

HEAL NY – PHASE 6
Primary Care Infrastructure
Request for Grant Applications #0712201140

Questions and Answers

The Department received over 150 questions in response to this RGA, the first 100 of which are answered here. Answers to the remaining questions will be issued shortly.

CLARIFICATION

At the Albany applicants' conference, a question was asked about the eligibility for funding of projects that integrate primary care services with behavioral health. We would like to clarify our answer to that question as follows:

Proposals by eligible applicants to integrate behavioral health services into primary care would be eligible for funding. Due to recent changes to licensure requirements related to the provision of mental health services in Article 28 facilities, these facilities may provide more mental health care than they have in the past. Applicants seeking funding to support the integration of behavioral health and primary care services should demonstrate how their proposals would advance the objectives of the RFP—to develop new primary care capacity and to enhance the quality and effectiveness of existing primary care services. Applicants should also recognize that HEAL funds are not intended to support ongoing operating costs associated with HEAL projects.

ELIGIBLE APPLICANTS

1. If we are currently a hospital that will more than likely be converting to a DT&C as mandated by Berger, will we be eligible to apply for funding under Heal 6?

Yes. However, you may not request funds to help you implement the mandated conversion or to carry out any other activity related to the Commission's mandate for your facility. (Commission-mandated services were eligible for funding under HEAL Phase 4 but are not eligible for funding under this RGA, nor under HEAL Phase 7.)

2. On page 5 of the RFA it lists "Organizations eligible for approval for establishment as primary care D&T centers under Article 28 of Public Health Law as one of the "Eligible Applicants". Must an organization be approved as a D&T by August 1st or will it be sufficient for them to have a CON under consideration with Heal funding contingent upon approval.

An applicant may apply for an award contingent upon CON approval of the proposed D & T Center.

3. Can a hospital or a diagnostic and treatment center submit an application which involves a project where the hospital or diagnostic and treatment center partners with a physician group (section 1.4, p.5)?

Physician groups are not eligible to apply. See RGA Sections 1.4 and 1.5. Under limited circumstances, a hospital or diagnostic and treatment center may submit an application that involves a partnership with a physician practice, as long as the hospital or D&TC is the applicant and beneficiary of the funds. Thus, for example, the grant could not fund capital improvements at a physician practice, but might be used to train physicians in private practice who provide after-hours coverage to a D&TC. Please note that these funds should not be used to support ongoing operating expenses.

4. Is a pediatrics practice considered primary care?

Pediatrics is considered primary care. However, a physician pediatrics practice would not be eligible to apply (see RGA Section 1.5).

5. Can institutions submit more than one application?

Yes, but applicants should note that multiple applications should be based on separate, distinct projects, none of which is dependent upon approval of the other. Applicants should also note that their multiple applications will, in essence, be competing against each other.

6. Can a D&TC, or a larger entity such as a system, submit multiple proposals--within Category 1, across Categories 1 and 2?

See answer #5. Note that a "system" may be an applicant only if the entity is an established Article 28 operator or co-operator. If the entity does not hold an Article 28 operating certificate, and is not intending to apply for one (see question 2), it may not apply, regardless of any other corporate relationship it may have with the qualified D & T Center or hospital.

7. If a D&T is located In Nassau county, and wants to apply for HEAL 6 grant for an extension site in NYC, do they indicate their home county (Nassau) or newly proposed extension clinic county (NYC)?

The applicant should indicate the county where the services to be supported through the HEAL grant would actually be delivered.

8. Can an individual facility apply for a "regional" grant?

An eligible applicant may apply for a grant to serve an entire region. However, no award may exceed the \$5 million maximum per project under this RGA.

