

HEAL NY – PHASE 15
Medicaid Transition Funding
Request for Grant Applications # 1003091153

Clarifications

1. Matching Funds

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

2. Applicant Eligibility

A hospital need not be eligible for Medicaid Transition funding nor have submitted a Medicaid Transition Fund Business Plan to be eligible for funding under this RGA.

Funding for this RGA is authorized under the HEAL Legislation, PHL section 2818(4), “to provide necessary restructuring support to hospitals for transition to a new reimbursement methodology.” To be eligible for funding, applicants must meet the following criteria listed in section 2818(4)(a):

(i) have a loss of operations for each of the three consecutive preceding years as evidence by audited financial statements; and

(ii) have a negative fund balance or negative equity position in each of the three preceding years as evidenced by audited financial statements; and

(iii) have a current ratio of less than 1:1 for each of three consecutive preceding days;¹ **OR**

(iv) be deemed to the satisfaction of the commissioner to be a provider that fulfills an unmet health care need for the community as determined by the department through consideration of the volume of Medicaid and medically indigent patients served; the service volume and mix, including but not limited to maternity, pediatrics, trauma, behavior and neurobehavioral, ventilator, and emergency room volume; and, the significance of the institution in ensuring health care services access as measured by market share within the region; **OR**

(v) be deemed to the satisfaction of the commissioner to have incurred operating losses resulting from the implementation of reimbursement rate reforms and other reductions enacted by a chapter of the laws of two thousand nine, to provide for the continued financial viability of the applicant. (*Emphasis added*).

Any operating losses incurred as a result of reimbursement reforms and other reductions as referred to in (v) above should be of a size sufficient to affect the financial viability of the hospital, as stated in section 1.3 of the RGA and as further detailed in section 2.4 (Selection Process).

¹ The word “days” is a drafting error and should be “years.” This error is being corrected.

In addition to the above criteria in (i) through (v), as applicable, applications will also be evaluated according to how well they meet the various factors listed in section 2.4 of the RGA.

Questions and Answers

Eligible Applicants

1. Regarding eligibility to apply for HEAL 15 funds, our facility did not have losses from Medicaid Health Report and did not qualify for transition funds. The only negative was the loss of the NYS GME PEP (Professional Education Pool) of \$13.2 million. Based on this loss, is facility an eligible applicant for HEAL 15 funds?

See Clarification #2.

2. Under 1.2 in the RGA it specifically states "should complement, support or further the implementation of the applicant hospital's approved transition plan." It sounds as if the Hospital must be an approved "transition hospital" to be eligible. Can you confirm or provide an explanation? Also, assuming the above is true what is the likelihood of a non-transition hospital to be eligible?

See Clarification #2.

3. Because our system and its hospitals are public, we were not required to submit a Medicaid transition fund business plan (see RGA's section 1.3, page 5). Two questions:
 - (a) Are we nevertheless eligible to apply for HEAL 15 funding, based on other criteria specified in 2818?

See Clarification #2.

(b) If we are eligible, what type of data can be submitted in lieu of the data that would be in "the facility's Medicaid transition fund business plan submitted to the Office of Health Insurance Programs in 2009" (first paragraph of section 1.3, page 5)

Data requested in the Financial Application form for this RGA and any other information the facility deems pertinent.

4. In order to be eligible for HEAL 15 funding, do hospitals have to have been eligible to receive funding from the Medicaid transition pool established in the 2009-10 State budget?

See Clarification #2.

5. The RGA states, "Projects funded under this RGA should complement, support, or otherwise directly further the implementation of the applicant's approved transition business plan for

hospitals that were eligible to receive funding from the Medicaid transition pool established in the 2009–10 State budget". If an applicant can demonstrate Medicaid reimbursement losses as a result of the State's payment reforms, but was not deemed eligible to participate in the transition plan funding, would the applicant be eligible to apply for HEAL 15 funding?

See Clarification #2.

6. Did we have to be part of the transition pool to be eligible? If we can demonstrate that we lost a significant amount of \$ from the reform as a % of our total MCD revenue but didn't receive transition pool funding b/c our MCD population didn't meet the criteria could we submit an application?

See Clarification #2.

