

HEAL NY PHASE 20
ALTERNATIVE LONG TERM CARE INITIATIVES, PHASE 2
Questions and Answers

Q1. Can a CCRC apply for funding?

A1. Yes, Continuing Care Retirement Communities (CCRCs) are eligible to apply.

Q2. Is there a match required for my proposal?

A2. There is no requirement, but financial matching is encouraged.

Q3. Will you fund a traditional senior housing project? Can I use HEAL money as a match for a HUD project?

A3. Yes, eligible applicants may submit an application for a senior housing project. Yes, the HEAL funding may be used to satisfy HUD equity requirements for capital investment projects.

Q4. I was wondering if this application for the HEAL NY is open to Long Term Home Health Care Programs (LTHHCPs) because they can also bill Medicare as a Certified Home Health Agency (CHHA) does.

A4. Yes, LTHHCPs are eligible applicants.

Q5. For the each of following programs: Adult Care Facilities (ACFs), Enhanced or Special Needs Assisted Living Residences (ALRs), Enriched Housing Programs, (EHPs), Assisted Living Programs (ALPs), Long Term Home Health Care Programs (LTHHCP); where can we find SDOH data for each county that reflect: 1. Current number of units/slots, 2. Approved unit/slots in the pipeline, and 3. Occupancy?

A5. Information regarding 1. current number of units/slots, 2. pending applications for approval of unit/slots and 3. current occupancy for Adult Care Facilities (which include ALRs, EHPs, and ALPs) and Long Term Home Health Care Programs are available on the Department website: <http://www.nyhealth.gov/>.

Q6. For the State Department of Health (SDOH) projected 2016 Residential Health Care Facility (RHCF) need, what was the assumed number of units/slots in each county for the following services: Adult Care Facilities (ACFs), Enhanced or Special Needs Assisted Living Residences (ALRs, EALRs, or SNALRs), Enriched Housing Programs, (EHPs), Assisted Living Programs (ALPs), and Long Term Home Health Care Programs (LTHHCP)?

A6. Need is not one of the eligibility criteria; refer to Sections 1.3 – 1.4(A) in the RGA.

Q7. In Section 3.4 on page 16, the criteria for scoring Technical Applications include “The evidence and degree to which certified RHCF inpatient beds are decommissioned.” If the SDOH RHCF bed need for 2016 shows a substantial need for additional RHCF beds for a specific county, and a HEAL 20 application is submitted that increases housing options but does not decrease RHCF beds, will this application be scored less favorably than another similar application that does reduce RHCF beds?

A7. Based on the information provided, a proposal that does not decrease the number of RHCF beds may be scored lower than a proposal that does decrease RHCF beds.

Q8. In Section 3.4 on page 16, the criteria for scoring Technical Applications include “Demonstrated support for hard to serve or low and middle income individuals in need of long term care services.” How is “hard to serve” defined?

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A8. The applicant should describe this term and defend their definition. Examples of “hard to serve” individuals may be those with dementia or cognitive deficiencies.

Q9. In Section 3.4 on page 16, the criteria for scoring Technical Applications include “The evidence and degree to which certified RHCF inpatient beds are decommissioned.” Our local Center for Nursing Care and Rehabilitation, which is operated under the auspices of the County, decreased its RHCF capacity by 160 beds to its current total of 360 beds. If another applicant proposes the development of new supportive housing and refers to that RHCF bed reduction, will the application be scored favorably with respect to the criterion for decommissioning RHCF beds? Or will the application receive no points for that criterion?

A9. The scoring of the application would not be affected by another entity’s decrease in RHCF capacity, unless there was a multi-provider agreement in the application.

Q10. In Section 3.4 on page 16, 7 criteria are listed for scoring Technical Applications. What is the maximum number of points associated with each criterion? Are certain criteria given more scoring weight than others, or are they each weighted equally?

A10. The Department does not make scoring criteria available.

Q11. In Section 3.4 on pages 16 & 17, 7 criteria are listed for scoring Financial Applications. What is the maximum number of points associated with each criterion? Are certain criteria given more scoring weight than others, or are they each weighted equally?

A11. The Department does not make scoring criteria available on HEAL projects.

Q12. Are matching funds required?

A12. See Answer A2.

Q13. In Section 3.4 on page 16, the criteria for scoring Technical Applications include “Demonstration that public need for long term care services are met in the planning area in which the applicant is located.” How is planning area defined? The SDOH RHCF bed need for 2016 shows the need for New York City (NYC) and not for the constituent counties. Is NYC considered the planning area and not each county?

A13. The Berger Commission regions may be used as a reference. The counties included in each Berger region are listed below.

1. New York City;
2. Long Island: consisting of Nassau and Suffolk;
3. Hudson Valley: consisting of Delaware, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester;
4. Northern: consisting of Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington;
5. Central: consisting of Broome, Cayuga, Chemung, Chenango, Cortland, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Oneida, Onondaga, Ontario, Oswego, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne, Yates; and
6. Western: consisting of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming.

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Q14. For a nursing home downsizing (but not closure), can HEAL 20 funds be used to reduce existing debt? If so, what kind of debt?

A14. Yes. Retirement of debt is allowed. However, it is expected that the amount of debt to be retired should be reasonably apportioned based on the total number of beds to be decertified. The objective of such projects should be to remove operational and closing cost expense barriers, which may otherwise impede efforts to downsize.

Q15. Section 2.2 on page 12: Can letters of support be included in the application? If so, do they count toward the 15-page limit?

A15. Letters of support may be included. Support letters do not count toward the 15-page limit. They may be attached as appendices.

Q16. Will prior awardees be eligible for HEAL 20 funds?

A16. Yes, prior awardees may submit applications in response to HEAL 20. The HEAL 20 proposal must be for a new project.

Q17. Must the alternative type of residential services fall directly under DOH's jurisdiction, or could they be other state funded programs under the Offices of Alcohol and Substance Abuse Services (OASAS), Mental Health (OMH), and Mental Retardation and Developmental Disabilities (OMRDD), etc.?

A17. The alternative type of residential services may come under the jurisdiction of the Department of Health as a multi-provider arrangement with another State office or agency as an option for providing services.

Q18. Would construction of either medical offices or an ambulatory care center be eligible for funding if it were adjacent to the proposed change of use facility as part of the project, increasing access to medical services?

A18. Yes. The project must show how it meets the objectives as defined in the RGA, Section 1.3 and Section 1.4(A) on pages 5 and 6.

Q19. Would partial or full satisfaction of an existing mortgage be considered as an allowable expense if the current mortgage had stipulations in it requiring satisfaction for any change of use or Skilled Nursing Facility (SNF) bed size decertification?