PQIDATA

9. Could you please tell me when the State PQI data for HEAL 6 will be posted on the web?

A date for the release of the PQI information cannot be predicted with any certainty. Applicants who wish to proceed with the submission of their applications prior to the release of the PQI locator should describe need for primary care services in terms of factors such as those listed in Item B.2 of the instructions for the Technical application, based on other available data sources and on applicants' knowledge of primary care needs and resources in their service areas. Applicants may also wish to consult the following sources of data available on line:

http://www.health.state.ny.us/statistics/chac/nysdoh_program_data.htm

The Department's Community Health Data Set provides information for 18 topical areas based on county of residence at:

http://www.health.state.ny.us/nysdoh/vital_statistics/2005/

The Department's County Health Assessment Indicators website provides county-level data for 14 health topic areas at:

<http://www.health.state.ny.us/statistics/chac/chai/>

The Department's County Health Profiles provide a time series of socio-demographic, perinatal, mortality, hospitalization, and disease data at:

<http://www.health.state.ny.us/statistics/chip/>

The Department's *Minority Health Surveillance Report* provides important information on health conditions and healthcare outcomes by race and Hispanic origin at:

http://www.health.state.ny.us/statistics/community/minority/docs/surveillance_report_2007.pdf

Hospital discharge data are summarized by county in the SPARCS annual reports at:

<http://www.health.state.ny.us/statistics/sparcs/annual.htm>

The Department's website offers links to data on chronic diseases at:

<http://www.health.state.ny.us/diseases/chronic/sources.htm>

Additional information on vital statistics, including county-level data, is available at:

http://www.health.state.ny.us/nysdoh/vital_statistics/2005/

Indicators from the Expanded Behavioral Risk Factor Surveillance System are available for selected localities at:

<http://www.health.state.ny.us/nysdoh/brfss/expanded/2003/expsummary.htm>

Extensive tables of cancer incidence and mortality by county, ZIP code, and NYC neighborhood are available at:

<http://www.health.state.ny.us/statistics/cancer/registry/>

The NYC Department of Health has created an interactive query system (EpiQuery) for neighborhood indicators in the City, at:

<http://www.nyc.gov/html/doh/html/community/community.shtml>

10. When will the PQI data as discussed at the applicant conference be available?

See answer #9.

11. I believe the PQI data for HEAL 6 was supposed to be posted on the web on or before February 22/08; however, I still cannot find the information on the website. Could you please direct me to the location of the data, or if it is not posted do you know when it will be available?

See answer #9

12. If the PQI data is not available on a timely basis for preparing the application, can *Hospital admissions for Ambulatory Sensitive Conditions (ASC)* be used to demonstrate need for primary care? Will the use of ASC instead of PQI lead to a lower application score?

Yes, ASC's may be used to demonstrate community need. The use of ASC's will not lead to a lower score.

13. Where will questions and answers from 2/8/08 training session be posted?

The transcript of the February 8 session will be posted at
<http://www.nyhealth.gov/funding/rfa/0712201140/>

APPLICATION FORMAT

14. Packaging the Application (Attachment #3)

The packaging directions state the packaging requirements as follows:

- 2 original signed applications
- 4 copies of the application
- 6 CD's of the application

As there are 2 separate applications, Technical and Financial. Am I correct in assuming I am to submit the following?

- 2 original signed technical applications and 2 original signed financial applications for a total of 4
- 4 copies of the technical application and 4 copies of the financial applications for a total of 8
- 6 CDs or flash drives of the technical application and 6 CDs or flash drives of the financial application for a total of 12 CDs or flash drives

Yes, your assumption is correct. You should submit application materials in the numbers and formats listed.

15. Packaging the application (Attachment #3). Must the CD or flash drive have the application in pdf format or may they be in Microsoft Word format?

To ensure readability, applications should be submitted as pdf files.

16. How long should the technical application be? Is there a required length for each section?

There is no prescribed or suggested length. Applications should be thorough but concise.

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

In the Financial application.

18. Will DOH be posting on its web site the Vendor Responsibility Attestation form? They are not included in the RGA or supplemental forms on the web site.

The Vendor Responsibility Attestation form is available on the DOH Web site at: <http://www.nyhealth.gov/funding/rfa/0712201140/>

19. At the applicant conference that I attended in Manhattan, one of the speakers indicated that it would be preferred that the 6 copies of the Technical Application which the RGA states should be submitted on separate CDs and the 6 copies of the Financial Application to be submitted on CDs should actually be submitted on flash drives. The question is whether this means that we need to submit to you 12 flash drives (6 for the Technical, 6 for the Financial). If so, I am concerned about how we would label the flash drives, not an easy undertaking in my experience; I am also concerned about the cost since at best each flash drive costs at least \$10.

