

**Capital Restructuring Financing Program
Request for Applications #1410100351
Questions and Answers**

Q #	Question	Answer
1	Can a participant in a PPS submit more than one project?	Yes. An eligible provider organization applying under Process A may submit more than one capital project and must submit their application(s) through their PPS Lead. Each application from a single organization must contain separate and complete Technical and Financial proposals for each proposed project. The PPS Lead must submit the Technical and Financial proposals for all of the capital projects proposed by their PPS participants and rank each of the capital projects in order of priority using Attachment I of the RFA.
2	Is it allowable for a single provider agency to submit 2 different capital projects through a single DSRIP PPS?	Yes. Each capital project must be submitted as a separate application.
3	I am looking for clarification as to whether a provider in many PPSs is eligible to apply for the capital refinancing funds or whether we are to work with each of our PPS partners to incorporate our needs into their requests? On page 5, section C it leads me to believe we cannot apply.	An eligible provider organization participating in DSRIP (whether with one or multiple PPSs) must apply for CRFP grant funds by submitting their application through a PPS Lead (Process A). An eligible provider organization cannot apply through Process B if it is participating in DSRIP. See Eligibility Review Criteria on page 15, Section V.B.5.b.
4	Question regarding Process B application process – at the conference Friday, I thought it was clearly stated that any organization that is a partner in a DSRIP Performing Provider System can only apply for capital through the lead PPS partner (through CRFP Process A) and could not do any separate application for capital on its own through Process B even if the organization has a project that is not one of the PPS proposed projects, but still supports the overall goals of DSRIP. Below in this newsletter, it states that Process B is for applications submitted by non-lead entities. Does this mean that my hospital that is in a PPS (but is not a lead entity) could submit for project 1 through the PPS for a PPS-related project and also submit for a totally separate project 2 through Process B which is unrelated to the PPS projects?	No. Participants in DSRIP may only apply through their PPS lead under Process A. See Eligibility Review Criteria on page 15, Section V.B.5.b.

Q #	Question	Answer
5	<p>May a PPS group a series of capital projects together as they relate to one or more of its 10 DSRIP projects (or 11, in the case of public entities)? For example, if a PPS has 25 related capital projects from 25 different partners in its PPS, may it group all of those projects together and prepare a single DSRIP application that seeks capital funding to support one of its 10 DSRIP projects? Or, in that example, must the PPS submit 25 separate applications, one each from each of the 25 different partners?</p>	<p>If the PPS lead believes the projects are sufficiently interdependent that failure to fund all would significantly impair the success of the proposal, they should all be collectively submitted as a single project. A single lead applicant (either the PPS Lead or an eligible provider organization that is a member of the PPS) may be identified as the owner/applicant for the project and will be responsible for fiduciary and project management control. The lead applicant should have the ability to receive and distribute the CRFP funds. This entity will enter into a Master Grant Contract with DOH and may elect to enter into sub-contractual agreements with other partners in the PPS under that grant. The CRFP grant funds are to be distributed to the entities that will be the owner of the asset being acquired, constructed, improved, etc.</p>
6	<p>a. Are any proprietary health care providers going to be eligible to receive these funds for acceptable projects individually?</p> <p>b. If a PPS wants to joint venture with a proprietary provider, example a skilled nursing facility to construct and develop a program what type of ownership and or lease or partnership relationship would be considered for approval?</p> <p>c. If a proprietary provider wants to construct a building for a PPS to occupy with an acceptable program, could the PPS request the funds to lease the new building in a tenant and landlord relationship, as well as sharing in the provision of services to be offered?</p>	<p>a. Proprietary healthcare entities within the eligible categories detailed in the RFA are eligible applicants and may be eligible for a grant depending on project scoring.</p> <p>b. Various relationships could be considered provided that funds are being sought by an Eligible Applicant for Eligible Capital Costs for a project of which it will be the owner and minimum eligibility criteria are met. See Eligibility Review Criteria on page 15, Section V.B.5.b.</p> <p>c. No. Lease payments are not eligible to be paid with CRFP funds.</p>

Q #	Question	Answer
7	<p>a. If a provider was included in a DSRIP/PPS, in a letter of intent, but has not been engaged or identified as provider in a PPS's project can they apply for Capital Funding through the Process B Application?</p> <p>b. Can a not-for-profit provider included in a DSRIP/PPS apply for Capital Funding through Process A for a project that was not chosen from the project toolkit by the PPS Lead, but is in line with transformation and the triple aim?</p> <p>c. Can for-profits apply for CRFP funding through Process A with their PPS for a non-related but transformational project?</p> <p>d. Can a for-profit not included in the local PPS apply for Capital Funding through Section B if it is in line with the goals of DSRIP? If yes, will their appropriations be limited in some fashion like they are for for-profits in the DSRIP project plans?</p>	<p>a. Yes. An entity that is not participating in a submitted DSRIP PPS application may apply for CRFP funding under Process B.</p> <p>b. Yes. The capital project must be submitted through the PPS lead, which must rank each capital project.</p> <p>c. Yes. The capital project must be submitted through the PPS lead, which must rank each capital project.</p> <p>d. Yes. Non-DSRIP participants apply under Process B. Awards under Process B for non-DSRIP for-profit participants are not limited.</p>
8	<p>My agency is working with two PPS leads on DSRIP projects. To date, we have submitted some high level information related to our capital needs.</p> <p>a. If we would like these capital projects to be considered for CRFP funding, is it the expectation that our agency complete a full Technical and Financial application, which we would then submit to our PPS lead? I am concerned about the administrative capacity of the PPS lead to review and prioritize these projects in the timeframe allotted. Both of our PPS leads have over 200 partners.</p> <p>b. If each agency submitted a capital request, is it the expectation that the PPS lead review and score 200+ applications? In addition, in order to allow time for review before the submission date of 12/22, we would need to prepare a full, CON-ready application in less than three weeks.</p>	<p>a. Yes. Applicants should complete a full Technical and Financial proposal, which would be submitted to PPS lead.</p> <p>b. Yes. The PPS lead must rank all capital projects that are included in its application. The due date for applications has now been extended to February 20, 2015.</p>
9	<p>If our capital project is selected, will the CRFP dollars be awarded to our PPS lead to distribute to us or will the funds be awarded directly to our agency?</p>	<p>Applicants expecting to be the legal or beneficial owner of the capital project should submit proposals through their PPS lead under Process A. These applicants will be awarded directly and will be expected to enter into a Master Grant Contract with the Department of Health. See page 5 of the RFA, Section C.</p>