7. Can you define operating losses as set out under section 1.3 eligibility applicant section? Also if you didn't have a huge operating loss this year but can demonstrate the significant MCD loss would it be worth putting an application in?

Operating losses are as defined by standard accounting practice.

Applicants are reminded that the funding requested in total by what is expected to be a large pool of applicants will likely far exceed the \$50 million available under this RGA. In this context of limited funding, applications from hospitals that demonstrate a greater need for assistance in transitioning to the new reimbursement system will be viewed more favorably than those which do not.

8. Page 4, Section 1.3 – Eligibility - Our facility sent in an application for monies allotted to us through the Transitions Pool in December. Would we qualify for this grant since we are not losing money from operations, even though our Medicaid reimbursement has gone down under this rate reform?

See Clarification #2.

9. Relative to RGA Section 1.3 Eligible Applicant, is an otherwise eligible entity, which was not one of the 55 hospitals solicited by the NYSDOH in 2009 to submit a Medicaid Transition Fund Business Plan, eligible to apply for HEAL NY Phase 15 funding?

See Clarification #2.

10. 12. Section 1.2 states: "Projects to be supported under this RGA should therefore complement, support, or otherwise directly further the implementation of the applicant hospital's approved transition business plan, which is intended to restructure and improve the facility's financial operations ..." Section 1.3 states: "...These losses should be of a size sufficient to affect the continued financial viability of the hospital and reflect information in the facility's Medicaid transition fund business plan submitted to the Office of Health Insurance Programs in 2009." Does this mean that ONLY hospitals that filed a Medicaid

transition plan and whose plan was approved by OHIP are eligible to apply? Is the information on which hospitals these are publicly available?

See Clarification #2.

11. Specific to Section 1.3 Eligible Applicant, Paragraph 1, "...reflect information in the facility's Medicaid transition fund business plan submitted to the Office of Health Insurance Programs in 2009." Are Hospital's that did not submit a Medicaid transition fund business plan in 2009 deemed ineligible? Under the "Eligible Applicant" section in the Request for Grant Applications, pages 4-5 it states that, "These losses should be of a size sufficient to affect the continued viability of the hospital and reflect information in the facility's Medicaid transition fund business plan submitted to the Office of Health Insurance Programs in 2009". Can a hospital apply if it did not submit a Medicaid transition fund business plan to the Office of Health Insurance Programs?

See Clarification #2.

12. Are hospitals that have not received Medicaid transition funding related to APR-DRGs eligible to apply?

See Clarification #2.

13. Specific to Section 1.2 HEAL NY Medicaid Transition Funding Objectives, Paragraph 1, "... hospitals adversely affected by changes in Medicaid reimbursement enacted in the 2009-10 State Budget and which serve significant numbers of Medicaid beneficiaries...". How is "significant numbers of Medicaid beneficiaries" defined? Are applicants required to meet the 17.5% Medicaid discharges criteria imposed for transition fund business plan submission?

See Clarification #2. The term "significant" is employed here according to standard usage and dictionary definition and is not defined by a specific percentage.

Funding Objectives

14. Page 4 Section 1.2 HEAL Medicaid Transition Funding Objectives: In the RGA it is stated: "Projects to be supported under this RGA should therefore complement, support or otherwise directly further the implementation of the applicant's approved transition business plan." Can the state clarify what is meant by "complement" the transition business plan? Is the proposed HEAL 15 project required to support an initiative specifically contained in the transition business plan, or can it support a similar project that advance the goals of the transition business plan?

The project may support an initiative of the business plan or another endeavor consistent with the goals of the plan, provided that the project is in keeping with the objectives and other requirements of the RGA.

15. Page 4. Section 1.2 Medicaid Transition Funding Objectives: In the RGA it is stated: “Projects should relate specifically to those components of a facility’s transition plan that would reduce reliance on inpatient care in favor of outpatient and ambulatory services appropriate to identified community needs.” Could DOH clarify its expectation for reducing “overreliance on inpatient care”? As in prior HEAL RGA’s is there an expectation/requirement that the project will reduce a hospital’s inpatient beds?

A reduction of beds is not a specific requirement of the RGA. However, measurable reductions in inpatient capacity in favor of ambulatory and outpatient care will be looked upon favorably.