Applications may be submitted on either CD's or flash drives.

20. The second technical question is whether you have available a version of the RGA, particularly the forms to be filled out in Microsoft WORD rather than the PDF format. I understand that the electronic versions of the materials we will need to submit to you must be in a PDF format, but many agencies do not have the software or expertise to write the proposal using the PDF format. Rather, at least in my small agency, we are likely to write our proposal using WORD, the standard for most offices, and then use free or low cost software to convert the WORD documents into PDF format. It would thus be helpful if the budget and other required forms were made available to us in WORD.

The forms are available in WORD on the RGA Web site.

21. It appears that a letter of intent to apply is not required. Is that correct?

Correct. A letter of intent to apply is not required.

22. Are there page limits for the sections of the RGA?

There are no page limits or minimums. Applications should be thorough but concise.

23. What is the grant period? 24 months?

Yes.

24. 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. Spreadsheet templates will be posted on the RGA Web page shortly.

FINANCIAL

25. In the RGA financial section (page 33 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 new primary care 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? (Because the D&TC Medicaid rates are frozen, it is difficult to borrow money to finance D&T renovations/upgrades since there is no Medicaid capital reimbursement for this investment.)

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.

26. In the RGA in Section 1.6, Funding Allocation, on page 6, It states "*The statewide sum of all awards to hospitals under this RGA will not exceed 20 percent of the funds available.*" Please clarify if this means that 20 percent of the total \$100,000,000 available will be allocated to all hospitals across the state or if this means that within each regional allocation, 20 percent of that allocation will be allocated to hospitals within that region.

It means that no more than 20 percent of the available funds will be allocated to hospitals in total across the State.

27. Is there any advantage to submitting a request under Category 1 versus Category 2 (1.6 Funding Allocation)?

No.

28. Are the projects funded through the regional allocations expected to have particular regional significance?

No, if this question asks whether applicants should address a region-wide need or seek to serve an entire region. Applicants may, of course, propose such projects, but are not expected to address region-wide needs with the relatively modest maximum award available to any individual applicant (\$5 million).

29. How much funding is there for non-capital items such as outreach, enrollment and translation activities?

There is no set amount or allocation. The amount awarded will depend on the number of applications for such activities and how they score relative to other projects within their regions.

30. If a loan/capital financing has been secured, can HEAL funds be used to reduce the borrowing costs?

No, HEAL funds cannot be used to replace funds already available to the applicant.

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

There is no requirement for matching funds under this RGA, in any percentage.

32. It appears that the HEAL NY Phase 6 Primary Care RFA does not require matching funds. Our application will qualify under the small project category. Is there any required percentage of matching funds to qualify for this HEALNY Phase 6 dollars?

See answer #31.

33. Can you provide more details on how the 20% cap for funds disbursed to hospitals will be calculated? E.g. within this larger cap, will there be regional caps for hospitals?

See answer #26.

34. Can the Department provide in writing that there is no match requirement for HEAL 6 grant applicants?

See answer #31.

35. Will the State partially fund projects?

No. Applications will be evaluated on the merits of proposed activities in their entirety. Although some individual costs may be disallowed or reduced, the Department will not fund portions or segments of proposed projects.

Certificate of Need (CON)

36. If a CON has been submitted for a project, can funds still be requested under HEAL? If not, would the answer be different if it was specified in the application 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.

37. I understand that if a project has a CON, it will not be approved for HEAL funding because project funding is in place. I also know that CON applications for programs that receive HEAL funding will be expedited. I wanted to get clarification on this issue in terms of timing. We will be submitting a CON for an Article 28 clinic in a few months. Can we submit our CON application at approximately the same time as our HEAL proposal or do we need to wait until our HEAL application is approved before submitting the CON application? If we can submit CON application right after

we submit our HEAL proposal, is it appropriate to include in the CON application the amount of money we are requesting from HEAL, i.e. \$xxxx pending HEAL approval? Or do we need to wait until HEAL 6 recipients are announced before submitting our CON application?