Q #	Question	Answer
10	<p>Re: Section 1.C., our agency recently became affiliated with a DSRIP. Since we now have this affiliation is it mandatory that we apply under Process A with the lead entity of the PPS submitting the application or can we still apply under Process B as an individual organization? If we have the choice to do either would one way be more advantageous than the other?</p>	<p>DSRIP participants must submit all applications through the PPS lead under Process A. See Eligibility Review Criteria on page 15, Section V.B.5.b. Applications from DSRIP participants submitted under Process B will be deemed ineligible.</p>
11	<p>I wonder if there may be any consideration that might be given to delaying that process particularly because of the collaborative prioritization that has to take place within the PPSs is in and of itself going to take some time for the ranking of the projects within the PPS. Whether there might be an alternative; either a delay for the process altogether or whether there may be a process by which PPSs could submit a sort of outline of somewhat preliminary assessment of the capital needs as they see them, allow for some review and interaction with the Department and then have final submissions at some subsequent point.</p>	<p>Subsequent to the November 21 applicant conference the submission due date has changed to February 20, 2015. Please refer to: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/dsrip_timeline.pdf for a full DSRIP/CRFP timeline.</p>
12	<p>According to the information in the RFA (Page 5-6, 9) and on the webcast, if our organization is a part of a PPS (or multiple PPSs) we must work with the Lead PPS for our proposed projects under process A. It stated that if we are a part of one or more PPSs, we cannot submit on our own. Also, in the case of multiple PPSs, the provider is to choose the PPS that they believe their project is most critical. Process B is only for providers that are not a part of any PPS. Can you please confirm the accuracy of our interpretation as this is most critical to our eligibility for the CRFP?</p>	<p>Yes. If the organization is part of a PPS, it must submit its application through its PPS lead under Process A. Non-DSRIP participants will submit applications directly to the Department under Process B.</p>
13	<p>I was hoping also to just get some clarity on the way that Process A vs. Process B might work. And let me just give you a couple of circumstances.</p> <p>a. May a provider who is within a DSRIP is participating within a DSRIP but whose project may not make its way successfully through the prioritization process submit through Process B?</p> <p>b. And if a provider is participating in multiple PPSs might their project find its way on multiple lists?</p>	<p>a. No. A participant within a PPS must submit its application through Process A.</p> <p>b. An applicant that is participating in multiple PPSs should select the PPS for which their project is most critical and submit the application once through that PPS lead. If the same capital project application is received by multiple PPS Leads, it will only be evaluated and scored once.</p>

Q #	Question	Answer
14	I'm in a large organization that by its very nature has to participate in almost every PPS in New York City and a lot of those projects are aligned. So some of this capital dollars, especially capital for IT or other infrastructure that we would need to go forward which I'm assuming would be defined as capital, how do we submit a project that will hit multiple PPSs. Because we can't pick one per se in the City under the encouragement of the Department and we think it's wonderful, a lot of those projects are fully aligned. What's the process for that?	The submission of an application through the PPS lead is a requirement of all organizations participation in a PPS. Applicants participating in more than one PPS must select a single lead PPS for application purposes but may discuss within the application, where applicable, how the project will benefit multiple PPS's. All applications will be evaluated on (a) how well the project advances the DSRIP goals as described in Section I.B. of the RFA; and (b) how it contributes to overall DSRIP goal of 25% reduction in hospital use over five years. Furthermore, Process A applicants will be evaluated on how the project will support the PPS's financial viability upon completion.
15	My follow up on that is that when you say best, and I'm not trying to put you on the spot, is this looking at volume? Are we looking at geography? I mean is it for me to determine? Do you have any kind of guidance on what that means, best?	The submission of an application through the PPS lead is a requirement of all organizations participation in a PPS. Applicants participating in more than one PPS must select a single lead PPS for application purposes but may discuss within the application, where applicable, how the project will benefit multiple PPS's.
16	The hospitals in a PPS they're really going to have to go Process A and have it be connected to a DSRIP, they can't have a project that's in DSRIP and then also something that's like a vital access provider project?	Any capital project proposed by a participant of a PPS must be submitted through the PPS lead under Process A.
17	Can one provider be included in more than one PPS application for the same project?	No. The project application should be submitted through the PPS for which the capital project is most critical. It should not be submitted multiple times through different PPSs.
18	<p>a. If a facility has already submitted a Certificate of Need Application to the NYSDOH, and that Application has not yet received final approval, can that Application be converted to and submitted as a CRFP Application, if the project otherwise satisfies the CRFP eligibility criteria?</p> <p>b. Are formal waiver requests required to be submitted with the CRFP Application, or may the waivers just be mentioned in the Application and formally submitted at a later date?</p> <p>c. On the Technical Proposal Cover Page and the Financial Proposal Cover Page, who is supposed to sign where it says "Applicant Authorized Signature" – the PPS Lead Entity, the CRFP Applicant, or both?</p>	<p>a. Yes. If the CON application has not yet been approved or contingently approved, then its financing plan may be changed and the project can be submitted for CRFP funding.</p> <p>b. No. Formal waivers should be submitted in the DSRIP application and only referenced in the CRFP application. Yes, the Department will accept regulatory waiver requests on an on-going basis.</p> <p>c. The CRFP Applicant who is the owner of the capital asset to be created or improved with the CRFP grant and who will enter into the MGC with the DOH should sign the Cover Page of the Technical and Financial Proposals.</p>