A19. Yes. Types of expenditures that may be included in an application are listed in the Request for Grant Applications (RGA), Section 1.8.

Q20. We have three licensed, long-term nursing homes in the state of NY. In addition, each has apartments for those low-income seniors who are still able to live independently. The care that we provide allows independents who (if needed) get hospital treatment and then return to a skilled portion of the campus to fully recover before going back to their apartments (none are assisted living facilities). We have cut down on bed numbers several years ago and do not intend to reduce that number further. However, the service we provide enables low-income seniors to live independently with all necessary services so that an elderly person is not admitted to their skilled facility until they are in need of such services. We do have an extensive IT plan for each facility that would help coordinate care – even for those living in apartments. Do these three facilities qualify for a grant under this RGA?

A20. Based on the information provided, this may be an eligible application if the proposal meets the goals and objectives of HEAL 20.

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Q21. In the grant RGA it states on page 6 "All applications will need to demonstrate that public need continues to be met after rightsizing and/or restructuring." and on page 16 "4) Demonstration that public need for long term care services are met in the planning area in which the applicant is located;". Which need methodology should applicants use to determine the need for nursing home beds within their county? Should applicants refer to the table Estimates of RHCf Bed Need by County for 2016 on the DOH web site?

A21. The application may include a reference to the State's determination of need for RHCf beds (Title 10, Section 709.3) and include an updated analysis of the need for RHCf beds as well as other data that they deem relevant. Such study must be supported by measurable, verifiable information (e.g., Census data, patient/resident discharge information (without identifiers), vital statistics, statistically valid surveys, etc.) Generalized statements and anecdotal information will not be scored favorably.

Q22. In cases where a response to the recent SOI for ALP beds has already been submitted for review, would the project be ineligible for requesting HEAL 20 funding for ALP development?

A22. If the HEAL 20 proposal meets the objectives of HEAL 20, the project may be eligible.

Q23. A provider has submitted a Solicitation of Interest (SOI) under the Assisted Living Program initiative. Is it permissible for that provider to request funding under HEAL 20 to build the ALP beds requested under the SOI when there will be no downsizing of nursing homes beds by the applicant? What if the provider will be downsizing nursing home beds?

A23. The provider may request funding under HEAL 20 for their SOI if the application meets the goals and objectives of HEAL 20. Any HEAL 20 funding awarded for ALP beds may be at risk if the applicant is not awarded ALP beds under the SOI. This applies whether or not the provider is downsizing the nursing home.

Q24. We are not a stand-alone facility. We are a traditional Enriched Housing Program operating within federally funded, low-income public housing buildings - one Projected Based Section 8 and one Public and Indian Housing (PIH) HUD Public Housing. Would we be eligible to apply for HEAL NY Phase 20 grant funds?

A24. Yes, if the proposal meets the goals and objectives of HEAL 20 as defined in the RGA, Section 1.3 and Section 1.4(A) on pages 5 and 6.

Q25. How are services paid for in each of the Assisted Living models: Assisted Living Program; Assisted Living Residence; Enhanced Assisted Living Residence; Special Needs Assisted Living Residence?

A25. This question is outside the parameter of this RGA.

Q26. I understand that in the Assisted Living Program it is private funds, supplemental security income, & Medicaid. Is the same true in each of the models?

A26. See answer A25.

Q27. Section 1.8 Eligible Costs includes "discharge of existing long term debt or mortgage associated with a facility being closed." For a facility that is downsizing SNF beds, but not closing, can long term debt also be extinguished or partially paid off with HEAL funds?

A27. Refer to answer A14.

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Q28. Eligible costs also include “Payment of debt.” What kinds of debt can HEAL funds be applied to? Eligible Costs – Can HEAL funds be used for infrastructure improvements related to creating alternative long term care options, such as sprinklers and boilers?

A28. The cost of infrastructure improvements to bring services on site may be an eligible project. The applicant must demonstrate that the initiative is of a capital nature and meets the objectives as stated in Sections 1.3 and 1.4(A) of the RGA. Also refer to answer A14.

Q29. Is the DOH receptive to reduction of SNF beds in one region (i.e., NYC) to create alternative Long Term Care (LTC) options in another region (i.e., Hudson Valley)?

A29. Yes. The application must clearly state how the project assists the community in organizing, financing and developing alternatives for care through coordination. It must address the goals of HEAL NY as described in Section 1.2 of the RGA, page 4.

Q30. Would the creation of LTHHCP or PACE be given equal value as an alternative long term care option as enriched housing?

A30. Yes, these types of proposals may be considered from eligible applicants if they meet the goals and objectives of HEAL 20.

Q31. If RHCF beds are decertified or converted to ALP/ALR/EALR/SNALR, can operational costs be paid with HEAL funds to help with the transition? Section 1.8 paragraph 3 that starts “costs necessary to support...” seems to indicate that they can.

A31. Transitional costs may be eligible provided the costs pertain to the decertification of RHCF beds and the construction and creation of new alternative care beds. HEAL 20 funding cannot be used for operational costs once the new facility is open. It should be noted that new or additional Assisted Living Program (ALP) beds will not be awarded as part of the HEAL 20 RGA.

Q32. Section 1.8 Eligible Costs includes “discharge of existing long term debt or mortgage associated with a facility being closed.” For a facility that is downsizing SNF beds, but not closing, can long term debt also be entirely paid off with HEAL funds? If not, what is permissible?

A32. See answer A14.

Q33. The HEAL 20 RGA does not mention Assisted Living Program (ALP) very often. When scoring the applications as to the “degree to which the project develops long term care alternatives,” will expansion of ALP capacity be scored lower than expansion of other alternatives?

A33. Access to new or additional Assisted Living Program (ALP) beds is not part of this initiative. ALP beds are available through the Solicitation of Interest (SOI) process. Please refer to the Department’s web site for more information.

Q34. I recently submitted a CON to establish a Long Term Home Health Program. I am the Administrator of a 120 bed SNF and would provide the continuum of care to the people in the community if this CON is approved. Would the establishment of a Long Term Home Health Program under the auspices of the SNF meet the criteria for funding under the HEAL NY Phase 20? Please review this question advise me if I should complete the application for this grant.

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A34. This may be an eligible project if it can demonstrate that it is a new initiative and meets the goals and objectives of HEAL 20, which is a capital projects initiative. Submission of the CON indicates that the applicant has proven their financial feasibility.

Q35. When asked to “provide resumes and references for each key staff member of the Project Team”, would it be appropriate to provide individual resumes and a list of references as a Team? Or, would you prefer we submit individual references as well?

