

Questions & Answers for Essential Health Care Provider Support Program - RFA No. 1510160807 and RFA No. 1510190320			
Q#	Category	Question	Answer
1	Essential Health Care Provider Support Program RFA - Specific	If passed over in Round 1, may Eligible Applicants make changes to Round 2 application?	Round 1 funding determinations will not be announced before the Round 2 submission deadline of December 18, 2015. However, applications not awarded funding in Round 1 will automatically be considered for funding in Round 2 unless withdrawn by the applicant.
2	Essential Health Care Provider Support Program RFA - Specific	Can we submit an Essential Health Care Provider Support Program application directly for the Round 2 December 18th due date?	Yes. However, you must identify in your application that it is submitted for Round 2.
3	EHCPSP-Health Care Delivery System Innovators Fund RFA- Specific	We are developing a complete HIPAA compliant mobile application, but need help with funding to cover our development costs. I would like to know if we are eligible for a grant under the 'Health Care Delivery System Innovation Fund'.	Eligible Applicants must be General Hospitals. See answer to Question 33.
4	EHCPSP-Health Care Delivery System Innovators Fund RFA- Specific	In relation to the the Innovators fund, it seems like funds can't be used for those activities that would generally be considered for innovative programs of care such as new staffing models or care expansion. Therefore, only eligible expenses are for debt retirement or acquisition/capital. is this interpretation accurate?	Excluded expense are identified in the RFA on page 6 .
5	EHCPSP-Health Care Delivery System Innovators Fund RFA- Specific	If grant funds are used in the innovator program to renovate space can that space be rented to community based organization's partner to provide wellness services?	Yes, grants funds can be used to renovate space owned by the applicant.
6	EHCPSP-Health Care Delivery System Innovators Fund RFA- Specific	The Innovators Fund RFA talks about non-capital projects being eligible, yet it excludes most expenses that would be associated with a non-capital project. In particular, where it talks about early innovator projects, shared savings, etc. None of the innovative projects were are involved in are capital intensive. Debt reduction would be marginally helpful; all are operating expense intense such as the cost needed to develop a pilot demonstration bundled payment program or some other similar project. It seems like a contradiction, identifying eligible projects that are operationally intensive, and then essentially not allowing those costs.	Excluded expense are identified in the RFA on page 6.
7	EHCPSP-Health Care Delivery System Innovators Fund RFA- Specific	Can you please tell me whether it is absolutely required for an applicant to be part of a merger or acquisition to be eligible for these funds? The eligibility criteria for the applicant or project do not seem to suggest this is required.	No. Eligible Projects are not limited to mergers or acquisitions. The RFA emphasizes the preservation or expansion of innovative models of care. Eligible costs are detailed in the RFA on page 6.
8	Administrative Requirements	Are the 15% MBE and the 15% WBE goals a percentage of eligible expenses of the NYSDOH grant award portion of a project budget or are they a percentage of the entire project budget?	These goals apply to the New York State Department of Health grant award portion of the project budget.
9	Administrative Requirements	We have not identified subcontractors for construction or vendors for equipment because we are in the very early stages of planning. Would a MWBE waiver be appropriate?	The applicant should commit to a MWBE participation goal, but the applicant does not need to identify specific firms at the time of application.
10	Administrative Requirements	Is a completed MWBE form required as a part of the RFA response? Is a RFA response complete, and could it receive a maximum score/approval, if it does not include a completed MWBE form?	The applicant should commit to a MWBE participation goal, but the applicant does not need to identify specific firms at the time of application.
11	Administrative Requirements	Can the required attachments be submitted on the flash drive as separate files, or do they need to be compiled into one file/document?	The required attachments can either be submitted as separate files or compiled into one file or document.
12	Administrative Requirements	I have a question for the MWBE portion of the grant. How do we include actual firms to meet this requirement if we haven't officially bid out our project yet?	The applicant should commit to a MWBE participation goal, but the applicant does not need to identify specific firms at the time of application.