Q #	Question	Answer
19	I am writing to follow up on a question regarding CRFP applications. As a home and social care provider, can we submit applications through more than on PPS network partner?	Applicants must submit a single CRFP project application through one selected lead PPS. Applicants submitting multiple CRFP project applications may elect to select a different PPS lead to submit each project. The same project cannot be submitted multiple times through different PPSs.
20	Are PPS Lead organizations automatically eligible to submit capital applications for the PPS and for specific large scale integration projects that cover multiple providers throughout the PPS? We are the Lead PPS and we are an Article 28 Central Services Organization, do we meet the criteria under the following: Provider organizations which hold operating certificates issued by the DOH, OMH, OPWDD and OASAS?	Yes. An entity with an Article 28 Operating Certificate is eligible. The CRFP applicant should be the intended owner of the capital project.
21	<p>a. If the DSRIP PPS lead submits a CRFP application with a capital request for a project to be implemented by one of its PPS partners, does the funding award go to the DSRIP PPS lead to then downstream to the partner who will be implementing the capital project or does the partner responsible for the capital project receive the funds directly from DOH/DASNY?</p> <p>b. Is there a separate application process for CRFP funds if a PPS partner wants to apply for a capital project independent of the PPS?</p>	<p>a. The CRFP applicant should be the intended owner of the capital project. If the DSRIP lead is the expected owner, the DSRIP lead should be the applicant and enter into the Master Grant Contract with DOH. If the Partner is the expected owner, the Partner should be the applicant, submit its application to DOH through the lead, and enter into a Master Grant Contract with DOH.</p> <p>b. No. A PPS partner may not apply for funding independently of the PPS.</p>
22	<p>a. Where relevant for construction projects, what will be the relationship between the CON process and CRFP projects?</p> <p>b. How will the CON overlay on these projects?</p> <p>c. Does the restriction on 'non-safety net providers' that applies to other parts of the DSRIP effort apply to the capital application process?</p>	<p>a. DOH will fast-track CON applications for CRFP projects.</p> <p>b. These proposals do not have to be full CON applications. See technical and financial proposals checklists (Attachments 3 and 7) for the specific proposal requirements of this RFA.</p> <p>c. No.</p>

Q #	Question	Answer
23	If a PPS has chosen 2.a.iv Create a Medical Village Using Existing Hospital Infrastructure, and the hospital has multiple capital projects, some related to the Medical Village and some not, should all of the capital projects be combined into one CRFP application?	Per Section IV.A of the RFA, if the projects are highly interdependent, they should be combined and submitted as one project. All projects should be fully functioning independent projects. If interdependence between projects exists, the PPS Lead must include a narrative explanation as part of Attachment 1 of the RFA.
24	<p>a. Can a project for which a CON has already been filed, be considered for CRFP funding (a financing modification would need to be filed).</p> <p>b. At the applicant conference, the statement was made that projects should be "CON ready". Could this be clarified (i.e. does this mean that budgets are finalized, where applicable, schematic renderings have been prepared etc.)?</p> <p>c. Is there an expectation as to when (how soon) an eligible capital project would commence?</p> <p>d. For DSRIP projects that are being co-led, can the co-leaders jointly file the grant application?</p> <p>e. What are the roles, responsibility, and accountability of the PPS lead organization in the implementation of capital projects being undertaken by member organizations of the PPS?</p> <p>f. If capital funds are being awarded to a PPS member organization, what grant documents will the member organization need to file with the grant application (i.e. does each individual PPS member need to file a Vendor Responsibility Attestation, etc.</p>	<p>a. Yes. If the CON application has not yet been approved or contingently approved, then its financing plan may be changed and the project can be submitted for CRFP funding.</p> <p>b. These proposals do not have to be full CON applications. See technical and financial proposals checklists (Attachments 3 and 7) for the specific proposal requirements of this RFA.</p> <p>c. There is no requirement on when funded projects would have to commence, but projects will need to be completed by 3/31/2020.</p> <p>d. No. An award for a capital project and resulting Master Grant Contract can only be issued to one organization. As such, a single entity must be identified as the applicant.</p> <p>e. There is no role for a PPS lead in a capital project for which it is not the applicant beyond submitting the applications of its PPS partners and ranking the projects in priority order.</p> <p>f. See the technical proposal and financial proposal checklists in Attachments 3 and 7 for proposal requirements. Also note, all not-for-profit applicants must prequalify in the Grants Gateway, per the guidance on page 12, section V.G. of the RFA.</p>
25	Will there be flexibility to (within reason) revise capital project scopes and budgets?	Yes. There will be flexibility to refine budget and categories of expense, however the total awarded amount cannot be increased after awards are made.
26	In what part of the application should the MWBE utilization plan and other MWBE forms be included?	The MWBE forms should be included in the financial proposal. The financial proposal checklist (Attachment 7) has been revised to reflect this.