A35. The application should include individual references.

Q36. Section 3.4 on page 16 of the RGA states that one of the scoring criteria is “The degree to which the project develops long term care alternatives such as housing coordinated with medical services or licensed residential programs.” For this criterion, will an increase in housing/residential program capacity be scored higher than an increase in long term care services such as adult day health care or long term home health care program? Or will all long term care alternatives (whether they be residential or non-residential) be given equal weight with regard to scoring?

A36. An application that proposes an increase in housing/residential program capacity would not necessarily be scored higher than one that proposes an increase in long term care services such as adult day health care or long term home health care program. However, non-residential options will only be considered when combined with a capital project designed to reduce the RHCF certified inpatient bed capacity and expand residential models.

Q37. I wanted to clarify the conversion of “vacant space”. Must the vacant space to be converted currently be existing acute care space or is other traditional space that can be renovated into alternative levels of long term care allowed?

A37. Any traditional space that can be renovated into alternative levels of long term care may be allowable.

Q38. In the RGA for HEAL 12 on page 11 it states:

"Expenditures eligible for funding under this RGA include, but are not limited to:

1. Acquisition, construction, reconstruction, equipment, **planning fees, legal fees, consulting fees** and information technology costs necessary to develop licensed residential programs, including Assisted Living Programs, Assisted Living Residences, Enriched Housing, affordable CCRCs or other housing configurations with coordinated medical services that support long term care populations living in the community." --- Planning fees, legal fees and consulting fees are not mentioned in the RGA for HEAL 20 (page 11, item 1). Are planning fees, legal fees and consulting fees eligible expenditures?

A38. Refer to the RGA, Section 1.6 (iii), page 8. Documentation must substantiate the need for payment of such fees.

Q39. We would like to know if the creation of a Hospice Residence in Suffolk County could be supported through HEAL 20. Can a hospice be the applicant for the grant?

A39. This may be an eligible application if the proposal meets the goals and objectives of HEAL 20. The application must be submitted by an eligible applicant.

Q40. Do eligible expenses include planning, legal and consulting fees? (Section 1.8, Eligible Costs, p. 10, states that “Expenditures eligible for funding under this RGA

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include, *but are not limited to:*” followed by a listing which does not include planning, legal and consulting fees.)

A40. Refer to answer A38.

Q41. We expect about 80% of our physical and occupational therapies patients to be senior age. Does the funding allow for this mixed use?

A41. Funding may be allowed for a mixed use application. The proposal must demonstrate how the goals and objectives of HEAL 20 will be met.

Q42. When will the details of the applications, such as projected reduction in nursing home beds, as well as the names of the applicant organizations, be made public? (“Notifications” were said to be included in Appendix G of the RGA, but the appendices in the RGA appeared to end at Appendix C.)

A42. Announcements of the details of the awards will be made by the end of the year. Applicant organizations that are not funded will not be listed. Appendix G, Notifications, is part of the Grant Award that includes the contact information of the applicant’s designated contact person.

Q43. We own an existing SNF that is not operating at capacity. Is it possible to use HEAL 20 funding to: Decertify unneeded beds to right size the original facility; Build new Greenhouse structures and move some SNF beds to a new location; and Create needed community based services in the vacant space in the original structure?

A43. Yes, these may be eligible proposals if they meet the goals and objectives of HEAL 20 and demonstrate efficiency and affordability.

Q44. The HEAL 20 RGA would seem to present a unique opportunity for the State to provide capital assistance to existing adult care facilities to help them make these capital improvements to transition to EALR and SNALR licensure, thereby: (1) significantly expanding EALR and SNALR capacity in the State; and (2) helping upgrade fire protection and life safety systems in existing adult care facilities across the State. Is an adult care facility eligible to obtain HEAL 20 funding to make capital improvements needed to comply with the Structural and Environmental Standards in section 1001.13 of the ALR regulations?

A44. An ALR ONLY application on file with the Department is NOT eligible for funds under this RGA.

An ALR ONLY application on file with the Department who proposes to add ALR Enhanced and/or ALR Special Needs services is eligible to apply for funds under this RGA.

An ALR applicant with an ALR Enhanced and/or Special Need application on file with the Department is eligible under this RGA.

A currently licensed ALR applicant who proposes to add Enhanced and/or Special Needs services is eligible to apply for funds under this RGA.

An unlicensed facility who proposes to add ALR Enhanced and/or ALR Special Needs services is eligible to apply for funds under this RGA.

NOTE: An ALR applicant who currently has an application on file with the Department and receives a HEAL 20 Award will be required to submit a new or amended application.

HEAL 20 funds can be used to supplement existing funding but CANNOT be used to supplant existing funding under this RGA.

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Q45. Is an adult care facility that has a pending application for EALR and/or SNALR certification eligible to obtain HEAL 20 funding to supplement existing funding to make capital improvements to help it move forward on a pending EALR and/or SNALR application?

A45. See answer A44.

Q46. Is an unlicensed senior housing building with an ACF or ALR application pending eligible to apply for a HEAL 20 grant for the purpose to become an ALR with Enhanced ALR and/or Special Needs ALR component(s)?

A46. Refer to answer A44.

Q47. Is it possible to apply directly for licensure as an Enhanced or Special Needs Assisted Living Residence, or is it necessary to be a licensed Assisted Living Residence first? Is it sufficient to have a pending application in place?

A47. Yes, See answer A44.

Q48. The RGA specifically mentions supporting ACFs in transitioning to EALR and SNALR. Could this include funding to install sprinklers or upgrade a sprinkler system to meet the architectural requirements outlined in regulation? The HEAL NY 12 Question and Answer document discouraged such a project for an independent living retirement residence. Conversions to EALR and SNALR will help prevent nursing home placement, however, meeting the objectives of the HEAL initiative. Such projects are extremely costly.

A48. One of the goals of HEAL 20 is to promote aging in place through the transition to Enhanced and/or Special Needs Assisted Living Residence(s). The addition of sprinklers may be an eligible cost if the applicant can demonstrate that the proposed capital improvements are needed to bring the facility into compliance with environmental standards to add Enhanced and and/or Special Needs ALR services on site.

Q49. If an application for an ALR, EALR and/or SNALR has already been submitted, can the entity still apply for funding under this initiative for a project such as converting an ACF to an EALR or SNALR? The HEAL NY 12 Question and Answer document suggests that if a CON has already been submitted, the project would be ineligible for funding. Already licensed facilities were compelled to apply for ALR, EALR and SNALR licensure, however, before a regulatory framework had even been developed per a letter issued by DOH on June 3, 2005. The majority of those applicants have yet to be issued a license. For those reasons, we think such projects should be eligible for funding.