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13	Administrative Requirements	Do you want the Technical Proposal included in one packet clearly labeled Technical Proposal and the Financial Proposal in another packet clearly labeled Financial Proposal and then submitted as one package? Do you want one Flash Drive for the Technical Proposal and one Flash Drive for the Financial Proposal?	The required attachments can either be submitted as separate files or compiled into one file or document.
14	Amount of Request	What is the ceiling for capital request?	The intent of the Essential Health Care Provider Support Program RFA is to fund as many eligible applications that are evaluated to be "Good" or "Acceptable" as possible. For purposes of determining final awards within each tier, DOH will give preference to applications that request \$25 million or less, among other considerations. The strength of an application and the likelihood that it will be evaluated positively is largely dependent on the overall approach taken by the applicant to improve their long-term financial sustainability and/or preserve essential health care services in the community.
15	Amount of Request	What is the recommended maximum ask that you are hoping to see for each application given the limited funding and desire to geographically distribute the funds?	The intent of the Essential Health Care Provider Support Program RFA is to fund as many eligible applications that are evaluated to be "Good" or "Acceptable" as possible. For purposes of determining final awards within each tier, DOH will give preference to applications that request \$25 million or less, among other considerations. The strength of an application and the likelihood that it will be evaluated positively is largely dependent on the overall approach taken by the applicant to improve their long-term financial sustainability and/or preserve essential health care services in the community.
16	Application Process	Top of page 4, Section I of each RFA – "this is not a traditional competitive process" and that "funds may be awarded without a competitive bid or request for proposal process" and "will be awarded in the discretion of the Commissioner of Health". Does this mean that some portion of the funds allocated to each of these RFA's will be allocated to other entities who do not submit an application in response to this RFA as deemed by the Commissioner of Health?	No. To be eligible for funding consideration, an application must be submitted by a General Hospital. Any awards must be used by the General Hospital as described in their application and cannot be transferred.
17	Change in Application Post-Submission	If we identify one affiliate in our application, and post-application, we change negotiations to another potential affiliate, will that change of affiliate modify and/or disqualify our application and/or award?	Awards are determined based on the submitted application. If information provided in the application were to significantly change after submission or after an award is made, the application/project may be disqualified by the Department. While it is preferable for an application to identify specific partners/affiliates, in a situation where an applicant is committed to a merger, consolidation or other affiliation relationship, but it is premature to identify the affiliate(s), the applicant should consider indicating such a commitment and providing as many details as possible regarding the nature of the affiliation and how it would improve their long-term financial sustainability and/or preserve essential health care services in the community without identifying a specific partner(s).
18	Change in Application Post-Submission	If we are currently in one DSRIP in our application, and post-application, we change or request to change to another DSRIP, will that change in DSRIP modify and/or disqualify our application and/or award?	Awards are determined based on the submitted application. If information provided in the application were to significantly change after submission or after an award is made, the application/project may be disqualified by the Department. While it is preferable for an application to identify specific partners/affiliates, in a situation where an applicant may move to another DSRIP PPS, the applicant should describe its Plan for improving long-term financial sustainability and/or preserving essential health care services in the community, and associated affiliations and actions without identifying a specific partner(s).
19	Change in Application Post-Submission	A member hospital has been negotiating a letter of intent with a partner (merger, consolidation and restructuring) but has been approached by other parties to consider an affiliation. The matter may not be solved by the RFA due date. If the project that they submit stay essentially the same notwithstanding the partner, would their award (should they receive one) be intact or withdrawn if they change affiliations. As part of this dynamic, the facilities that have approached the member hospital are each members of different PPSs, so a PPS shift might occur. Would that affect any award?	See answer to Question #17 above.

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20	CON Requirements	Are there any CON guidelines or requirements associated with these RFAs?	Projects awarded under this RFA are subject to applicable CON guidelines and regulations.
21	CRFP	We have submitted several CRFP applications that are essential components of our Transformation Plan through CRFP. Those awards may not be announced before the EHCPs deadline of November 20th. Should we submit those projects, since they are necessary for our Transformation Plan to be successful, through EHCPs? We would, of course, withdraw the application in the event that the project receives CRFP funding.	Yes, if the applications meet the requirements of the RFA.