Eligible Activities and Costs

16. For HEAL 15, may we propose multiple projects within one submission?
17. May a single proposal include 2 or more discrete projects? If yes, will DOH/DASNY consider each project for funding on its own merit? May a single hospital submit 1 or 2 or more applications?
18. Can a hospital submit more than one proposal?
19. Can an Institution submit more than one application/project?

Questions 16 through 19: Applicants may not propose more than one project or submit more than one application under this RGA.

20. Must projects be patient-care centered? Or can we use HEAL 15 funds for renovation of a staff training facility?

Yes, projects should pertain to patient care. Renovation of a staff training facility would not be viewed favorably.

21. Is an electronic health record system (EHR) for inpatient and/or ambulatory care an eligible expense for grant funding? Is health information technology (HIT) an eligible expense for grant funding?

Expenses for EHR and HIT are acceptable but should not constitute a major component of a proposed project. Funding for EHR and other HIT activities is available periodically in HEAL RGA’s intended specifically for HIT endeavors.

22. Relative to RGA Section 1.4 Eligible Activities, are capital Information Technology (IT) projects eligible for funding under HEAL NY Phase 15?

If by capital IT projects is meant the facility's general IT systems, these would not be viewed favorably. Also, see answer #21.

23. Is a project that focuses on increasing outpatient services while improving inpatient efficiencies an eligible project?

Yes, this type of project would be eligible for consideration.

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

The costs of a reasonable amount of planning activities associated with the applicant's capital project proposed under this RGA would be eligible for consideration. However, planning should not be the project's principal activity, and applicants should not view grants available under this RGA as "planning" grants.

25. Due to the reduction in Medicaid reimbursement, the loss in revenues and resulting closure of our facility's Skilled Nursing Facility, it has become necessary to call upon an outside consulting agency to assist with a formal Strategic Plan. Will current expenses associated with the current strategic planning efforts be a covered expense under HEAL NY 15?

The costs of a larger strategic plan as described in your question would not be looked upon favorably. See answer #24.

26. We are also considering submitting an application to improve throughput in the Emergency Department. This would include build-out for and purchase of computer systems.

Improved throughput, with a favorable impact on patient care, would be eligible. Regarding computer systems, see answer #21 and #22.

27. Are financing expenses eligible grant costs? Financing expenses may include (1) fees and interest associated with borrowing funds to pay grant-related expenses prior to voucher submission/payment, (2) fees and capitalized interest associated with construction financing; and (3) fees associated with the permanent financing that may provide the balance of the total project costs.

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

28. RGA Section 1.4: Can HEAL 15 funding be used to renovate existing general hospital space for alternative in-demand health services such as assisted living programs, hospice, skilled nursing, etc.?

As stated in Section 1.2 of the RGA, proposed projects should directly further the implementation of the applicant hospital's approved transition business plan.

Funds can be used for renovations to hospital space to accommodate other services. However, the focus of the RGA is on outpatient and ambulatory care. The services listed in your question do not meet this criterion and would not be viewed favorably. Proposals for these types of services would be better suited for submission under possible future RGA's related to long-term care and related service categories.

29. RGA Section 1.3: Can HEAL 15 be awarded to a hospital for space renovations to be used by a separate operator (such as an FQHC, ALP, hospice, skilled nursing, etc.) through a lease agreement? Operations would be healthcare targeted at the needs of the Medicaid population of the community.

Such costs would be acceptable, for services related to an FQHC or similar provider of ambulatory/outpatient care (see Answer #28). Applicants are cautioned that any such arrangements for location of a separate operator on hospital premises would have to be compatible with all applicable State and Federal regulations.

30. For purposes of this RGA, please clarify how the term "project" is defined, i.e., (a) must proposed renovation/ construction take place at a single location? If at a single location, may the activities occur in non-contiguous areas within a facility? (b) Must the activities proposed be related to a single service line?

Project activities may take place at more than one location, including in non-contiguous areas of a facility. Project activities need not be confined to a single service line.

31. If a hospital received a previous HEAL NY award to partially support a project, can the institution request for additional support through this RGA for the balance of the project cost?

No. HEAL NY awards may not be used to supplant funds already available to the applicant (including borrowed funds). The partial funding of your earlier project with HEAL NY funds was predicated on your facility's furnishing the balance of funding for the project, from funds that were available to your organization at that time.