You may submit your CON application simultaneous with, or subsequent to, your HEAL application. Your CON application should clearly identify your assumptions concerning HEAL 6 funding. Please note that your CON application will not be reviewed until after the HEAL 6 awards are made. See answer to question #88.

38. We would like to apply to HEAL 6 for the relocation and expansion of our dental clinic. This project was originally approved under a Limited Review CON, however, we must now resubmit as an Administrative CON because the campus location and scope of the project has changed. Is this project eligible for funding under HEAL NY6?

Only those costs that exceeded the costs associated with the original Limited Review CON would be eligible for consideration.

39. If a CON is pending can an application for that project be submitted?

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.

40. Will CONs be fast-tracked?

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

41. Is LEED certification a requirement as part of the funding? If not, is it helpful? I'm unable to identify which section this would be referenced in, although it would relate to long-term cost-effectiveness, etc.

LEED certification is not necessary. Pertinent environmental concerns for the construction of health care facilities are addressed in the Article 28 medical facilities construction code and in other applicable State building codes.

ELIGIBLE ACTIVITIES AND COSTS

42. Will the grant cover physician staffing costs?

Physician staffing costs are eligible for consideration. 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. Thus, short-term staffing costs associated with activities such as training, recruitment, or start-up would be appropriate for funding under this RGA.

43. Will the grant cover non physician staffing costs for clinical personnel?

Staffing costs for non-physician personnel are eligible for consideration. 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 costs. (See also answer #42).

44. Regarding eligible costs, will salaries on a short-term basis be considered an eligible cost e.g. for evening and weekend hours?

Yes. See answers #42 and #43.

45. Can the request for funding be used for a hospital that provides outpatient services – within the hospital walls for say -a GI lab expansion – which is needed to serve the underserved populations? Or is this grant for outpatient clinics only?

Services supported under this RGA should be clearly identifiable as primary care, targeted to primary care clients. Services available to and used by inpatients, or specialty services, in any significant numbers would not be eligible for funding.

46. The Raymond Naftali Ambulatory Center for Rehabilitation will be submitting a proposal in response to RGA 0712201140 to expand primary care for people with physical disabilities, including gynecological care for women with disabilities. One aspect of gynecological care is to provide or refer patients for preventive screenings for various types of cancer, including breast cancer. Such screenings include a mammography for women over 50 and/or those at risk for breast cancer. Most mammography equipment in New York City and throughout the U.S. is not accessible to women with physical disabilities who, for example, cannot stand up. As a result, the rate of breast cancer for women with disabilities is unnecessarily high. Therefore, as part of our holistic approach to the health care of women with disabilities, we would like to provide mammographies in our setting. Our question is whether the cost of purchasing accessible mammography equipment would be seen as an eligible cost under section 1.3.3 f (eligible costs/ medical and dental equipment) of the RGA.

Imaging equipment, and other diagnostic equipment, used in primary care settings is an eligible cost, as are primary care services to groups with special needs.

47. Do we have to have a separate application if we are looking at a satellite D&T site located 3-5 miles from our existing facility? This building is in the beginning phases of purchase and would be looking for renovation monies.

It is not clear from the question what other application you may be referring to in describing your HEAL proposal as a “separate” application. If you have submitted a CON application for purchase and renovation of the building, then funding for the project is already secured; therefore, it would not be eligible for HEAL funds.

48. If an organization proposes capacity building that involves multiple sites should the organization submit multiple applications or one? (strategically it all ties together) If one, is the funding all or nothing or will partial funding be considered?

Applications may be for services at more than one site, provided all such sites are operated by the applicant licensed operator. Applications will be evaluated on the merits of proposed activities in their entirety. The Department will not fund portions or segments of proposed projects.

The applicant also could submit multiple, stand-alone applications, recognizing that they would compete against each other. See answer #5.