22	Deadlines	Since the Answers to Questions won't be released until 11/12, are you considering extending the 11/20 grant deadline? This doesn't leave much time to complete the application after Q&As are released.	Extending the deadlines for submitting RFA applications is not being considered at this time.
23	Differences in RFAs	Is there any further clarification on how to determine whether requests should be filed under Innovation or the Essential portion of the RFP? For example, are the initiatives like Medical Village and Critical Access Beds, which are considered "innovations" under DSRIP, applications that should be submitted under the innovation portion of the Essential Community Provider pool? Or are they no longer considered innovations, since they are named in the DSRIP projects?	It is incumbent on the applicant to determine which RFA to apply to, based on the nature and purpose of the project and plan being considered, and the articulated goals and requirements described in each RFA. Eligible Projects for funding under both RFAs include DSRIP projects. Requests for funding cannot be used, however, to duplicate previously awarded DSRIP funding. The applicant must attest to the unique purpose of the funding.
24	Differences in RFAs	Can you provide further guidance on how to determine which RFP the project is best suited for? For example, a major capital renovation that will facilitate transformation and is critical to financial sustainability but will also support innovative care models.	It is incumbent on the applicant to determine which RFA to apply to, based on the nature and purpose of the project and plan being considered, and the articulated goals and requirements described in each RFA.
25	Eligibility Criteria	If we do not meet the balance sheet negative equity over the last 3 years but new accounting for the Pension liability and workers comp liability will change the balance to negative will the application be considered.	Awards are determined based on the submitted application. To be considered, the applicant must qualify under the Eligible Applicant criteria listed in Section II. Who May Apply. Subsection (c) includes the alternative criteria.
26	Eligibility Criteria	On page 4 of the RFP there is eligibility based on unsustainability or what the commissioner identifies as an unmet need. Will one weigh heavier than the other (i.e. unsustainability vs unmet need).	These are eligibility criteria; neither has a greater weight than the other.
27	Eligibility Criteria	If you are a Sole Community Hospital but don't meet all the financial criteria do you qualify?	Yes.
28	Eligibility Criteria	When identifying services that would be otherwise unavailable in said region, how do you define region? What is the geographical scope for this?	The geographic region includes the community(ies) served by the General Hospital.
29	Eligibility Criteria	Criteria includes CAH and Sole Community, how about Medicare Dependent Hospitals?	Medicare Dependent Hospitals may qualify under the sustainability or alternative criteria identified in the RFA. Section II. Who May Apply.
30	Eligibility Criteria	What criteria will be used for the Commissioner to deem that a provider fulfills or will fulfill an unmet need?	Section V.1.3 in the Technical Proposal Section of the RFA requires the applicant to provide an "Assessment of Community Need". The Department will consider this information as well as other information related to service capacity and need.
31	Eligibility Criteria	In evaluating grant applications for awards, is preference given to hospitals applying that have had unsustainable operations for the past 3 years or are applications from hospitals fulfilling an unmet need in their community given equal preference in evaluating proposals?	Improving fiscal sustainability, which will preserve essential health care service availability, is the primary goal of the program.
32	Eligibility Criteria	What if the audited financial statements of a corporate entity that operates two hospital divisions do not satisfy the three financial criteria. However, the financial operations at one of the two divisions would satisfy the criteria. Would that division be eligible for this grant based on having "unsustainable operations", assuming it could verify the compliance by providing financial data concerning the division's operations?	Yes.

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33	Eligible Applicants	Must an Eligible Applicant be a general hospital?	Yes. Per Section II: Who May Apply of the RFA: " An Eligible Applicant must meet all of the following criteria to be eligible to receive grant funding under this RFA:....(b) Be a General Hospital as defined in Article 28 of the PHL..." PHL Section 2801 (10) states that a "General hospital" means a hospital engaged in providing medical or medical and surgical services primarily to in-patients by or under the supervision of a physician on a twenty-four hour basis with provisions for admission or treatment of persons in need of emergency care and with an organized medical staff and nursing service, including facilities providing services relating to particular diseases, injuries, conditions or deformities. The term general hospital shall not include a residential health care facility, public health center, diagnostic center, treatment center, out-patient lodge, dispensary and laboratory or central service facility serving more than one institution.