32. Page 4 and 5 Section 1.4 Eligible Activities and Costs: Could the State clarify under item "G medical and laboratory equipment": Are there specific requirements (minimum costs, useful life, etc.) for medical and laboratory equipment purchases to qualify to be supported by HEAL 15 funding?

Because funding under this RGA is for capital projects, purchased equipment should in general be capitalizable for tax and accounting purposes.

33. If the proposed HEAL 15 project will create or acquire an additional facility, can HEAL funding be used to support initial outfitting costs, including the purchase of furniture, fixtures, etc.?

In general, such costs would be acceptable, if related to patient care.

34. Can HEAL 15 funds be used to support the purchase of IT equipment and software, including investments to integrate the HEAL 15 project with ongoing electronic medical record projects?

See answer #21 and #22.

35. Page 32- Program Income - The guidance states that any program income realized during the project must be applied to project costs. Does this mean that revenue generated by clinical services must be applied to capital costs or does it indicate that funds must be spent on delivering the service supported by the capital investment?

Income generated by clinical services resulting from the project may be applied to operating costs associated with those services. However, any revenues in excess of the amount needed for such offsets would have to be applied to the capital components of the project.

Selection Process

36. Page 9 Section 2.4 Selection Process, Stage 3: Under Stage 3 of the Selection Process section a series of evaluative components are presented. Concerning the following components: “The need for the project within the community”: Can the State clarify what “the community” means? Is this the primary service area to be served by the HEAL 15 project?

In general “the community” would refer to the facility’s service area. However, applicants are free to propose to serve a larger community as they see fit to define it (using Zip codes, census tracts or other conventional delineations) and if they are able to describe its health care needs with measurable indicators.

37. “The degree to which the project would serve a significant number of Medicaid beneficiaries and other underserved populations.” Can the State clarify what constitutes a “significant” number of Medicaid beneficiaries and how this will be measured?

The term “significant” is employed according to standard usage and dictionary definition. It is up to the applicant to apply it in the context of the facility’s circumstances and contemplated project activities.

38. Also, consistent with the objectives of the Medicaid Transition Funding initiatives, can a project also significantly increase service volume for non-Medicaid payor classes, include the volume of service from Medicare and Commercial payors?

The RGA emphasizes services to Medicaid clients and other underserved groups. Increases in volume from non-Medicaid payers, while acceptable, should not be the focus of the project, nor should these increased volumes be attained at the expense of possible expanded services to Medicaid clients and the uninsured.

39. “The extent to which the project would reduce excess inpatient capacity in favor of appropriate outpatient/ambulatory care.” Can the State clarify how it defines “excess inpatient capacity”?

The term “excess” is employed according to standard usage and dictionary definition. It is up to the applicant to apply it in the context of the facility’s circumstances and contemplated project activities.

40. “The financial viability of the project after the use of HEAL funding”. This appears to be a project sustainability requirement. Could the State clarify the measures and criteria to demonstrate ongoing financial viability?

An example of such indicators would be increased patient revenues generated from efficiencies or expanded service capacity resulting from the HEAL-funded capital project. Other indicators of sustainability are possible and will vary with the individual project.

41. Page 9 Section 2.4 Selection Process, Stage 3. At the bottom of page 9, the statement is made (in bold) “Award amounts may be less than the amount requested”. Could the State clarify, if an applicant receives an award less than the amount requested, will the awardees be permitted to revise and reduce the scope of project work?

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

Application Forms and Process

42. On page 15, it states that the environmental assessment form is for "unlisted actions" only. What does this mean? Are all applicants required to complete this?

This form is for information purposes only and need not be filled out unless and until the applicant receives an award for a construction project under this RGA. “Unlisted Actions” refers to construction activities deemed by DOH as not requiring an Environmental Impact Statement.

43. The facilities in our system may generate 5-10 HEAL applications. And, following instructions, each facility will mail you more than 1,000 pages of audits (two hard copies of two years of audits). Other pages that are identical across all applications are sent, specifically those in sections E and F. Question: Can the New York City Health and Hospitals Corporation send you one set of documents for sections E and F, and each facility

can make reference in its application to that “corporate set?” This will save significant dollars in copying and mailing charges and, presumably, storage costs.