A49. See answer A44.

Q50. Is an operational, unlicensed senior housing building with no ACF or ALR application pending eligible to apply for a HEAL 20 grant for the purpose to become an ALR with Enhanced ALR and/or Special Needs ALR component(s)?

A50. Yes, if the applicant is an eligible applicant as listed in Section 1.4(A) of the RGA and the proposal meets the objectives of HEAL 20.

Q51. Article 46 CCRCs are not specifically listed as “eligible applicants” for HEAL 20 grants. However, they are comprised of components (e.g. Enriched Housing Programs, Nursing Homes, etc.) that are included as eligible. May CCRCs and/or one or more of

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their components apply for the grants and if so, how should they represent who is the applicant in order to qualify as an eligible applicant?

A51. Yes, see answer A1. Continuing Care Retirement Communities are eligible applicants as listed in the RGA, Section 1.4(B), number 11.

Q52. We operate two traditional Enriched Housing Programs (EHPs) within two federally funded, low-income public housing buildings. One is project-based Section 8, and the other PIH HUD public housing. The owner of both buildings is a not for profit corporation Housing Authority, and we would like to partner with them in order to apply for these grants to make upgrades to the building so that we can provide aging in place services. The building upgrades we propose to make will have impact on, and benefit, tenants both within in the EHP and in the other apartments and common space in the building. Our question: Based on the RGA, we interpret the partnership between the EHP operator and the housing owner to be a “multi-provider” proposal, and in this case, both entities are potential “eligible applicants”. Is this accurate, and if so, can either apply as the lead applicant?

A52. Yes, either of the two eligible applicants may apply as the lead applicant.

Q53. We are an existing ACF that would like to build a separate building on the property to use for adult social day care. Would the construction of the new building be an eligible activity for a HEAL 20 grant?

A53. The construction of a separate building on the property to use for adult social day care may be an eligible proposal if it meets the goals and objectives of the RGA.

Q54. Must contractors bid based on Union Scale?

A54. Yes, see RGA, Section 1.8.1 on page 11.

Q55. Regarding Enhanced or Special Needs Assisted Living Residences, does the definition of *special needs* include those with serious, chronic, mental health diagnoses (other than dementia), such as schizophrenia, bipolar disorders, Obsessive Compulsive Disorders (OCD), etc?

A55. The definition of Special Needs must be defined by the applicant. In addition, ALRs that advertise or market themselves as serving individuals with special needs, including but not limited to dementia or cognitive impairments, must demonstrate how their population will be served.

Q56. Can a State University of New York (SUNY) facility receive funding or be a partner in a multi-partner coalition receiving funding?

A56. Yes, if the lead applicant is an eligible applicant and the application meets the goals and objectives of HEAL 20.

Q57. Are applicants required to produce proof that all phases of the project are funded, or is partial implementation permitted in case of partial funding?

A57. The HEAL funded phase of the project must be a stand alone component if it is part of a larger project.

Q58. Are telemedicine-related expenses considered IT expenses for the purposes of this grant?

A58. Yes telemedicine-related expenses are considered Information Technology costs. Refer to Section 1.4(A), Eligible Activities.

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Q59. This round of HEAL grants seems to indicate support of “supportive housing” or housing with services models. At the same time, the line between senior housing and licensed adult care facility and assisted living models is not entirely clear. What sort of guidance can you give an applicant who is contemplating this sort of model, to be clear that the model remains independent housing as opposed to requiring licensure as an ACF or assisted living facility?

A59. Independent Housing is not licensed by the NYS Department of Health. For information regarding the licensure, refer to the Department web site for regulations regarding licensed Adult Care Facilities and Assisted Living Residences, which are found in the NYCRR) Title 18 and Title 10.

Q60. The grant funding for these programs must be expended during a limited time frame, and yet some projects involve potentially lengthy processes-such as CON review-that make it difficult to meet that short window of time. What will DOH do to ensure those projects move through the system in a timely manner?

A60. HEAL funded Certificate of Need applications are given priority in processing.

Q61. The HEAL NY 12 RGA specifically mentioned RHCF beds being converted to assisted living program (ALP) beds as a project type that would qualify for funding. There is no such mention in this RGA. Would projects proposing these actions still have the potential to be funded in this round of HEAL grants?

A61. See answer A33.

Q62. Nursing homes are facing a mandate to have full sprinkler systems installed by 2013. Can HEAL NY 20 be used to obtain grant support for the costs associated with these systems, either as a standalone project or as part of a broader project involving remodeling/reconfiguration/right-sizing of a facility?

A62. Yes, HEAL 20 funds may be used for federally mandated requirements (Centers for Medicare and Medicaid Services (CMS, August 2008)). The renovation to add sprinklers or other life safety features must be part of a larger project that meets the goals and objectives of HEAL 20.

Q63. If a nursing home is proposing to convert beds to a different service category (e.g., ALP, LTHHCP, Adult Day Health Care (ADHC), etc.) for which no new slots are currently being approved due to moratoria or lack of identified unmet public need, can the applicant assume for purposes of HEAL NY 20 that such slots can be accessed through the nursing home rightsizing demonstration program?

A63. As stated in the HEAL 20 RGA, all applications will need to demonstrate that public need continues to be met after rightsizing and/or restructuring. All HEAL 20 applicants have to demonstrate that there is a need for the other programs' beds/slots for which they are seeking approval.

Q64. Continuing Care Retirement Communities (CCRCs) are not listed as an eligible applicant type in HEAL NY 20. However, they are comprised of one or more components that are considered eligible applicant types (e.g., nursing home, assisted living, ACF, home care). As such, can a component of a CCRC apply for HEAL NY 20 funding and be considered an eligible applicant?

A64. See answer A1.

Q65. With regards to whether an existing application (here for construction of a nursing home in an area where beds are needed, adjacent to a developing Assisted living

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facility, to create a “Continuum of Care” project) can be eligible for a HEAL grant under the following circumstances: At the time the project was approved, it was believed that HUD would finance the project at 85% of project costs (the amount agreed to by DOH); however HUD has now said that they will not give more than 80% of project costs, resulting in an equity gap for the project. The current application involves the closing of an obsolete RHCF in the town where the new building is to be constructed. Can the acquisition and closing costs related to this obsolete facility be eligible for a HEAL grant, including any gap in HUD funding?

A65. Yes, acquisition and closing costs of an obsolete facility may be eligible for a HEAL Phase 20 grant.

Q66. If an applicant has received a previous HEAL grant through the competitive application process, are they still eligible for HEAL 20 funds?