34	Eligible Applicants	Must the entity be licensed as a General Hospital or can they be an Article 28 Licensed D&TC.	Eligible Applicants must be General Hospitals. See answer to Question 33.
35	Eligible Applicants	Can an Article 31 facilities apply for funding under the Essential Health Care Provider Support Program?	Eligible Applicants must be General Hospitals. See answer to Question 33.
36	Eligible Applicants	Are community health centers eligible to apply?	Eligible Applicants must be General Hospitals. See answer to Question 33.
37	Eligible Applicants	If the partnership includes 2 hospitals and has an active parent company that is not a general hospital, can the active parent be the applicant, or must the hospital be the applicant?	Eligible Applicants must be General Hospitals. See answer to Question 33.
38	Eligible Expenses	Is debt owed by a controlled, wholly-owned subsidiary of an Eligible Applicant eligible for retirement under program?	No. For purposes of debt retirement, the debt must be that of the General Hospital.
39	Eligible Expenses	Is secured and unsecured debt that is part of a bankruptcy petition eligible for debt retirement?	No. Debt associated with a bankruptcy petition is not an eligible expense.
40	Eligible Expenses	Since grant awards are not advanced funded, is interest expense from a revolving line of credit an Eligible Cost?	No.
41	Eligible Expenses	If a transformation plan closes a program/service, are costs related to closing a program/service eligible under program?	Yes. If the assets and liabilities of the program/service are part of the General Hospital and the funding would be used for the purpose of facilitating the health care transformation of the General Hospital to create a financial sustainable system of care.
42	Eligible Expenses	Given that personnel costs are excluded, can you confirm that it is acceptable to subcontract for services, e.g. for training needs?	Training costs associated with a specific initiative that is part of an applicant's transformation plan would be eligible. However, routine training costs that are part of an applicant's general operating budget would not be eligible.
43	Eligible Expenses	If the applicant is an Article 28 General Hospital with a hospital-based skilled nursing facility, would renovation costs of the hospital-based skilled nursing facility be considered Eligible Expenses for the Essential Health Care Provider Support Program if the expenditures are related to the hospital's Eligible Project for sustainability?	Yes, if the assets and liabilities of the program/service are part of the General Hospital and the funding would be used for the purpose of facilitating the health care transformation of the General Hospital to create a financial sustainable system of care.
44	Eligible Expenses	Is a subcontract to a temp agency for personnel considered an allowable expense?	No. Personnel costs are excluded expenses.
45	Eligible Expenses	Is a subcontract for services such as training or curriculum development an allowable expense?	Training costs associated with a specific initiative that is part of an applicant's transformation plan would be eligible. However, routine training costs that are part of an applicant's general operating budget would not be eligible.
46	Eligible Projects	Is it acceptable for an Eligible Applicant to partner with another hospital that is affiliated in the same network but is a distinct facility?	Yes. Funding is for the purpose of facilitating the health care transformation of General Hospitals that are essential health care providers through mergers, consolidation and restructuring activities intended to create financial sustainable systems of care.
47	Eligible Projects	Is it acceptable for an Eligible Applicant to partner with another hospital that is affiliated in the same network, is a distinct facility, and has the same active parent?	Yes.
48	Eligible Projects	Is it permissible under this grant to include partnerships that are newly formed, or must the referenced merger activities include only new partners?	The program can support either existing or new partnerships.

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49	Eligible Projects	Does the Department intend to require that the Eligible Applicant establish a formal or legal relationship with a partner as part of this process, or could a successful EA propose a less formal restructuring or relationship?	Funding is for the purpose of facilitating the health care transformation of General Hospitals that are essential health care providers through mergers, consolidation and restructuring activities intended to create financial sustainable systems of care. The strength of an application and the likelihood that it will be evaluated positively is largely dependent on the overall approach taken by the applicant to improve their long-term financial sustainability and/or preserve essential health care services in the community. The transformation activities proposed do not have to involve a legal relationship between partners, although stronger applications may have more formal affiliate relationships.