Yes, this approach and reference to a corporate set of documents would be acceptable.

44. Page 26, Technical Application, Section 3 Community Need. The RGA asks to: “Identify areas of overcapacity and/or under capacity”. Could the state clarify how it defines “Overcapacity and under capacity” and provide examples that would be relevant to HEAL 15 projects?

“Overcapacity” is synonymous with “excess capacity”. See the answer to question #39. Under capacity may be deemed “insufficient” capacity, with “insufficient” applied according to standard usage and dictionary definition.

45. Page 27, Technical Application, Section 4 Project Activities: The RGA requests as part of this section information for “Outcome objectives address(ing) a measurable change.” Given the nature and purpose of HEAL 15, can financial performance projections, objectives and indicators be included this part of the Technical Application section? In prior HEAL applications, financial information is not permitted in the Technical Application section. If financial goals cannot be specified in the Technical Application, where in the proposal can this information be provided?

Yes, under this procurement, it is acceptable to include financial information in the Technical Application.

46. Page 27, Technical Application, Section 4 Project Activities: The RGA requests in this section the inclusion of “sub-objectives”. Can the State define and give several examples of what a “sub-objective” is?

This is explained on page 27 of the RGA as an activity to achieve an objective.

47. Page 27, Technical Application, Section 7 Project Team: The RGA asks to: “Provide information on any key contractors that the Eligible Applicant will contract with to facilitate the implementation of the project”. Major contractors are selected by our hospital through a competitive bidding process. This process will take place after the award of a HEAL 15 grant. Can the State suggest how to provide this information, prior to a competitive bidding process? Can summary information be provided on several vendors the hospital has successfully worked with in the past?

The applicant need not list the names of contractors if they are unknown at the time of submission of the application. Summary information on past vendors may be provided to illustrate the type of firms the applicant has worked with in the past.

48. Page 27, Technical Application, Part C. Project Monitoring Plan: The RGA states “Describe the methodology that will be used to track progress within the project, including any quality

assurance testing that will be performed.” Because HEAL 15 funding is for capital projects, could the State clarify what it means by “quality assurance testing”?

Periodic reviews or other monitoring activities designed to assess the soundness of work being performed in pursuit of the project’s deliverables.

49. Can we submit a vendor responsibility questionnaire that was submitted to DASNY, dated within the last six months? Will this satisfy the vendor responsibility questionnaire requirement?

Only if the VRQ is less than six months old. Otherwise, a new VRQ is required.

50. Page 48 - Is there a CFDA number for these funds? Is there a reason why we need this CFDA number?

This is standard information sought in New York State procurements but does not apply in this instance. Applicants may leave this item blank.

51. What is the maximum number of pages allowed for the Financial application section?

There is no specified maximum number of pages. However, applications should be comprehensive but concise.

52. Appendix D in the RFA provides a sample format for the Program Workplan. The Technical Application Format guidance (page 26-27) does not mention the Workplan. Where does the workplan narrative go? Is it a separate attachment and is it part of the 10-page limit?

Appendix D is part of the Grant Disbursement Agreement (GDA). The GDA is included for information purposes only. None of its elements should be filled out unless and until the applicant receives an award and the project then proceeds to the contract stage.

53. Page 14 Section 3.6 GDA Appendices: In this section the appendices are listed for the Grant Disbursement awards. Could the State clarify if any of the GDA appendices are required to be submitted with the HEAL 15 application? GDA Appendix D requests a detailed Operating cost budget. Could the State clarify if any the proposed project’s operating budget information is required to be submitted as part of the HEAL 15 application?

See answer #52.

54. Page 7 Section 1.6 Funding Application and Page 31 Project Funding Sources Budget form. On page 7 the RGA states: “Funds may not be used to supplant other funding already available to the applicant, including but not limited to, loans grants and private contributions already secured by or awarded to the applicant. “ On the Project Fund sources table on page 31 a detailed listing is requested of funds beyond HEAL 15 that will be used to support the project. The verbiage on page 7 appears to reference “maintenance of effort” requirements

for HEAL 15 projects. Could the State clarify what are the requirements for the use of other project funding sources requested in the HEAL 15 Financial Application section?