49. Will the State come back to applicants asking if projects can be done for less than the requested amount?

No.

50. If the project is funded partially with HEAL funds, must the source of the balance of the project budget be identified in the application or can a plan for securing additional funding be included in the application?

If the HEAL-funded activity is part of a larger project, the applicant should identify the sources from which other funds will be secured.

51. Is there a specific range of dollars awarded for the larger projects? We understand the cap for large projects will be \$5million, is that correct?

Applicants may submit proposals in any amount up to \$5 million. There are no ranges or subcategories of funding other than the Small Projects category (up to \$500,000).

52. If you propose a large project, is it mandatory to have collaborations?

No.

53. Approximately how many awards do you think will be made?

The number of awards made will depend on the number of applications received, their dollar amounts, and the scoring distributions within regions.

54. If a facility is expanding two facilities to increase access to primary care, can you submit two separate proposals?

The facility should submit one application for activities at two sites, provided the applicant is the licensed operator of both sites.

55. How much of the application is weighted on collaborations with other providers and with community based organizations?

The goals and objectives of the RGA encourage collaborative activities. The Department does not make weighting or scoring criteria public.

56. Can you provide examples of construction and renovation costs eligible for start-up funds?

See the Project Expenses and Justification schedule in the Financial application.

57. Can you specify the back-room operations which are in-eligible for funding?

In general, services involving the general running of the facility and not directly related to patient care or the capital activities associated with this RGA. For example, payroll, building maintenance, etc.

58. Will HEAL fund expansion of services through utilization of mobile vans?

Mobile vans are considered extension clinics of D & T centers or hospitals and would be eligible for funding.

59. How are the executive summaries different for each section (Technical and Financial)? Or should the same Executive Summary be utilized for both sections?

The same concise, well-written Executive Summary could be used for both sections.

60. How would you like us to illustrate project budgets? Is it appropriate to embed a line-item budget within the Financial narrative?

Project budgets are to submitted on the forms in the Financial Application. Additional information or “illustration” is at the discretion of the applicant.

61. Other than Project Expenses and Funding sources, what other financial tables are acceptable?

See answer #60.

62. Would you like need data reported at the Census Tract, zip code, or neighborhood level?

Most Department information is arrayed by zip code, although census tract information would be acceptable. Because there is no standard definition of the term “neighborhood,” it should not be used as an analytical unit.

63. If a program wishes to expand their NYS approved mobile van program in an effort to serve a broader swath of the community, would this be eligible for grant funds? If so, what are the restrictions?

Yes, it would be eligible. Expanded services and/or additional sites would have to meet Article 28 CON requirements. See answer #58. However, as noted above, grants awarded under this RGA should not be considered a source of ongoing operating support for mobile vans.

64. Can you provide a list of official documents required for submission, i.e. financial statements, floor plans, leases, etc?

Applicants should include audited financial statements from the preceding two years in the Financial application. In the Technical application, proposals for construction and renovation should include the following:

- 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.

Draft leases need not be submitted, but applicants should indicate the owner of the premises and the expected costs and general terms of the lease.

65. We have a network of current and proposed primary care sites. On the documents entitled “Cover Page,” we are to choose one category: Established D&T Center, New D&T Center, and Hospital Center. We understand this to mean that *our project and the activities proposed should support only one specific site*. Is this true?

Since your main D & T Center is already in operation, circle “Established D & T Center.” Applications may propose services at more than one site (see answer #54).

66. May one organization submit multiple applications (for different projects)? If so, is it possible for a single organization to receive more than one award?

See answer #5.

67. What are the parameters that define a Category 2 project, other than the size of the budget?

None.

68. Would the following be an appropriate Category 2 Regional Project: an organization submitting one proposal for multi-site projects, all with the same objective (e.g. to enhance the quality and effectiveness of existing primary care services), at facilities located in counties that are all within one geographic region?

See below.

69. Could, for example, a single County Health Department with an Article 28 license file a comprehensive HEAL 6 application on behalf of D&TCs located within their own county and on behalf of other D&TCs located within other counties in Western New York?

a. If this approach could be used, the Foundation would ensure that financial information on each participant is provided and that the grant budget would be recast to show how requested resources would be allocated among all D&TC participants.