50	Eligible Projects	Would the request for application include General In-Patient hospital units for Hospices?	Eligible Projects include those of the General Hospital.
51	Eligible Projects	Are investments in IT, to support transformation, permitted?	IT projects are eligible expenses, but IT costs are not a primary focus of these RFAs unless they are an integral part of an applicant's transformation plan.
52	Eligible Projects	Can you expand at all on types of transformation projects that will be supported? Perhaps give an example or two?	There is no fixed list of types of transformation projects that will be supported. However, it is important that such projects be closely aligned with a plan for the applicant to become financially sustainable and preserve essential health care services in the community.
53	Eligible Projects	With respect to 'restructuring', can that be explicitly internal restructuring or does it need to involve outside agencies/partners	Internal or external restructuring is an Eligible Project. It is important that Projects be closely aligned with a plan for the applicant to become financially sustainable.
54	Eligible Projects	Does the partnership need to be between a hospital and another hospital, or can the partnership/merger activity be between a hospital and another health care provider?	As long as an applicant is a general hospital, the partnership can be with other providers.
55	Eligible Projects	The potential project would be to upgrade the hospital's Essential Electrical System (EES) including the purchase and installation of a new generator. The EES project seems to meet the RFA criteria of preserving essential health care services in an area of unmet need; however, the project will not lead to health care transformation such as a merger, consolidation or restructuring to help create financially sustainable systems of care. Funding of the project, would, however, help save the hospital the significant additional expense of the EES work. Based on this information, would the EES/generator project be eligible for funding through this RFA?	The Plan should describe how the Project will make the General Hospital financially sustainable. The more concrete the Plan, the more likely it will be successful. Funding is for the purpose of facilitating the health care transformation of General Hospitals that are essential health care providers through mergers, consolidation and restructuring activities intended to create financial sustainable systems of care.
56	Eligible Projects	Could the acquisition of an essential non-hospital provider (e.g. behavioral health) be considered for funding, as long as it was in alignment with the DSRIP initiatives?	Eligible Projects include those of the General Hospital.
57	Eligible Projects	Would our General In Patient wing (used for hospice currently) qualify for the grant?	Eligible Projects include those of the General Hospital.
58	Eligible Projects	Can the basic fund program support newly formed hospital partnerships (~12 months old), or is the funding only available to brand new (not yet formed) partnerships?	The program can support either existing or new partnerships.
59	Eligible Projects	If an organization applied for funding under CRFP, can they also apply for funding from this pool? If their project has increased in scope can they apply?	There is nothing in the RFA to preclude an applicant that applied for funding under CRFP to apply for funding under this RFA. However, an applicant cannot be funded under both the CRFP and these RFAs for the same project.
60	Eligible Projects	If a facility is not yet a 501c3 but a municipal hospital but it plans on converting will it be considered in the grant for the costs to convert and elimination of debt and then have the possibility to affiliate for the future?	The Plan should describe how the Project will make the General Hospital financially sustainable. The more concrete the Plan, the more likely it will be successful.
61	Eligible Projects	What are the requirements for mergers and acquisitions? Are clinical affiliations ok?	There are no specific requirements. The quality of the project will be judged based on how well the Plan will enable the General Hospital to achieve financial sustainability and the preservation of essential services in the community.

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62	Eligible Projects	We are an independent sole community hospital that has been struggling financially for the past few years, primarily due to losses in our employed physician medical practice. We currently do not have any active plans to formally affiliate with another system, but know that when that time comes, we need to be financially stronger than we are today in order to have a say in how that affiliation is structured. My question is can we request funds from the EHCPSP that help strengthen our balance sheet by retiring debt or possibly providing money towards a portion of our unfunded defined benefit pension plan that was frozen at the end of 2013? This would make us a more attractive partner in a future affiliation. It also would mean more of the cash from ongoing operations can be targeted towards investment in new programs as opposed to funding the pension plan and paying down debt. Our project plan would then include a timeline for sending out an RFP to surrounding systems regarding clinical affiliations (ex. outsourcing lab or telemedicine), possible joint venture with our medical group, etc. We also are willing to decertify some inpatient beds as part of our application.	The Plan should describe how the Project will make the General Hospital financially sustainable. The more concrete the Plan, the more likely it will be successful. Costs to convert and debt retirement are eligible expenses. Also, see answer to Question 17 above.