Q #	Question	Answer
27	<p>a. In Attachment 4 (page 30 of RFA) under E. Relationship of Eligible Capital Project to DSRIP goals. Since this is worth 25 points, can you elaborate further and more specifically on the information you would like to see that should be included in this section as it pertains to Section I (B) of the RFA and how it contributes to the overall DSRIP goal of a 25% reduction in avoidable hospital use over five years? Should the applicant identify in this section the specific DSRIP PPS projects that align with the capital project?</p> <p>b. If a CON has already been obtained from DOH for a capital project, is the project still eligible for funding through CRFP?</p>	<p>a. If applicable, applicants should discuss the extent to which the proposed capital project is demonstrated to have a close nexus to a PPS project. However, since all applicants are not participating in DSRIP and will not have a project to discuss, evaluators will be looking for the extent to which the proposed capital project is demonstrated to align with the overall DSRIP goals. Capital projects that align with multiple DSRIP goals will score higher. Applicants should describe and include justification as to how this project advances each of the DSRIP program goals as described in Section I [B].</p> <p>b. Once a CON application receives at least contingent approval, which includes approval of the proposed financing plan for the capital project, the project will not be appropriate for a CRFP application.</p>
28	<p>As a PPS lead we have 15 capital projects for 10 partners/owners. Do we need to complete Attachment 4 for each Project, therefore complete 15 mini-applications? Same type of question for Attachment 8 – do we complete this form for each of the 15 projects so that we can indicate any matching funds, etc.</p>	<p>Yes. As stated in the RFA Section IV (A) each project needs its own complete application as it will be evaluated on its own merit. A complete application consists of a technical and financial proposal. If the PPS lead believes the projects are sufficiently interdependent that failure to fund all would significantly impair the success of the proposal, they should all be collectively submitted as a single project application.</p>
29	<p>A lot of the projects in our PPS are tele-health components to them. So if we're going to be asked for tele-health equipment, would the lead hospital or one of the other hospitals apply as the owner of the tele-health equipment? Because you're going to have multiple partners using it. So it would be their information on this application then they may lease it out to their partners or something like that? I'm just not quite sure how tele-health would work because it kind of leaps across many potential owners.</p>	<p>One organization must be identified as the legal or beneficial owner of the capital project and enter into the Master Grant Agreement with DOH. That entity can enter into contractual agreements with other parties as required by the project, but should be prepared to have responsibility for fiduciary and project management control. Lease arrangement information should be submitted as part of the application.</p>
30	<p>a. Can we leverage forecasted revenue from current operations, as matching funds?</p> <p>b. How about VAP funding?</p>	<p>a. Revenue can be used as matching funds if you can demonstrate that it will be available.</p> <p>b. VAP awards are based on a separate, quality metric driven set of criteria to fund operating initiatives (not capital) and not eligible for CRFP project match.</p>

Q #	Question	Answer
31	Do we need to have our matching funds in place at the time of grant submission, or will we be given some time to secure matching funds (line of credit, loan, etc.), upon award of the funds?	Matching funds do not need to be "in place" at the time of application, but the source has to be identifiable. Per the RFA, verifiable proof of the proposed match will be a contingency of any award made under this RFA.
32	If we think we can get matching funds but don't know for sure at the time of the application, how would we present this in the application?	The presence of matching funds will be a significant determinant in the evaluation of each application. If the applicant cannot certify that matching funds will be available for a project, the funds should not be included in Attachment 10.
33	When discussion turned to matching funds one of the respondents appeared to state that funds from other sources that have already been awarded cannot be used for CRFP matching fund requirements. Have I stated this correctly? Would this also apply to NYS Balancing Incentive Program (BIP) Transformation Funding? What exactly is the timeline for acceptable "matching funds"?	Previously expended or incurred expenses, regardless of funding, are not eligible to be considered as matching funds. Previously awarded grants for expenses not yet incurred would be eligible to be considered.
34	If funds that are obligated prior to the start of the grant period would be eligible as counting toward the match as was the case with some HEAL projects and if so, how long of a look back period would be allowed?	Previously expended or incurred expenses, regardless of funding, are not eligible to be considered as matching funds. Previously awarded grants for expenses not yet incurred would be eligible to be considered.
35	We're likely going to get a source of matching funds for some of these projects. What type of evidence are you looking for an organization in terms of what their matching funds are going to be?	At the time of application, applicants are encouraged to submit any documentation that supports assertions made in their application, including the proposed match. Examples of such documentation include letters of commitment to loan funds from financial institutions or fellow DSRIP participants. Verifiable proof of the proposed match will be a contingency of any award made under this RFA.
36	Are there any limitations on the sources of the match? For example can other state grants be used?	See Attachment 10 for the types of match that have been envisioned by DOH. If proposed matching funds do not fit into any category on this form, they should be entered as "Other" and the source should be described. At this time there are no known limitations on sources of matching funds.
37	Concerning matching funds, if several different/discrete capital projects are applied for by a PPS, can each project have different levels of matching funds?	Yes. Each application can have a different level of match included in its financial proposal. Attachment 10 should be used to show the proposed level of matching within each application.

