what conditions?

The nursing home, hospital or CHHA operating the LTHHCP would be the eligible applicant. The addition of other home-and community-based services would be eligible for funding, subject to existing need methodologies and other applicable regulations.

69. Can MLTCs utilize HEAL NY funding to enhance their services (i.e. add more slots) or to implement other home and community-based initiatives such as adult day health care program or assisted living program? If so, under what conditions?

No. Managed Long-Term Care programs operate under Article 44 of the Public Health Law. Article 44 entities are not eligible to apply for funding under this RGA.

70. With regard to the HEAL NY Phase 7 funding, could it be used to purchase an emergency generator?

Although equipment is an eligible cost, a single purpose application for equipment would not reflect the broader goals and objectives of the RGA. This is especially true of devices not directly related to patient care and which the facility would routinely upgrade or replace without grant funding.

71. We anticipate submitting a CON in the latter part of 2008 that will not permit construction and renovation on a project until the first quarter of 2009. Will the project be considered for funding if construction or renovation will not begin until the 6th or 7th month of the award date?

Yes, provided 1) that the intended CON is not already supported by other funding sources and 2) the first six or seven months involve supportive or preparatory activities directly related to the project. The applicant should also seek to ensure that the intended construction/renovation would be completed within the 24-month contract period.

72. The RGA was amended to include hospices (as defined in PHL section 4002) as eligible applicants. Can the word "hospices" (as defined in the amended notice) be added to Section 1.3 bullet 4, page four to read: Assist CHHA's, ALP's, ALR's, **Hospices**, adult homes and enriched housing programs to expand their services as less restrictive and more homelike alternatives to inpatient care.?

Yes.

73. Can the word "hospices" (as defined in the amended notice) be added to bullet 5, page 5 to read: Construction, renovation, equipment, and information technology costs, and planning, legal and consultant fees, for the establishment, restructuring and/or expansion of CHHA, ALR, ALP, **Hospices**, adult home and enriched housing services, consistent with applicable need methodologies.?

Yes.

74. Can I include the word "Hospice" on the cover pages of the technical (Attachment 4) and financial (Attachment 5) application in the space under Enriched Housing?

Yes. Just write it in.

Certificate of Need (CON)

75. Will related CONs associated with HEAL awards be given expedited review by SDOH?

Yes, the Department will give priority to HEAL-related CONs, as it has with CON applications supported under earlier HEAL RGA's.

76. If a nursing home has previously submitted a CON and that CON has not been acted upon, may funds be awarded under the grant to undertake this proposed project?

No. Submission of a CON indicates that the applicant has already secured funding for the project. HEAL funds may not be used to supplant funds already available to the applicant.

77. If a CON has been submitted for a project, can funds still be requested under HEAL 7? If not, would the answer be "yes" if it was stated in the CON that the applicant did not have the money for the project?

To the first question: No. The submission of a CON application indicates that funding for the project is already available to the applicant. HEAL funds may not be used to supplant existing funding.

To the second question: This question is hypothetical and suggests a contemplated revision of an already financially feasible CON project in response to the availability of HEAL funds. This would be a replacement of existing funding and would not be acceptable.

78. Can an Eligible Applicant use HEAL 7 funds to finance a project where a CON has already been submitted to DOH, but not approved?

See answer #76.

Evaluation

79. How will the various evaluation criteria (section 3.4, p.14) used by DOH for HEAL 7 grant Applicants be weighted?

The Technical score will comprise 75 percent of the overall score and the Financial score the remaining 25 percent. The Department does not make public the specific weighting or scoring criteria within these categories.