63	Financial Proposal	Are Eligible Applicants (EA) required to own the property used as part of its proposed EHCPSP project, or may the EA seek funding for a project involving leased property?	A Project may be delivered in leased property, but lease payments are an excluded expense.
64	Financial Proposal	Do you want the financials on a calendar year basis? If not, what start date?	The financials submitted should correspond with dates that the applicant uses as their fiscal year.
65	Financial Proposal	Can we get better clarity as to what financial schedules need to be completed if we are looking for just debt relief.	All financial schedules need to be completed, with the exception of Schedule B-3 (Capital-Based Budget) in the instance of seeking only debt relief.
66	Financial Proposal	Under attachment 6 budget summary worksheet, are you looking for cash basis (like VAPAP) or accrual basis	Accrual Basis.
67	Financial Proposal	For Attachment 6 Tab 3, can a Health System applying to implement a project for one of its owned hospitals (all under one Tax ID) provide the financial feasibility projections based on the entire system rather than the one hospital? All financials are consolidated under the one health system.	Yes. Financial information for the entire system is allowed. However, the applicant will need to describe how the single-hospital focused project will improve the sustainability of that hospital.
68	Financial Proposal	Should the plan and budget be shown over 3 years?	Yes. If the applicant requires more than three years to prove financial feasibility these additional years should be discussed in the plan. The financial attachments (specifically attachment 6 budget Summary-tab 3) should demonstrate the applicants first three years after completion of the project (or the use of the grant funds).
69	Financial Proposal	Is there a desired level of internal matching funds for eligible projects?	Matching and in-kind contribution will be considered on a case-by-case basis. The level of matching funds or in-kind contributions will not be an evaluation criteria.
70	Financial Proposal	Will matching funds or an in-kind contribution make an application stronger?	Matching and in-kind contribution will be considered on a case-by-case basis. The level of matching funds or in-kind contributions will not be an evaluation criteria.
71	Financial Proposal	For the EHCPSP basic fund, what % match funding is expected for eligible projects other than debt retirement? The RFA does not specify that matching funds are required, nor an amount that would be acceptable, but the Financial narrative section requests a description of funding sources. For hospitals with little to no ability to contribute funds towards an eligible project, will the application be disqualified, or can the organization demonstrate through audited financials that no other means of funding is available?	Matching and in-kind contribution will be considered on a case-by-case basis. The level of matching funds or in-kind contributions will not be an evaluation criteria.

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72	Financial Proposal	On the cover page (attachment 1) where it requests Total Project Value, does the DOH want the applicant to include total cost of the Plan, or just the value of eligible projects in the application? There are a few spots in the RFA where the term Plan and Eligible Project are used somewhat interchangeably. Can you provide some clarification as to what level of detail you want to see on the overall Transformation Plan vs. the Eligible Projects, for which the applicant is seeking funding? In the financial documents do you want to see budgets and financial impact modeling on the entire Transformation Plan or only for each Eligible Project?	The Total Project Value should include costs associated with the Project(s). If the Projects are considered interdependent to creating a financially sustainable system of care and are described as part of one Plan, they can be submitted as one application but each Project should include its own Financial Proposal and the Projects ranked in importance. Such information will enable awards to be made in whole or in part. If the Projects are not interdependent, they do not need to be submitted as one application.
73	Financial Proposal	We are a hospital system with one tax ID and all of our hospitals are under one Operating Certificate number and all financials are consolidated to include all owned hospitals within the system. The Eligible Project involves one of our hospitals. However, financials are not available for individual hospitals. Is it therefore acceptable to include our hospital system's consolidated financials for the Financial Proposal including in the Financial Feasibility forms in Attachment 6, Tab 3? This section is also addressed under Attachment 3. Section 5. Project Impact on Eligible Applicant Financial Viability. The title of this section leads me to believe the viability of the hospital system as a whole as the Eligible Applicant should be addressed in the Financial Proposal and therefore to use our consolidated financials – correct?	Yes. Financial information for the entire system is allowed. However, the applicant will need to describe how the single-hospital focused project will improve the sustainability of that hospital.