Q #	Question	Answer
38	<p>With regard to the scoring process for the Financial Proposal as it relates to Project Funding and Match (page 38 of the RFA, Attachment 8, Sect. A., third paragraph), the RFA states: “The applicant(s) with the largest proportion of match dollars per grant dollar requested will receive the full 15 points available. All other applicants will receive a pro-rated share of the 15 available points based on their proposed match.” Will applications be grouped by Region, or by PPS, or other category, for purposes of this comparison, or will all applications be considered in a single State-wide pool for this measure?</p>	<p>All applications will be considered in a Statewide pool for this measure.</p>
39	<p>We are already pre-qualified on Grants Gateway. Our oversight agency has been OCFS since we registered on the portal. Do we now need to request a change to DOH for the purposes of this grant?</p>	<p>No. As long as an organization is prequalified and maintains its status, it does not matter which oversight agency is selected.</p>
40	<p>We are a member of a PPS. Do we still submit the full application through the Grants Gateway?</p>	<p>No. The PPS lead submits the application via email to DOH. No applicants will submit their application through Grants Gateway for this RFA.</p>
41	<p>One of the challenges from the not-for-profit side is the requirement to go through this prequalification process through the grants gateway etc. which places a somewhat uneven playing field if you will with respect to for-profit vs. not-for-profit applicants. Again, particularly in light of the shortness of time, some question as to whether there could be a process of submitting a proposal with the understanding that the entity before the grant is given would have to go through whatever prequalification requirements but allow that to be a process that plays out down the road.</p>	<p>In order to be considered for an award, not-for-profit applicants are required to be prequalified at the time of application. At any time an applicant can submit its name to the contact email address to request that DOH fast track your prequalification application within the Department of Health. Not-for-profit applicants are reminded to choose DOH as the oversight agency when registering in the grants gateway.</p>
42	<p>If a not-for-profit applicant already has a Grants Gateway user name and password, does the applicant still need to submit a prequalification application?</p>	<p>Yes. Not-for-profit applicants need to be registered and prequalified at the time of application. See page 12, Section IV.G. of the RFA for further details.</p>
43	<p>Where will the answers to our questions be posted? The manual and application does not seem to state what URL or what portal answers will be posted to?</p>	<p>All documents pertaining to this RFA will be posted to the DOH website: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/capital_restructuring_financing_program.htm.</p>

Q #	Question	Answer
44	<p>Since for-profit applicants are not required to register for and be prequalified in the Grants Gateway, can not-for-profit applicants be exempt from this requirement as a prerequisite for consideration? Short of that, could the prequalification process be undertaken at a later point in the process (given the extremely short turnaround time available for work on the substance of the CRFP application)?</p>	<p>In order to be considered for an award, not-for-profit applicants are required to be prequalified at the time of application. At any time an applicant can submit its name to the contact email address to request that DOH fast track your prequalification application within the Department of Health. Not-for-profit applicants are reminded to choose DOH as the oversight agency when registering in the grants gateway.</p>
45	<p>Will DOH require the construction projects to pay prevailing wages under the CRFP?</p>	<p>New York State procurements must comply with a number of different statutes, regulations, and policy requirements, including prevailing wage schedules. Please see page 25 of the Standard Terms and Conditions in Attachment 15: Master Grant Contract for information regarding wage and hours provisions.</p>
46	<p>Are applicants required to use prevailing wage assumptions in development of estimates? If so, which types of entities are subject to this requirement?</p>	<p>Yes, all applicants should use prevailing wage schedules in the development of their estimates. Please see page 25 of the Standard Terms and Conditions in Attachment 15: Master Grant Contract for information regarding wage and hours provisions.</p>
47	<p>a. Can funding be requested as a lump-sum, or must all project expenses span a specified time interval? The RFA suggests that applicants will be responsible for preparation and submission of invoices requesting reimbursement, including relevant documentation of expenses incurred consistent with the Contract Budget and Workplan.</p> <p>b. The RFA also notes that the grant contractor will be required to submit quarterly reports on the status of the project, including comments on items that go beyond things for which the individual contracting entity / applicant is responsible – for example, ‘progress made toward DSRIP goals’ or ‘impact on the State’s health care delivery system.’ Would it be possible for the list of quarterly reporting requirements to be modified to include only those items that relate specifically to the implementation of the capital project for which funding was provided (such as project spending against budget)? Those items that pertain to the PPS’s achievement of or progress towards agreed upon DSRIP project goals will be addressed in the PPS’s reporting and seems to place an unreasonable burden on individual participating organizations.</p>	<p>a. There will be no advances or payments for deposits. Payments can only be submitted for work that is completed. (See RFA pg. 19, Section VI.D.)</p> <p>b. Upon award, Process B and Process A reporting requirements may be further refined in the resulting contracts to avoid duplication of efforts between DSRIP and CRFP reporting.</p>

Q #	Question	Answer
48	Can CRFP grant funds be used cover revenue losses associated with downsizing?	No. CRFP grants funds cannot be used to cover revenue losses associated with downsizing.
49	How is it that the statute says the money can be used for downsizing and closures and mergers yet other references indicate capital funds can't be used for that purpose?	Downsizing, closure and merger activities typically involve both operational and capital expenditures. Capital costs including acquisition, renovation or equipment purchases are eligible for grant funding. Operational costs associated with downsizing, closure, or mergers, including retirement of debt, payment of salaries, benefits, severance packages, or other "non-bricks and mortar" costs may not be paid with grant funds.
50	Page 18 of the RFA states that contracts from the RFA will have the following time period: April 1, 2015 to March 31, 2020. May a capital project have a timeline for start and completion anytime during this contract period?	Yes.
51	Should the term of the contract be consistent with the end of DSRIP Year 5 (December 31, 2019), rather than the end of the NYS fiscal year (on March 31, 2020)?	No. There is a five-year period and the term of contract could be through March 31, 2020.
52	On page 7, Section III, B, it indicates that capital costs for HIT are allowable. Are costs associated with the installation of EMR an allowable expense?	The cost of equipment purchased (not leased via either an operating or capital lease) in connection with an EMR system would be eligible for grant funding. In addition, the purchase of software to be installed in the new equipment, installation and labor costs related to the EMR system and costs to "train the trainer" would be eligible to receive grant funding. General training, extended warranties and service plans not included in the base package would not be eligible to be paid with the proceeds of the CRFP grants. DASNY bond counsel will review applications on a case-by-case basis, as needed to determine whether the expenses described are capital costs within the meaning of the State Finance Law.
53	Can we pay for the EHR project in advance and then ask for matching funds to reimburse us from this grant?	CRFP funds will only be available to reimburse for expenditures made during the MGC term.
54	Computer software, is just computer equipment or also software is considered capital? Because it's not clear.	See Question/Answer #52
55	In regards to Tele health, can you please clarify what is included and excluded from the Capital Funding?	For tele-health, similar to EMR, equipment would be capital and an eligible expense for a CRFP grant, while operating costs would not. See Question/Answer # 52.