A66. Refer to answer A16.

Q67. If an applicant has received a previous HEAL grant through discretionary pool funds, are they still eligible for HEAL 20 funds?

A67. Refer to answer A16.

Q68. My facility previously applied for a HEAL 12 grant and was not selected. However, it subsequently received a discretionary award for the project. Can HEAL 20 grant funds be awarded for the same project to supplement the discretionary funding?

A68. HEAL 20 funds may be eligible to supplement other grant funding.

Q69. Would having received a previous HEAL award reduce the likelihood of an opportunity to receive a grant in this current round?

A69. No, all applications are reviewed and evaluated separately.

Q70. Are planning, legal and consulting fees eligible expenses under HEAL 20?

A70. Refer to answer A38.

Q71. Will Medicaid reimburse the full cost capitalized for the project related to HEAL 20 in its reimbursement rate?

A71. HEAL 20 grants are not subject to reimbursement through the Medicaid rate.

Q72. Is DOH looking favorably upon applications that propose the development of Adult Day Health Care programs with a bed decertification component in HEAL 20?

A72. Non-residential options will only be considered when combined with a capital project designed to reduce the RHCF certified inpatient bed capacity and expand residential models.

Q73. With respect to HEAL timeframes, do just the HEAL-related costs have to be incurred, or does the entire project have to be completed (e.g. an ACF construction project)?

A73. The entire project, or at a minimum, an entire phase of a project, must be completed in the two-year time frame.

Q74. Is DOH still looking favorably on CCRCs as an alternative to institutional care as it is not specifically mentioned in the HEAL 20 RGA?

A74. See answer A1.

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Q75. Is priority being given to projects that include adult care facilities looking to transition to Enhanced or Special Needs Assisted Living Residence?

A75. No priority is given to transitioning to Enhanced or Special Needs Assisted Living Residence. An application responding to any of the objectives of HEAL 20 will be given consideration.

Q76. Is there a regional allocation of HEAL 20 funds?

A76. No.

Q77. How would a project that does not reduce specifically RHCf beds, but does create housing with supportive services such as ALP be viewed?

A77. A project that proposes housing with supportive services is an objective of HEAL Phase 20, but Assisted Living Program (ALP) beds are not available as part of this initiative.

Q78. If a CON has been submitted for the same project as is proposed in the HEAL 20 RGA, would this request still be considered for approval?

A78. No, an application submitted by an applicant with a pending CON must be for a new project to be eligible for HEAL 20 funding.

Q79. Is equity towards a construction project an eligible expense under HEAL 20?

A79. Yes. HEAL 20 funds are considered to be equity towards a construction project. Applicants should make sure the project fits the overall goals of HEAL 20.

Q80. What type of site control is required for this application?

A80. Deeds, leases, purchase agreements, mortgages, long-term rental agreements are examples of proof of site control. An Enriched Housing Program may submit a signed agreement pursuant to 18 NYCRR § 485.6 (d)(13) as well.

Q81. What is the allocation breakdown between bonded and state appropriation funding?

A81. The allocation information is not available.

Q82. Please distinguish the following categories of total project cost: discharge of debt; payment of debt; and debt restructuring. Are these items eligible for funding from bond proceeds?

A82. Those components of a Project that constitute a "capital work or purpose," as defined in the RGA, Section 1.6, will be eligible to be financed with the proceeds of HEAL Bonds. As a general rule, expenditures that are eligible to be capitalized for accounting or tax purposes will be eligible to be reimbursed from the proceeds of HEAL Bonds. On the other hand, amounts incurred for operational purposes, such as ordinary or recurring operating expenses or personal services, cannot be paid from bond proceeds. Thus, the proceeds of HEAL Bonds will not be available to directly assist grantees in paying the operational costs likely to be incurred in connection with the downsizing or closure of an institution. Nor will such Bond proceeds be directly available for the purpose of helping grantees manage their long and short term capital debt obligations.

Q83. If a large-scale project is submitted with a bed decertification component, but substantial pre-development activities are required, such that the beds could not be

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taken off-line within the 24 month HEAL period, would this request be ineligible for consideration for HEAL funding?

A83. Yes.

Q84. If a not for profit is awarded a HEAL 20 grant and the organization changes its status to for-profit during the period of the grant, could that jeopardize the award in any way?

A84. Yes. The Grant Disbursement Agreement (GDA) must be executed with the HEAL 20 applicant of record. Any subsequent legal changes may jeopardize the status of the award.

Q85. If a project does not include financing, is the balance sheet and statement of operations for three years still required?

A85. Yes, financial statements must be included for the project as directed in the RGA.

Q86. Would a corporation whose purpose is a managed long term care program be eligible to apply for the Alternative Long Term Care Initiative?

A86. Please refer to the Eligible Applicant list in Section 1.4(B) in the RGA.

Q87. Would the following scenario qualify for the HEAL NY grant: Selling a 125 SNF in Buffalo and putting those 125 beds into an Adult Home in Brooklyn as ALP beds?

A87. Yes, if the sale of the SNF includes closure of the facility. The SNF beds must be decertified. Also refer to answer A29.

Q88. When using the low income housing tax credit program, all not for-profit housing entities have to create a sole purpose for-profit entity pursuant to the IRS Code. Would DOH consider ownership that complies with the tax credit rules and has a structure that includes a 1% general partner that would be a for-profit but would include a not-for-profit sponsor that owns 50% of the managing member? This type of bifurcated ownership qualifies owners, in New York City, for 420c real estate 30-year tax exemption and has been interpreted by (NYC Housing Preservation and Development (HPD) as complying with the "not-for-profit" requirement. 99.9 percent of the project would be owned by the limited, for-profit investors.

A88. This type of ownership suffices for the owner, but not the operator. If the owner would also be an operator of an Adult Home (AH), Enriched Housing Program (EHP), Assisted Living Residence (ALR), or Residential Health Care Facility (RHCF), this corporate structure is not permissible under Social Services Law § 461-b (1) (a) or Public Health Law § 2801-a (4) (d). If the owner, however, would be only a landlord entity entering into a lease with an operator of a DOH-licensed facility as its tenant, this corporate structure may be permissible.

Q89. Is there any cap on acquisition cost of a site?

A89. There is no cap on acquisition cost of a site. However, there is a cap of \$35 million per project.

Q90. If a facility is currently owned by a number of partners, would the cost of purchasing the interests in the real estate as well as operations, by one of the partners to result in 100 percent ownership in order to propose a downsizing or level change of about half of the total beds be acceptable as an acquisition cost?