See below.

70. If this comprehensive approach could not be utilized for filing a HEAL 6 grant, what other method could be used to file a comprehensive HEAL 6 primary care grant application?

See below.

71. If HEAL 6 grant rules preclude a single application for a group of Article 28 D&TCs how could the Foundation work to coordinate application filings to promote resource sharing (e.g. sharing training costs for the development of disease management techniques) and incorporating the Foundation's assessments of IT needs?

In response to questions 68, 69, 70 and 71,: Grants will be awarded only to a designated lead applicant. This entity will be the sole direct recipient of funds and will be responsible for all contract deliverables. In the examples cited in these questions, the participating D & T Centers would be best advised to submit separate applications whose proposed activities would include collaboration with the other providers to achieve the desired outcomes. Or alternatively, one D&T Center could

submit a single application (not to exceed \$5 million) that proposes sub-contracts with the other D&TCenters.

72. Can HEAL 6 funds be used to retain experts on how to redesign primary care practices and train providers and support staff on how to deploy disease management techniques?

Retention of experts and consultants are eligible for consideration. Applicants are reminded that proposed costs should relate directly to the goals and objectives of the RGA – to develop new primary care capacity and enhance the quality and effectiveness of existing primary care services. Projects that seek funding exclusively or primarily for fees and personal services may not be viewed as favorably as those that also offer a more direct expansion or enhancement of patient care services, unless they describe concrete, projected outcomes that advance the objectives of the RGA.

73. Can HEAL 6 funds be used to hire a RN disease management coordinator at each D&TC practice participating in this initiative?

See answers # 42 and 43.

74. I attended the Heal NY applicant conference and believe that adding imaging services and equipment to support a primary care site was noted as an eligible cost, although it is not listed in section 1.3.3 page 4 of the RGA. Would you please confirm that imaging equipment to support primary care access is eligible for funding?

The eligible costs listed in Section 1.3.3 of the RGA are preceded by “include but are not limited to.” See answer #46.

75. I understand the overall objectives of this RGA are to increase access to primary care and to enhance the quality and effectiveness of existing primary care services. We are contemplating a project that will add imaging services to our extension clinic in Camden NY. These services would improve access and provide convenience of access for patients who must now travel to Rome, Oneida or Syracuse for these basic services. At the applicant conference there was discussion of the need for the proposals to address how improvement in health status will be monitored and measured. Do you have a template or model as to what you would expect as far as monitoring and measurement of a project to add services like imaging or laboratory?

No. These details are left to the applicant and will vary with the type of services provided, the population served, and other factors.

76. Will an application for funding to purchase a building currently leased by an eligible applicant where a primary care extension clinic operates be considered an eligible cost under this RGA if the intent of the purchase is to assure long term availability and access to the current primary care services?

Only if the applicant intended to enhance or expand the services available, in keeping with the purposes of this RGA. The applicant would also have to demonstrate that the facility was still needed in the community.

77. Are obstetrics and gynecology services considered primary care? The intent is to consider adding these services to an existing primary care extension clinic to broaden access to these services.

Yes, OB/GYN services are considered primary care.

78. Please advise if additional licenses will be granted for new D and T centers under this initiative.

New services and facilities will be licensed if the proposed services qualify as primary care.

79. SUNY College of Optometry consists of an Article 28 Diagnostic and Treatment Center where eye care is rendered by optometrists, ophthalmologists, nurses, social workers and psychologists. We are interested in expanding our primary eye care services at this location as well as collaborating with outside community health centers. Can we apply for HEAL 6 grants to expand our primary eye care services within this facility?

This RGA does not define "primary care" to include optometry or ophthalmology services on a stand-alone basis. However, an award could be made to support collaborations between your D & T center and D & T centers or outpatient departments that provide primary care services in order to enhance the availability of primary eye care services within primary medical care settings.