74	Financial Proposal	Page 19 of the 'EPP Workforce Specific Requirements 102215.pdf reads "For Eligible Projects that involve debt retirement or other non-capital purposes it is understood that not all of the components of the Financial Proposal section are applicable." Attachment 6: Budget Summary, Tab 3 Impact-Financial Viability asks the applicant to provide financial feasibility projections for the eligible project. For a debt retirement project, is the eligible hospital only expected to complete the 'Cash – Sources and Uses' and 'Balance Sheet' sections? Or are there other sections that are expected to be completed as well? If so, can you please specify what sections?	All financial schedules need to be completed, with the exception of Schedule B-3 (Capital-Based Budget) in the instance of seeking only debt relief.
75	Financial Proposal	Can you please tell me which components are applicable for debt retirement?	All financial schedules need to be completed, with the exception of Schedule B-3 (Capital-Based Budget) in the instance of seeking only debt relief.
76	Financial Proposal	Must there be matching funds for each line item in Attachment B-3 for which grant funds are requested?	No.
77	Financial Proposal	Can the services of existing hospital employees be monetized as matching funds where employees are used to perform capital renovations?	Yes.
78	Financial Proposal	Should the proposed budget and financial projections be provided for all three years?	Yes.
79	Law	Where can a copy of Section 2825-c of the Public Health Law be found?	A summary of PHL Section 2825-c can be found in Attachment 9: Essential Health Care Provider Support Program - PHL 2825-c located on the DOH website at <a href="http://www.health.ny.gov/funding/rfa/1510160807/index.htm">http://www.health.ny.gov/funding/rfa/1510160807/index.htm</a>
80	Number of Applications or Projects	May the application include multiple projects or only a single project?	An application may include multiple projects. If the Projects are considered interdependent to creating a financially sustainable system of care and are described as part of one Plan, they can be submitted as one application. If the Projects are not interdependent, they do not need to be submitted as one application.
81	Number of Applications or Projects	If a large hospital is working with several smaller hospitals on a solution across a particular region, should each hospital submit a separate application? Or should the larger hospital submit one application with separate sections for each smaller community hospital? There will be differences in the needs by hospital, but the end goal for the region will be the same.	An application may include multiple projects. If the Projects are considered interdependent to creating a financially sustainable system of care and are described as part of one Plan, they can be submitted as one application. If the Projects are not interdependent, they do not need to be submitted as one application.
82	Number of Applications or Projects	May an applicant submit multiple applications?	Multiple applications are acceptable. If the Projects are considered interdependent to creating a financially sustainable system of care and are described as part of one Plan, they can be submitted as one application. If the Projects are not interdependent, they do not need to be submitted as one application.

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83	Number of Applications or Projects	We have two projects that we feel are eligible for funding under this RFA. May I combine them, or should I write two separate applications?	An application may include multiple projects. If the Projects are considered interdependent to creating a financially sustainable system of care and are described as part of one Plan, they can be submitted as one application. If the Projects are not interdependent, they do not need to be submitted as one application.
84	Number of Applications or Projects	Can a hospital apply for funds in both round 1 and round 2 if they are for different projects?	Yes.
85	Number of Applications or Projects	Given that an EA may be involved in multiple DSRIP projects, is there any limit to the number of projects that an EA may submit as part of its EHCPSP proposal?	An application may include multiple projects. If the Projects are considered interdependent to creating a financially sustainable system of care and are described as part of one Plan, they can be submitted as one application. If the Projects are not interdependent, they do not need to be submitted as one application.