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A90. An application for grant funding so that one partner may buy out the ownership interest of other partners in order to downsize the facility may be submitted. This funding request will be reviewed in light of the goals of HEAL 20 to determine if this is an efficient use of funding.

Q91. One of the eligible applicants for HEAL 20 funding (page 7, list item number 9) is a "Not for profit senior housing corporation." Is there a specific definition for this type of corporation, e.g., any state or other law that defines it? If so, what is that definition? If there is no formal definition, can you please define the term?

A91. There is no specific legal definition for "Not for profit senior housing corporation." A not for profit corporation formed under the Not-For-Profit Corporation Law for the purpose of providing housing for seniors would be an eligible applicant for HEAL 20 funding.

Q92. Can HEAL 20 money be used to acquire land for projects that fall under the guidelines of the grant?

A92. Yes. HEAL 20 money can be used for land acquisition. However, an environmental impact study is often required when acquiring a new site and this is often a lengthy process.

Q93. Can HEAL 20 money be used for the development of an adult day care? Renovate a nursing home building for low-income housing? Relocate a medical practice so it can serve low-income housing?

A93. These projects may be eligible. Refer to the eligible applicant list in the RGA, page 7. The application must explain how the project meets the objectives of HEAL Phase 20.

Q94. Can HEAL 20 money be applied toward the owner equity requirement for new CONs? Preexisting CONs?

A94. Yes. While Adult Care Facility CONs do not have an owner equity requirement, HEAL 20 funding is considered to be equity, not financing. For nursing homes and other entities that do have equity requirements, some of the HEAL funding may be used as owner equity, as long as the objectives of HEAL 20 are met.

Q95. HUD (U.S. Department of Housing and Urban Development) holds the mortgage to our nursing home. Any project we undertake, including downsizing or conversion of nursing home beds, would ultimately require HUD approval. Does HEAL 20 require this approval in writing to be included with the grant application, or to be in place at the time of the application?

A95. A letter of intent from HUD should be in the application package.

Q96. Where appropriate, will Federal/State operational dollars for publicly supported individuals follow the capital development grants?

A96. Yes. It is the responsibility of the applicant to ensure that they meet all appropriate requirements for licensure in addition to meeting all criteria for obtaining government operational funds.

Q97. What is the level of collaboration/correlation between nursing bed closure and the development of a new program?

A97. While there is no direct collaboration necessary, the project must clearly describe the benefit to the community or region it serves.

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Q98. With regard to the two year requirement for spending HEAL funds; can it be used for site acquisition? For pre-development costs such as architectural, financing, and other soft costs?

A98. Yes.

Q99. In regards to the taxability of the HEAL grant, what method will you use to identify the dollars? If by 1099, what type of 1099, which box of the 1099 and what identifiable letter code will be used?

A99. According to the Office of the State Comptroller, the type of business determines whether or not a 1099 is issued. For-profit entities such as individuals, sole proprietorships, partnerships and limited liability companies (LLCs) are subject to federal reporting.

Q100. What will be the involvement of DASNY in the architectural review and construction administration phases of a HEAL 20 project?

A100. DASNY will not be involved in the architectural review and construction administration phases.

Q101. Can the resizing and restructuring of a long-term care facility be the promotion of alternate care, based on community needs, but NOT be a reduction of beds?

A101. An application that proposes the restructuring of a long-term care facility but does not result in the reduction of beds must document how it meets the objectives of HEAL Phase 20.

Q102. RGA instructions indicate an applicant should not include any financial information within the Technical Application, or risk disqualification.

Is it permissible to:

- 1) Discuss methodology used to create estimates;
- 2) identify sources; and/or
- 3) project amounts of savings; to the health care system?

A102. Yes. In the technical portion of the application, the applicant may discuss methodologies and sources used to determine cost savings. However, any information deemed to be financial, such as project costs and projected amounts of savings will be redacted prior to technical review.

Q103. Are attachments allowed beyond those noted in the RGA, such as attachments from supporters of the application that provide concrete evidence of need for the project?

A103. Yes, but letters of support and similar documents would not be deemed sufficient to demonstrate community need for the project. Community need should be demonstrated through quantified, verifiable information, such as Census data, SPARCS data, Prevention Quality Indicators (PQIs), vital statistics, data tabulated from the applicant's records (without patient/resident identifiers), or data gathered from statistically valid surveys.

Q104. Section 1.5 states "In rare instances, one year, no cost extensions may be available only on pre-approval." What is meant by "no cost"?

A104. "No-cost extension" refers to a time extension only, granted to allow the awardee to complete approved project activities, without any increase in the amount of the original HEAL award.

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Q105. Section 1.8 - of the \$150 million, how much is State appropriations and how much is from DASNY bond proceeds? Are there specific allocations of the \$150 million by region?

A105. \$150 million is the total amount available in total; there is no specific allocation by region.

Q106. If the Berger Commission recommendations for long term care (LTC) bed reductions have been or are being satisfied by separate CON actions and no new comprehensive community based services are being developed, can a HEAL 20 applicant competitively propose an alternative community based model that will demonstrate utilization changes in acute and LTC placement that in the future can lead to a community's lessened dependence on RHCF beds for the community's LTC services?

A106. Yes, the application must document how the project meets the objectives stated in Section 1.3 of the RGA.

Q107. If an application includes a request for working capital, can the working capital request include occupancy costs in the form of lease expenses, utilities, and insurance?

A107. Working capital may be considered a capital expense and may be used for lease payments, utilities and insurance provided the costs pertain to the decertification of RHCF beds and the construction and creation of new alternative care beds. HEAL 20 funding cannot be used for operational costs once the new facility is open.

Q108. Frequent mention is also made to "community", such as basing the allocation and distribution of funds on the availability of programs in the "community" (page 5, Section 1.3, paragraph (b)). For purposes of our application please define community? For example would it include only our town or an area encompassed by a 15 mile radius of the village center?

A108. The applicant must determine what the service area is and justify how their project will benefit that service area.

Q109. The RGA states that the applicant may enter into collaborative agreements with community based providers of medical services, local governments and other licensed programs. It also calls for the names of "co-applicant(s)". Given our status as a developing new business it is unlikely that legally binding commitments will be in hand prior to the filing deadline. What evidence can we provide that will satisfy the filing requirements relative to our intent to establish collaborative arrangements?

A109. At a minimum, letters of intent or memorandums of understanding between the parties should be provided.

Q110. Negotiations with a property owner are ongoing, but not finalized. Under these circumstances identifying a specific location may disadvantage us in the land acquisition negotiations. Furthermore we may not be able to state with absolute certainty the exact location of the facility. Will we be able to provide a general location description rather than a specific address? Can we defer completion of Attachment 6, Short Environmental Assessment Form or can we submit the form with the understanding that ownership of the property has not been obtained?