80. We currently require an upgrade to our current EHR (electronic health record) to make it a true "EYE EHR." This will allow better communication with primary care doctors outside this D & T Center as well as within our own institution. Can HEAL 6 be used for this purpose?

No. This type of proposal is not sufficiently targeted at primary care as defined in this RGA.

81. Several community-based centers have asked us to offer primary eye care services within their own facilities. This would require extension clinic authority under our current Article 28. Can Heal 6 for used for this purpose?

See question #79.

82. Page. 4 of RGA: 1.3.3 Eligible Costs h.) Information systems and technology to support the coordination of care, including, but not limited to, interoperable electronic health records (EHR) systems that integrate results reporting and clinical information from outside the applicant's setting. I understand that we are not limited to EHR that integrates results from outside the applicant's setting – but is this a primary area of interest for funding? Will other types of information systems and technology be considered with priority?

Expenditures for the purchase and implementation of EMR/EHR systems, including integrating the EMR/EHR into the care delivery process, are eligible for funding under this RGA. However, applicants are advised to describe in concrete terms how the expenditures will “expand primary care capacity and/or enhance the quality and effectiveness of primary care services, through improved efficiency, broadened scope of services, better targeting of services to identified health problems in the community and improved quality of care.” Eligible costs for these initiatives are restricted to the direct costs incurred for establishing the EMR/EHR system in the clinic/facility. Any additional costs to become a member of a RHIO or additional costs to advance the Statewide goals of interconnectivity are not eligible unless they directly relate to the project's proposed primary care enhancement or increased access.

In addition, if your proposed project includes support for an EMR/EHR system, the Certification Commission for Healthcare Information Technology (CCHIT) certification is required for any/all components of the project. CCHIT certifies EMR/EHR systems to ensure product suitability, quality, interoperability and data portability, and security.

Other types of non-EHR information systems and technology would be considered. For example, telemedicine is an example of a new type of technology which can enhance or expand primary care services in rural areas.

83. In 3.3 on page 10 of the RGA, what does "the award letter will expire 90 days after issuance" mean?

Applicants will have 90 days from the date of the award letter to indicate that they accept the award and intend to carry out the project as proposed. If the applicant does not respond within this time period, the award may be withdrawn.

84. And in 3.4 on page 10, does "the GDA's executed pursuant to this solicitation will run for a period of up to 24 months" mean that the awardee must expend its own funds within 24 months of approval in order to be reimbursed?

This is an "incurred cost" grant program. Incurred costs are presented to the Department for repayment using the standard State voucher. Proof of payment for any vouchered expenditures must be presented to the Department within 60 days of the date they were submitted. Neither the Department nor DASNY will issue advances. Every expenditure or disbursement for the project must be made by the awardee by whatever means the awardee determines to be in the best interest of the awardee and project (for example, cash disbursements, financing arrangements, etc.)

Vouchers will be accepted and processed on a quarterly basis over the 24-month term contract. Each voucher must be accompanied with the project's Quarterly Program Activity Report (QPAR) and their Budget Expenditure Report (BER).

85. Can HEAL Phase 6 monies also be used for certain operating expenses such as salaries, supplies, etc. in the development/expansion of primary care services as outlined in the RGA?

Only if these expenses are directly related to the project. See answer # 57.

86. Do "prevailing wages" apply to any construction/renovation projects?

Yes. This requirement is in the HEAL enabling legislation.

87. Are consulting and legal fees associated with the preparation of the Grant Application eligible for reimbursement under the Grant?

No.

88. Should a Certificate of Need ("CON") application be submitted simultaneously with the HEAL grant application or can the CON application be submitted at a later date?

The CON application may be submitted at either time. However, a CON application would not be processed unless and until the applicant was selected for an award.

89. If the costs of construction are being incurred by an entity legally distinct from the entity that owns the Article 28 D&T Center, but that is related to the entity owning the Article 28 D&T Center, will those costs be reimbursable under the HEAL NY Phase 6 Grant?

No. Costs will be reimbursable only to the direct applicant awarded the grant.