Q #	Question	Answer
56	I just wanted to confirm because many of the DSRIP projects really contemplate a high level of connectivity information exchange electronically and many of the downstream providers so to speak don't necessarily have the needed infrastructure to be able to do that at the level that DSRIP contemplates. So I wanted to confirm that these dollars would be available to purchase electronic medical records and the ability, other capital investments to be able to exchange that information electronically.	See Question/Answer #52
57	<p>a. Will the capital grant fund awards be based on the full (100%) of funds requested or will the Medicaid percentage be applied?</p> <p>b. As part of the Medical village project, a large health system plans to acquire a private home care agency and it is necessary for the home care agency to have a means to extinguish their long term debt prior to moving to the health system balance sheet. The description of use per Section III Paragraph B "Eligible and Excluded Expenses and Disallowed Costs" allows for "asset acquisitions" and it is understood the funds are not to be used for working capital or pay down of liabilities. However, if the funds were delivered to the health system, and used as a "purchase" of the home care agency in the amount of their outstanding debt, would this be an allowable use of capital funds?</p>	<p>a. CRFP grant funding will not be discounted based on Medicaid percentage.</p> <p>b. CRFP grant funds may be used to pay the reasonable cost of an acquisition. Grant funds may be used for the purchase of real property or other fixed assets; however, an appraisal undertaken by an independent appraiser in accordance with USPAP requirements must be provided to justify the value prior to disbursement of grant funds. It cannot be assumed that a "purchase" in the amount of an entity's outstanding debt is the fair market value of that asset. Grant funds may only be used to pay for the cost of the fixed assets associated with the purchase, and not intangible assets including goodwill, value of customer base, existing contracts, or other such items.</p>
58	Can you provide detailed clarification around which types of capital costs for health information technology will be eligible for funding? The RFA guidance indicates that capital projects leading to integrated delivery systems that strengthen and protect continued access to essential health services' are eligible and also that 'capital costs for health information technology' are eligible. However, language from the recent DSRIP FAQ indicates that 'Capital funds available to PPS as part of the DSRIP program cannot be used for IT investment, only bricks and mortar.' These statements seem to be in direct conflict. Clarification and significantly more detailed guidance is needed, with examples if possible.	See Question/Answer #52. The pertinent DSRIP FAQ's have been clarified.

Q #	Question	Answer
59	For IT projects, could you please describe the required criteria for eligibility (The minimum useful life of hardware, is software eligible, etc.)?	See Question/Answer #52 and RFA Section III.B. To be eligible for funding, a project must have a sufficient useful life to be considered a capital asset, generally considered to be greater than one year.
60	<p>a. In the Capital Restructuring Financing Program, can mobile devices such as tablets be funded?</p> <p>b. Can wearable technology for patients be funded?</p>	<p>a. See response to question #52. Tablets are generally considered to be equipment if they otherwise meet the description of an “eligible expense.”</p> <p>b. Wearable technology equipment for patients would be eligible for grant funding if it is capital in nature and otherwise meets the definition of an “eligible expense.”</p>
61	Please provide additional information on the eligibility and any restrictions on the inclusion of costs for health information technology.	See Question/Answer #52.
62	On page 20 of the RFA, the MWBE goal for this CRFP solicitation is 30%. Is it 30% of the award amount or 30% of total project costs?	Per page 20 of the RFP, for purposes of this solicitation, the New York State Department of Health hereby establishes a goal of 30% per award, based on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation.
63	For projects at the preliminary planning stages, how will the DOH handle discrepancies between a) the submitted MWBE Utilization Plan and b) the actual vendor selection following a formal bid process?	Applicants should project their commitment to the established MWBE goal on the utilization plan. Any deviation from the utilization plan submitted with the application and actual expenditures to awarded MWBE's after award will need to be discussed with DOH.
64	Is applicant required to submit design or schematic drawings with the Capital Restructuring application due Dec 22?	Design or schematic drawings are not required, but you should include all documents that will best illustrate the depth and description of your project. The application due date has been moved to February 20, 2015.
65	For a capital project that includes renovations, hardware, exam tables, etc. how much detail is necessary to include?	The application should include as much detail as deemed necessary by the applicant to convey the purpose, plans, and costs of the project.
66	My organization is interested in applying for the Capital Restructuring Financing Program opportunity. I have reviewed the RFA and cannot find funding limits. Is there a maximum or maximum that organizations can apply for?	There are no minimum application amounts. The maximum for the Capital Restructuring Financing Program in total is \$1.2 billion.
67	<p>Are eligible capital projects subject to any thresholds related to</p> <p>a. Minimum size (\$) or</p> <p>b. Minimum useful life of capital asset?</p>	<p>a. No. Capital projects are not subject to any thresholds related to minimum size.</p> <p>b. To be eligible for funding, a project must have a sufficient useful life to be considered a capital asset, generally considered to be greater than one year.</p>