A110. A SEQR review should be completed and, in order to complete it, the exact facility location is needed.

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Q111. In as much as we do not yet have a final project design, detailed construction cost estimates or construction contracts in place; can we base our project budget projections on per square foot cost estimates for similar projects constructed in the area during the past few years?

A111. Yes, prevailing cost per square foot would be a reasonable basis for making estimates. You should also ensure that the estimates take into account the need to pay prevailing wages for HEAL-supported activities, which are deemed public work and are governed by the prevailing wage requirements of the New York State Labor Law (see RGA, page 11).

Q112. Is there a requirement as to the level of funding to be provided by the owner? Can the owner's share of funding include all other sources of funds such as other government grants, commercial loans, etc?

A112. There is no requirement as to the level of other sources of funding to be provided by the owner (no matching requirement). If the applicant has other sources of funding, they may be government grants and traditional financing.

Q113. Will the HEAL NY disbursements be in the form of loans and grants or just grants?

A113. HEAL disbursements will be in the form of payments for incurred costs. No advances or loans will be made.

Q114. In the scoring and/or ranking of specific components of the HEAL 20 submission, will an existing non-for-profit nursing facility that has an endowment fund be scored less and/or ranked lower for grant disbursements?

A114. A not-for-profit nursing facility that has an endowment fund will not be scored lower than any other type of eligible applicant. If the endowment funds are available for use as matching funds toward the project, this will be favorable for the applicant's scoring. If the endowment funds are restricted as to use, this will not affect the applicant's score negatively, and in fact may be viewed favorably as one financial scoring component is "viability of the project over the longer term".

Q115. Is one of the outcomes that the State Health Department is looking for as part of the HEAL 20 submission is the creation of long term care continuums of care on one campus?

A115. Long term care continuums of care are eligible projects for HEAL Phase 20.

Q116. Will the State Health Department consider a joint venture between a nursing facility and a recognized senior housing provider in NYC?

A116. Yes, this joint venture would be acceptable.

Q117. We are a skilled nursing facility and have transformed roughly half of our nursing units to the household model. We have done so by demolishing select resident rooms and using that space to build a country kitchen, dining room, bathing suite, laundry etc. Since we rely on the income from all of our licensed beds to meet our mortgage payments we have been forced to add onto our building a comparable number of resident bedrooms in order to maintain our licensed capacity. We would like to complete our household renovations with the same design but would be willing to decertify the affected beds rather than build new. This would enable us to make the complete transformation at a fraction of the original cost. Will the Department consider a voluntary

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decertification of approximately 25 beds in exchange for a lump sum grant that we would use to reduce our long term debt?

A117. HEAL could be used to complete the household renovations assuming they are an eligible applicant pursuant to Section 1.4(B) of the RGA. The applications are competitively scored.

Q118. How does the intake process work, in regards to: Who is responsible for redirecting current nursing home patients to these new facilities, and what is the expected timeline for those redirections (meaning: how often can a facility expect to get new tenants, and who do they contact to make sure they remain at capacity)?

A118. The facility is responsible for obtaining residents.

Q119. In regards to the facilities, will residents all be expected to have their own room? If not, is there a benefit to a facility having studio, 1 bedroom, or 2 bedroom apartments? Is there a detriment to having 2+ bedroom apartments?

A119. In an Adult Care Facility a maximum of two residents may occupy a bedroom which meets the square foot area requirement for double occupancy. The resident cannot be compelled to share a room and must agree to share a bedroom. Dwelling Units are required for an Enriched Housing Program based Adult Care Facility. A dwelling unit must meet the requirements of the applicable building code. A dwelling unit may consist of a studio apartment, one bedroom, or a two bedroom apartment. Apartments with more than two bedrooms are not prohibited by DOH regulations but are not typical. DOH regulations restrict the number of occupants of an enriched housing program where residents share all spaces other than bedrooms to seven residents. Also, some municipalities may have zoning ordinances which restrict the number of unrelated persons who can share an apartment. There is no benefit to proposing a facility with certain size apartments and no detriment to proposing 2+ bedroom apartments.

Q120. In those areas of the State where there is not current nursing home bed overcapacity – but there is still a need for alternative long term care options – may an applicant remain eligible without demonstrating actual bed reductions in RHCF capacity?

A120. Yes. Even in a region where there is not RHCF overcapacity, there may still be a need for alternative care options. The application should demonstrate that there is a community need for such options.

Q121. If an applicant is not automatically disqualified for failing to demonstrate actual bed reductions in RHCF capacity, how much weight – or points – will be lost for failing to make such a demonstration?

A121. The technical allocation breakdown will not be made public.

Q122. Regarding the definition of "capital expenses," would the ramp-up fees for program be considered capital expenses and an eligible cost for this grant? An example may be training fees for administrators and clinicians to provide PACE services.

A122. Yes, start-up fees for program staff may be considered capital expenses provided the costs pertain to the decertification of RHCF beds and the construction and creation of new alternative care beds. HEAL 20 funding cannot be used for operational costs such as administrative salaries once the new facility is open.

Q123. Will the "banking" of nursing home beds be rated the same or differently as beds being permanently decertified under the review criteria?

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A123. Permanently decertified beds are one of the goals of HEAL NY Phase 20.

Q124. Our organization operates an existing Adult Day Health Care Program (ADHCP). Can HEAL NY Phase 20 funds be used to cover capital and operating costs to expand the Adult Day Health Care Program to a second site, without the organization reducing any of its existing Nursing Facility beds?

A124. The applicant must demonstrate how it meets the overall objectives of HEAL 20.

Q125. Does the requirement for prevailing wages apply (Section 1.8.1 and Attachment 16, 6) only to the residential care alternatives developed or would it apply to other portions of a project as well (e.g. independent housing, a community center, a medical clinic, etc.)?

A125. Any work performed under a contract awarded under this RGA shall be deemed "public work" pursuant to PHL § 2818 (1), regardless of whether the work performed on portions of a project other than the residential care alternatives are developed.

Q126. The RGA specifies the development of community alternatives to RHCFC beds (e.g., Sections 1.1, 1.3, 1.4(A), 3.4) – would the ability of a project to also provide alternative settings for long term care populations that might otherwise be served in Intermediate Care Facility (ICF) or ICF/DD (Developmental Disabilities) facilities be seen favorably as well, and receive the same consideration under section 3.4?

A126. These services can receive the same consideration as long as the project meets the objectives of HEAL Phase 20.

Q127. Are there additional guidelines as to the level of specificity preferred for the Project Budget (Attachment 11, Financial Application Format, Section A)?