90. Types of Projects Eligible for Funding (pg 3, 4). "This improvement of care may be through staffing and services for primary care or through *supportive services* that bear

on primary care. Activities associated with the general administration and management of primary care facilities—so called “*back room*” services—will not be considered eligible for funding.” [italics mine]

Question: Does that mean that it is inappropriate to include the percentage of personnel costs for individuals such as finance administrators, accounting staff, grants officers, etc. who are related to the Project? Are they considered supportive services or general administration and therefore “back room services” and not covered by the grant?

These services would not be eligible for funding. See answer #57.

91. 4.4 Item #2 (page 13) “The Eligible Applicant will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed.”

Question: Does that mean that the cost of building permits/licenses should not be included in the project budget to be reimbursed by the award?

The costs of licenses and permits directly related to the construction activities that would be supported by the grant would be eligible for reimbursement through the award.

92. Technical Application/B.3 Project Activities (pg 26) - describes the differences between process objectives and outcome objectives.

Question: Should the application contain a combination of both process and outcome objectives? Is one more favorable/preferred than the other?

Process and outcome objectives are described in item 3 in the instructions for completion of the Technical application. Objectives can be from either or both categories, depending on the nature of the project.

93. Financial Application/C. Cost Effectiveness (pg 30): “Describe any savings to the health care system relative to the project costs.”

Question: Are there any specific financial standards, benchmarks, or percentages that you are looking for the project to achieve? Is there a standard for, level of, percentage of, or other point of reference for “savings to the health care system” that you wish the Applicant to address? Would this sentence be an example of what you’re looking for? “By upgrading x-facility, Applicant projects a savings of \$y due to z-reason.”

There exists a wide variety of financial standards and benchmarks for performance and savings. You will need to develop a defensible argument for your proposed project using metrics and measures that can help you support the savings you feel will result from your project. Awards will be made using a competitive scoring process. This segment of the review will score projects that result in greater savings and efficiencies higher. Lastly, yes, the last sentence in your question can be used; however, the strength of the argument will be determined by “z-reason.”

94. To support delivery of increased and enhanced primary care within our community (Galway –Galway Family Health Center), we need to construct a new facility that accommodates patients and physicians in well organized and sufficient space. What details about this new construction must we provide? We do not yet have architectural plans, though we could supply a sketch of the facility and we will include estimates of particular spaces within the facility and costs of construction. Will this information be sufficient? If it is not, what information about facility construction do you require?

See answer #64.

95. Can two or more different Eligible Applicants submit an application for a joint project under HEAL 6 (section 1.4, p.5)? What if the Eligible Applicants are from two different geographic regions? What type of collaboration/documentation does DOH require for a joint project between the two Eligible Applicants?

Yes, this type of application may be submitted, but one entity would have to be the lead applicant (see answer #71). Applicants should clearly define the portion of the application and funds for each region. Applicants must also submit the Multiple Provider/Participant Consent Form, available on the RGA Web site at <http://www.nyhealth.gov/funding/rfa/0712201140/>.

96. Can DOH better explain the meaning of the sentence “HEAL funds may not be used to supplant or substitute for other sources of funds already available to the applicant” (specifically under section 1.6, p.5)? Can DOH provide some examples of what would be unacceptable?

See answer #'s 30, 36, 39 and 47.

97. Can DOH explain how HEAL 6 funds can be used for preserving existing primary care services in a specific region (section 1.2, p.2)? With regard to this, what types of costs can HEAL 6 monies be used for?

A proposal to maintain services in their current form would not reflect an enhancement or expansion of primary care services, which is the main focus of this RGA.

98. How will the various evaluation criteria (specifically under section 3.2, p.9) used by DOH for HEAL 6 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.

99. It is my understanding that the facility must evidence a commitment and contribution to the proposed project(s). Is there a certain percentage of the costs that the facility is expected to contribute, or is the provision of personnel and space, acceptable evidence of facility support?

See answer #31.

100. Is there a preferable formula or calculation to be used when completing the budget to show facility support? (Ex. 30% of build out costs or 10% of major equipment costs must come from the facility).

See answers #25 and #31.