86	Number of Applications or Projects	We have two projects which fit in this RFA – I am wondering if I can lump them together or should I do separate applications for each one. The first one is to move an outgrown health center that we own to a new location, buy the land, design and build a brand new facility, hopefully to accommodate two primary care physicians, one being new, and the other currently working at the existing facility. The second is to replace the existing HVAC system in our hospital on the patient floors. It has outlived its useful value and is causing extensive issues with air quality and operational costs to maintain.	An application may include multiple projects. If the Projects are considered interdependent to creating a financially sustainable system of care and are described as part of one Plan, they can be submitted as one application. If the Projects are not interdependent, they do not need to be submitted as one application.
87	Number of Applications or Projects	Our hospital is affiliated with a hospital network. We are a CAH and a separate article 28 facility. I would like to submit an application but am also aware that other affiliate hospitals within the network intend to submit as well. Would multiple requests from a network of affiliated hospitals jeopardize awards being made to those applying or potentially reduce an overall award made to any one of the applicants?	Multiple applications are acceptable. If the Projects are considered interdependent to creating a financially sustainable system of care and are described as part of one Plan, they can be submitted as one application. If the Projects are not interdependent, they do not need to be submitted as one application.
88	Page Limits	Must the DOH questions provided in the fillable attachments for the Technical and Financial Proposals remain in the narrative to be submitted? Given the 15 page limit, the questions are 8 pages - if we include the questions this will limit the length of the narrative answers.	When completing the 15 page maximum narrative, the questions and answers should be repeated in the narrative.
89	Page Limits	Do the page limitations for the Technical Proposal (RFA section V.A.1.) and the Financial Proposal (RFA section V.A.2.) include the "Table of Contents" page on the pre-formatted narrative documents (Attachments 2 and 4 respectively) which contain no applicant-specific information except for Applicant Name and Project Name? In other words, may Attachment 2 be 16 numbered pages and Attachment 4 be 11 numbered pages including the "Table of Contents" and still meet the 15-page and 10-page maximum requirements?	The Table of Contents does not count as a page in determining maximum page requirements.
90	Posting of Materials	Will the recording of the November 4, 2015, webinar be made public on DOH website? What other sources of information are there?	The webinar and the slide set used during the webinar are available on the DOH website at <a href="http://www.health.ny.gov/funding">www.health.ny.gov/funding</a> . The Department's official response to questions will also be posted on the DOH website on or around November 12, 2015.

Questions & Answers for Essential Health Care Provider Support Program - RFA No. 15-10160807 and RFA No. 15-10190320			
Q#	Category	Question	Answer
91	Priority Consideration	Is the intent to fund mostly rural partnerships, or will there be funding for downstate hospitals as well?	Any applicant that meets the eligibility criteria may apply. Awards will be made first to applications ranked as "Good", then "Acceptable". In the event that funds are not sufficient to support all applications in the lowest tier for which funding is available, when determining final awards within each tier, DOH may give priority consideration to applications: 1. From Federally designated Critical Access Hospitals, or Federally designated Sole Community Hospitals, or State designated rural hospitals, or hospitals whose location, due to transportation infrastructure, distance, and/or travel time, presents a risk to safe and timely patient transfer or service coordination; or 2. That will help achieve a geographic distribution of funds; or 3. That request \$25 million or less, in order to allow the Department to maximize the number of funded projects; or 4. That, based on the Department's knowledge of community needs, will fulfill the program's goals, or preserve essential healthcare services in a community in a manner that is superior to others in the same tier.
92	Submission of Applications Under Both RFAs	Can a hospital apply for funds under both the \$300M transformation pool and the \$55M innovation pool, if the projects are different?	Yes, if, as stated, the projects are different.
93	Technical Proposal	Is Section V, 1. Technical Proposal, 5, Plan and Project Timeline of each RFA answered only by completing Attachment 3 Work Plan? Or do you expect additional narrative related to the plan and project timeline as well?	A narrative is expected related to the Plan and Project timeline.
94	Technical Proposal	Can the DSRIP community needs assessment information be used to satisfy the input from community requirement?	Yes, if the DSRIP community needs assessment information satisfies the requirements of this RFA.
95	Technical Proposal	Should the timeline for the Transformation Plan and the Eligible Project be included in the Attachment 3 Work Plan?	Yes.