A127. As stated in the RGA, budget justifications should be specific enough to clearly demonstrate what the applicant means by each request and how the request supports the total project.

Q128. What does "project start" refer to (i.e. receipt of HEAL funds, start of construction, opening of the facility, etc.)? (Attachment 11, Financial Application Format, Section D).

A128. The project start date is the date the project begins, but it cannot be prior to the start date of the contract.

Q129. If the creative alternative being proposed would require an otherwise permissible waiver of existing regulatory requirements, will the application be negatively impacted in the review process under section 3.4?

A129. A submitted application which would require a waiver of existing regulatory regulation to operate may negatively impact the application if DOH determines that it would not support the requested waiver or if the waiver being sought would prevent completion of the project within the allotted time period. The application should clearly identify from what regulatory requirements a waiver is being sought, clearly identify the sections from which relief is being sought and indicate that the process of obtaining a waiver will not negatively impact completion of the project within the allotted time period.

Q130. Regarding partnerships - Would a partnership with a town to build their own senior housing units on our proposed site be something you would to see? We could

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provide outpatient service, including Day Care, which would keep the senior housing residents independent and out of the nursing homes.

A130. This may be an eligible project. One of the objectives of HEAL Phase 20 is multi-provider collaboration, including local government and community based providers.

Q131. What are the scoring criteria?

A131. 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.

Q132. Do you need to be a non profit organization to apply? Can you be a for profit organization to apply?

A132. Both non-profit and for-profit organizations may apply.

Q133. Is it mandatory that long-term care beds are decertified or is the greater goal of this grant to provide alternatives to long-term care, such as providing long-term care in a residential setting?

A133. Long-term care beds do not have to be decertified as part of a HEAL Phase 20 project.

Q134. If two nursing facility entities are consolidating, which facility should be the lead applicant –the one that is closing and giving up beds or the one which will remain after the closure?

A134. The Nursing Home which will remain after the closure should be the lead applicant.

Q135. Is a public housing authority that is a division or department of local/municipal government, rather than a quasi-public corporation, an Eligible Applicant under the RGA (Page 7, Paragraph 4, #8).

A135. Provided that a public housing authority can show that it is, in fact, a division or department of a local/municipal government, it would be an eligible applicant.

Q136. Please describe the architectural diagrams and the level of detail that are required to be submitted.

A136. Although the RGA does not specifically require an architectural submission, it does require the Applicant to adequately describe their proposal. If submitted, the level of detail of architectural drawings would have to be determined by the applicant as to what is necessary to describe their proposal. If submitted, architectural drawings should be prepared by a design professional and care should be taken that what is shown is not in conflict with existing applicable codes, rules and regulations; or if not in compliance, the application must contain a proposal to bring the facility into compliance; any submitted drawings that demonstrate noncompliance without a plan of correction, may negatively impact the application.

Q137. Please clarify that HEAL funds are available for renovation and modernization of remaining beds in nursing facilities in association with downsizing. Please note in this scenario, senior housing is also being developed in the community and/or on another part of the campus, but not in the downsized building.

A137. Yes, refer to Sections 1.6 – 1.8 in the RGA.

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Q138. Does HEAL 20 apply to AIDS RHCF beds?

A138. Yes.

Q139. Can HEAL 20 be used for building AIDS housing?

A139. Yes.

Q140. When must a required CON be submitted in relation to the grant; can it be submitted after?

A140. Yes. The CON must be submitted when the applicant receives their award letter.

Q141. Please define Working Capital.

A141. In accounting terms, "working capital" is the excess of current assets over current liabilities. The existence of an adequate amount of working capital to meet anticipated expenses is an indicator of the viability of the operation.

Q142. Can Certified Home Health Agencies apply for funding for telemedicine projects that will allow patients to receive health care from their homes as opposed to institutional settings?

A142. The applicant must state how it meets the objectives of HEAL Phase 20.

Q143. May an applicant receive more than one HEAL 20 grant?

A143. Yes if the applicant submits separate and distinct applications. However, as this is a highly competitive grant opportunity, the applicant will be submitting competing applications.

Q144. Will charitable not-for profit applicants receive any scoring advantage over for-profit applicants?

A144. No, the various types of applicants are all considered equal.

Q145. May an outside attorney or consultant be the contact person?

A145. Yes, but award letters will be directed to the applicant.

Q146. Will an application be deemed to show a reduction in RHCF capacity if the application shows that the need for RHCF services in the geographic area is increasing faster than RHCF capacity is?

A146. No, does not meet requirements as describe in Section 1.4(A) of the RGA.

Q147. How recent must a loss of RHCF capacity have been in order to be relevant to this application?

A147. Within one year.

Q148. Can the operator of an adult home apply to establish a new entity to operate a new program at a new site?

A148. Yes if the applicant meets the requirements as describe in Section 1.4(B) of the RGA.

Q149. Section 1.7 (Page 9): Will all costs be funded if all costs are deemed appropriate? What does the application mean when it refers to the "scope of the work presented"? What criteria will affect the scoring of this factor?

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A149. Yes, all costs may be funded if deemed appropriate. "Scope of work presented" refers to the requirement of the applicant to be clear and concise about the work being proposed; application reviewers will not make assumptions during the review process. Scoring criteria is not going to be released.

Q150. Does the HEAL grant require, or merely suggest, a downsizing of nursing home beds for each project? Would grant applications be considered if they demonstrate that project would result in preventing/avoiding nursing home care for a population aging in place or that the project would result in a community being less reliant on nursing home care?

A150. The HEAL grant does not require downsizing of nursing home beds for each project. Grant applications will be considered if they demonstrate that the project would result in preventing/avoiding nursing home care for a population aging in place or that the project would result in a community being less reliant on nursing home care.

Q151. Can the HEAL money be used for the construction of medical facility, such as a PACE clinic, a CHHA, or an Article 28 Clinic, if such clinic is located on the site of independent senior housing?

A151. Yes if the application is consistent with Sections 1.4(A) and 1.4(B) of the RGA.

Q152. Must the long term care medical services be available on-site of a housing project or can a grantee demonstrate collaboration/arrangement with a service provider in the community? For example, can an independent housing senior project partner with a certified health agency willing to provide services to seniors living in such project, and thereby the services follow the seniors.

A152. It is dependent on the project. See Sections 1.4(A) and 1.4(B) of the RGA.

Q153. Will nursing home capital expenditures funded from the proceeds of an approved HEAL 20 Grant, by a for-profit nursing home, qualify for the return on and return of equity components of Medicaid capital reimbursement?

A153. No.