Q #	Question	Answer
68	We have questions concerning use of DASNY funds for downstream providers. For example the physician's office which would be a for profit organization possibly. Are there any restrictions on using capital funding for them?	For purposes of the CRFP grant program, the grant funds may be used for capital costs associated with for-profit entities. As long as the requirements of the program are complied with, there are no additional restrictions regarding the use of grant funds to benefit for-profit entities. However, entities are strongly advised to consult with counsel with expertise in tax law to determine whether a proposed change in use of a facility to include for-profit purposes will be inconsistent with any tax-exempt debt previously incurred to acquire, construct, or renovate the facility. For more information regarding this matter, please see http://www.health.ny.gov/events/webcasts/2014/2014-11-21_crfp.htm
69	<p>a. If the answer ends up being no that for profit or for proprietary facilities are not able to access DASNY bonds or DASNY funding, do you anticipate an alternate methodology to provide capital funding?</p> <p>b. And you're look at both Part A and Part B if you're part of a DSRIP or you're not correct? -And you'll elaborate in the Q&A?</p>	<p>a. Both Not-for-Profit and proprietary facilities may be eligible for CRFP grants funded by DASNY bonds, which is the only source of capital funding contemplated at this time. For-profit entities may use CRFP grant-funded facilities. However, if you have for-profit entities in a facility that's been improved with proceeds from tax exempt bonds previously issued, that's probably where your concern should be focused as opposed to the use of these particular grant proceeds, because it's somewhat counterintuitive. Generally speaking, the proceeds of tax exempt grants can be used for for-profit facilities or for-profit entities but it often causes a problem if the facility itself was constructed or renovated with tax exempt bonds. Please also see the Answer to #68 and the following website: http://www.health.ny.gov/events/webcasts/2014/2014-11-21_crfp.htm</p> <p>b. See Answers 6 and 7, which is relevant to both not-for-profit and proprietary provider organizations applying for CRFP grants.</p>
70	I think one of the items for the use of the grants or rather that the grants couldn't be used for was retired debt. Would that include debt that was taken on to initiate one of the projects listed for DSRIP? So like the acquisition of a property that would yet to be developed as part of the DSRIP initiative?	CRFP grant funds may not be used to repay long term debt. Grant funds may, however, be utilized to repay short term debt incurred during the contract term for the express purpose of financing the eligible capital costs until such time as the grant funds are available to repay the short term loan. Such short term financing would include bridge financing or draws on a short term letter or line of credit with a lending institution.
71	Are project costs incurred prior to the 12/22/14 submission date eligible for grant funding?	No. Project costs incurred prior to the start of the contract term will not be eligible for grant funds.

Q #	Question	Answer
72	When we talk about the speed to bring the project to one of the metrics I think was listed was the speed to get the project up and running, for health centers that are ready to begin their project but they have to acquire the properties in order to get that project going, right now if they were to take on debt to do that that debt could not be repair through the grant process?	No. Project costs incurred prior to the start of the contract term will not be eligible for grant funds.
73	I know you ruled out tele-medicine. Here's my question, can this funding be used to support the infrastructure and platforms necessary to conduct professional staff development and things of that type?	See Question/Answer #52
74	Please clarify the capital restructuring program as it pertains to funding availability for proprietary facility capital projects. Assume that such facilities were not previously funded by tax-exempt financing, which is most unlikely, and therefore should not be a precluding issue going forward.	For purposes of the CRFP grant program, the grant funds may be used for capital costs associated with for-profit entities. As long as the requirements of the program are complied with, there are no additional restrictions regarding the use of grant funds to benefit for-profit entities. However, entities are strongly advised to consult with counsel with expertise in tax law to determine whether a proposed change in use of a facility to include for-profit purposes will be inconsistent with any tax-exempt debt previously incurred to acquire, construct, or renovate the facility. For more information regarding this matter, please visit: http://www.health.ny.gov/events/webcasts/2014/2014-11-21_crfp.htm
75	I wanted to find out if Adirondack Health Institute (the PPS Lead for the Adirondack PPS) is eligible to submit a capital request? We don't see their type of organization under the eligible organizations list.	As an Article 28 facility, AHI is eligible.
76	Can private ambulance companies that provide service through DOH certification apply under PHL 2825?	No.

Q #	Question	Answer
77	I had a question early on in the RFP it talks about preferred eligibility criteria and it says, those who demonstrate financial need. And then later on it talks about a positive scoring factor as supply the match at least one to one. So the more you put in of your own money the higher you would likely score. How do you compare those two? They seem to be a little contrary. If you have a financial need and how does that match up against an incentive to put in money that you may not have?	Preference in scoring will be given for capital proposals that include matching funds in the project's funding sources and greater preference will be given when the percentage of non-CRFP funding is larger. The Department recognizes, however, that there may be very critical capital projects associated with individual facilities where there is no ability for that individual facility to put up a match and it may be in a PPS that does not have other partners that have their financial resources and the financial performance necessary to make a loan of to contribute equity. The Department will evaluate both types of proposals against developed scoring criteria.
78	For the purposes of the CRFP application, is a Central Service Facility licensed under Article 28 considered to be an Eligible Provider Organization?	Article 28 facilities are eligible.
79	<p>a. How are 'assisted living providers' and 'primary care providers' defined?</p> <p>b. And would a capital project that enhances primary care access / quality / etc. but does so within the context of a multi-specialty practice or clinic be considered eligible?</p> <p>c. What is the 'proof of eligibility' that will be required for physicians practices seeking capital funds?</p>	<p>a. There are no statutory definitions of assisted living providers or primary care providers. Assisted living providers include Assisted Living Residences and Assisted Living Programs that hold operating certificates issued by the DOH</p> <p>b. Yes.</p> <p>c. A State Education Department physician license is adequate proof of eligibility for a physician in a practice.</p>
80	Is creating a dental medicine initiative for the community, so as to ensure patient access to these services, consistent with CRFP eligibility and DSRIP goals?	Yes, as long as the applicant meets minimum eligibility criteria (page 6 of the RFA, Section II (A)) and the project aligns with the principal objectives of the DSRIP program (page 4 of the RFA, Section I (B)).
81	Are fit-out costs of leased space for ambulatory/outpatient care, and including associated equipment and furniture for the leased space eligible for funding?	Yes. If the equipment and furnishing are capital expenses and the lease period is 5 years or more, the cost could be eligible.