See Clarification #1. A facility need not have other funds to support the project. Information on other project funding sources is sought in the application forms only for those applicants that propose to provide their own funds for a larger project for which the HEAL award would furnish partial funding.

55. Page 32, Project Fund Sources chart: The chart has a section to list “Applicant Direct Funds”. Could the State clarify if there is a mandated percentage of applicant matching funds for HEAL 15?

See Clarification #1 and answer #54.

Certificate of Need (CON)

56. We are considering submitting an application to request funding to support the relocation/renovation costs for one of our Health Centers. When should the CON application for this project be submitted? Prior to the HEAL 15 application, or after?

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 under this RGA.

57. Relative to RGA Section 1.6 Funding Allocation, in the past, the NYSDOH and DASNY have indicated that HEAL NY funding would not be available for proposals in which a CON application had previously been submitted. However, if an applicant has previously submitted a CON application for its HEAL NY Phase 15 proposal, but that CON application depended upon a prior phase of HEAL NY for funding that was not approved, would the project eligible for HEAL NY Phase 15 funding (assuming eligibility is otherwise satisfactory)?

Yes, such an application could be submitted, provided that it requested funding only for the component of the original CON for which HEAL NY funding was originally sought; that is, the application under this RGA could not propose to replace other funding, if any, that was listed in the CON pertaining to the earlier phase of HEAL NY funding.

58. Will projects requiring CON approval be fast-tracked for CON review, in order to ensure that funded projects can be completed within the specified timeframe?

The Department makes every effort to expedite review and approval of HEAL-funded CON projects. Awardees can facilitate the first steps in this process by indicating in the cover letter to the CON application that the project involves HEAL NY funds.

59. In light of the 2 year completion deadline if we win an award, will the State facilitate expediting the Certificate of Need (CON) applications?

See answer #58.

Miscellaneous

60. Will NYSDOH CHOOSE to fund certain project components or will the amount be lower than requested for technical reasons, such as to exclude ineligible costs or, to fully use all HEAL 15 funding, the lowest scoring grantee might get only the balance of the funds available?

See answer #41.

61. The RGA states that “DOH shall make payment to the Grantee based upon eligible expenses actually incurred by the Grantee...” Will grantees be able to voucher for expenses for which they have invoices in-hand – and use grant funds to actually pay those invoices – or must the expenses have been PAID for prior to voucher submission, such that grantees will be reimbursed ONLY for payments made?

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

62. This question refers to the definition of the word “incurred” found on page 12, Section 3, Subsection 3.1, #4 “All costs for which reimbursement is sought must have been incurred by the Grantee”. #2 in the same Subsection 3.1 states “together with such supporting documentation as DOH may require, in the forms to be set forth in the GDA or as otherwise determined by DOH. Given the current economic climate and challenging fiscal constraints in healthcare/hospitals, can the word incur mean a submission of a Purchase Order and invoice or, must it be a paid invoice or a cancelled check? Would it be possible to assign any grant proceeds directly to a vendor?

See answer #61. Payments may not be assigned to a vendor. Costs will be reimbursable only to the direct applicant awarded the grant.

63. As indicated on page 9 of the RGA, award amounts may be less than the amount requested. Should this be the case, will awardees be given the opportunity to revise the scope of activities to reflect a reduced project budget?

See answer #41.

64. Page 6 Section 1.5 Project Timeframes: The RGA states HEAL 15: “...will begin in October 2010 and run for a period of up to two years”. Can the state clarify what activities constitute the commencement of the project? Can the state clarify what constitutes the completion of

the project? Is this for example the completion of construction, the commencement of new services, etc.

The commencement of the project will be the effective date of the contract (Grant Disbursement Agreement, or GDA). Initial activities will be those set forth in the individual facility's Work Plan (Appendix D of the GDA) as finalized in consultation with DOH contract management staff after the award is made. The completion of the project will be the completion of deliverables set forth in the facility's GDA Work Plan (Appendix D), within the contract period.

65. Will you post the forms in Word and/or Excel on the NYSDOH website?

Application forms in Word and Excel were posted on the DOH Website on April 12.

66. Would it be possible to get forms in Word and/or Excel format?

See answer #65.