Q #	Question	Answer
82	<p>This question refers to "Section III. What May Be Funded," item B. Eligible and Excluded Expenses and Disallowed Costs found on pages 7 and 8 of the Request for Applications.</p> <p>As part of its request for capital funding to support its DSRIP system transformation projects, can a Capital Restructuring Finance Program applicant include the cost of acquiring a license to operate a private, not-for-profit, multipurpose social service agency operating community programs?</p>	<p>No. A Capital Restructuring Finance Program applicant cannot include the cost of acquiring a license to operate a private, not-for-profit, multipurpose social service agency operating community programs.</p>
83	<p>Are project costs eligible for Medicaid reimbursement for providers that continue with cost based capital reimbursement? In an effort to reduce rehospitalizations, a Nursing Facility would be interested in enhancing the medical services in their facility. This includes renovations of existing rooms into exam rooms, the purchase of additional medical equipment, radiology equipment, and other equipment as necessary. Will these costs be acceptable for grant purposes?</p> <p>In support of care coordination for the population through various practice sites, we are proposing to build a care management program. The program would include training, software, hardware, and additional items that are necessary to implement the new system and achieve DSRIP goals. All parts of the items mentioned are necessary for the implementation of the new system, what costs will be recognized by the DOH as costs eligible for this grant?</p>	<p>Capital costs reimbursed with CRFP grant dollars are ineligible for further reimbursement for depreciation, return of equity or return on equity. "Bricks-and-Mortar" capital costs such as renovations are eligible costs. See RFA Section III B. for Eligible and Excluded Expenses for CRFP purposes. See also Question/Answer #52 regarding eligible IT costs for equipment and non-eligible IT operating expenses.</p>
84	<p>The question about just the total funding, we know its \$1.2 billion I guess over 6 years but this isn't the only funding round for this. Is this going to be an annual thing? Is there a portion of money available now and then later? How does that play out?</p>	<p>All awards will be made in year one. The disbursement schedule will vary by project and final disbursement of funds must occur before March 31, 2020. There is no requirement that all funds will be awarded.</p>
85	<p>Some of these platforms may require federal regulatory approval which would never be given until you actually had a project such as a microwave tower in the St. Lawrence Louis Seaway to be able to communicate more effectively. That would require the approval of INTELSAT. Would you require those approvals for the submission of the application the same way you would require approvals more normative construction projects?</p>	<p>The standards for application submission for the Capital Restructuring Financing Program are going to be the same standards that we look for in a Certificate of Need application submission. Applicants will need to demonstrate the capability of completing the project, including showing eligibility for construction and funding approvals, as well as interest by all stakeholder groups</p>

Q #	Question	Answer
86	Is Attachment 9 as indicated in on page 36 of the RFA the same form as Attachment B-3?	The form for Attachment 9, Capital Budget Enabled, is accessible through the website (http://www.health.ny.gov/funding/rfa/1410100351/index.htm). Upon contracting with DOH, this attachment becomes part of the Master Grant Contract as Attachment B-3.
87	Under the "Process B" application, which is non-DSRIP related, why is there not additional time past the DSRIP deadline (12/22/14) to complete such applications?	All CRFP applications are now due on February 20, 2015.
88	How exactly will compliance with Executive Order #38 (limitations on executive pay) be applied? Will focus on this for some vs. other participating organizations create an un-level playing field?	Refer to page 20 of the RFA. Effective July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: http://executiveorder38.ny.gov .
89	Can the required registration as a NYC vendor and submission of vendor responsibility questionnaire be postponed until after grant awards are issued (or listed)? This is extremely burdensome for some of the safety net and other providers whose participation may be essential to the achievement of DSRIP goals.	No. State Finance Law, Article XI, §163 requires award of contracts for commodities or services to a responsible vendor. Furthermore, the State Procurement Guidelines require State contracting entities to "administer a process in which offerers are required to provide assurances that they conform to responsibility requirements." Additional information regarding vendor responsibility can be found on the Office of the State Comptroller's website at http://www.osc.state.ny.us/vendrep/index.htm .
90	<p>a. Is there an award allocation of total grant funds by process (A or B)?</p> <p>b. As this is termed a competitive grant program are projects considered competitive? Statewide, Regionally, By program, By sponsor?</p> <p>c. Is there a regional allocation of the \$1.2B in proposed grant funding?</p>	<p>a. No. There is no allocation between Process A and Process B.</p> <p>b. The competition is statewide, but the Commissioner may also consider statewide or community needs to fulfill the DSRIP program goals, or preserve essential healthcare services in a community.</p> <p>c. No. There is no specific regional allocation, however statewide geographical distribution or form criteria will be considered.</p>
91	On Attachment 9, Capital Project Budget Template, there exists a line for Administration. Are these costs eligible?	Categorization of an expense as "Administration" for the purposes of completing the budget form will not preclude an expense from being eligible. Specifically identified costs in the backup pages of the Capital Budget forms will be examined for eligibility. Applicants should refer to the list of excluded expenses on page 7, Section III.B. of the RFA and see also response to Question #52.