

HEAL NY - RGA No 0908201108

Health Care Services in Queens

Questions and Answers

A. CON Related Questions:

1. Can a facility that already has an approved CON application to construct an additional facility in Queens apply for this grant program? The new facility has not been built.

No. The approval of a CON application indicates that financial feasibility has been demonstrated and that funding is already available to the applicant. HEAL funds may not be used to supplant existing funding.

2. I am working with a not for profit dialysis provider who was recently approved to add additional service in the Auburndale section of Queens. The new facility will be applying under HEALNY to add extra services for both the dialysis community and the general community who may have chronic kidney disease. We have not secured final funding for the construction phase of the project. May we apply for assistance with construction even though the project has already been approved?

See answer #1. HEAL funding could support only construction that was in addition to that approved in the CON for the Auburndale site, even though final funding may not yet have been secured for that CON project.

3. Steady increases in demand for emergency department services, coupled by recent hospital closures, prompted a series of discussions throughout the past Winter and Spring with representatives of the Department of Health on the Hospital's need to expand capacity in the Emergency Department. At the department's suggestion, New York Hospital Queens submitted a Certificate of Need application (Project # 09023-C) to address ED overcrowding and identified the source of funding as grant monies, (specific sources of the grant funding yet to be determined) since the Hospital was not in a position to fund the project. The application was distributed for review within the department during the week of August 7. We believe that this project meets criteria for funding through HEAL NY Queens program and are preparing a submission. I would like to confirm that submission of the Certificate of Need does not preclude us from doing so.

Because the CON project described in your question could not, as submitted, demonstrate financial feasibility, the proposed activity would be eligible for consideration under this RGA.

4. Would a specialized Pediatric skilled nursing/sub-acute care facility that provides rehabilitation services for children before they return home after acute care qualify for this grant and, if so, could the funding be used for a portion of the cost of a building renovation project that has received CON approval but for which construction has not begun as a result of financing issues?

I am referring to p.13, paragraph 2, sub iv, which states with respect to applicant eligibility:

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

This project has already received CON approval and therefore would not be eligible for funding. See answer #1.

5. Will CON review be expedited for HEAL Q 2 related projects?

The Department will make every effort to expedite CON review for these projects. However, all awardees will still have to meet all applicable CON requirements.

B. Section 1.4 Project Timeline

6. The grant runs for a period of 2 years - if the project runs beyond 2 years, will we be eligible for reimbursement of approved grant amount.

The purpose of this RGA is to meet an immediate health care need created by the closure of the Caritas hospitals and reduce the impact on the community. Projects should be structured to meet the identified need(s) within a two year period. Projects that seem to push the limits of the two year grant period will be viewed unfavorably. It is highly unlikely that extensions beyond the two year time period will be allowed

C. Section 2.1 Submission Process

7. In previous HEAL grants, submission of the technical and financial applications were to be submitted in separate packages. It does not appear to be the case for this HEAL grant, can you clarify?

In this HEAL Phase, financial and technical applications do not need to be submitted in separate packages. A modified review process is going to be used for this phase.

8. Can the dollar amounts of the total project and the amount of HEAL grant funds being requested be included in the technical application?

The requested amount may be included in the technical application if necessary. It is preferred that the technical application makes the case for the project on the basis of the strength of the project and project activities as well as meeting the health care needs of the community.

D. Project Eligibility

9. Do dually certified DOH/OMH psychiatric bed or psychiatric out patient programs qualify?

Yes, dually certified DOH/OMH programs qualify.

10. Is there a dental component? If so please email a copy of the RFP for health Care Services in Queens.

Dental costs are eligible for funding. A copy of the RGA may be obtained at www.nyhealth.gov/funding/.

11. Please list and/or define all acceptable examples of primary care (there is short list at the bottom of page 3, but it doesn't appear to be comprehensive). For example, we consider sexual and reproductive health care essential to women of reproductive age, but it is not listed in the RGA. Would this type of care qualify?

Sexual and reproductive health care are considered primary care.

12. Our organization currently operates a number of Article 28-licensed health centers in the City, but none in Queens. We are, however, in the planning phase of expanding service-provision there. Could we request funds to hire consultants for a feasibility study and needs assessment to determine the optimal geographic location for sexual and reproductive health services in the borough? Are applicants required to have a site already identified in Queens or could we use funding to guide this process, with site identification and CON submission to occur at the end of, or even beyond, the 24-month contract period?

Applications proposed for funding under this RGA should be for capital projects that will directly benefit patients. While some planning costs may be eligible for consideration, your

question suggests that planning would be the focus of your project. This would not be eligible for funding under this RGA.

13. Will this RGA provide funding for construction projects designed to alleviate overcrowding of Emergency Departments whose utilization of existing space is in excess of standards (for example, more than 1500 visits per bay per year).

Projects to alleviate emergency room overcrowding are eligible for consideration.

14. Can funding from this RGA supplement HEAL 11 projects that are not fully funded or whose total project costs are greater than the maximum permitted under HEAL 11?

Because this RGA and the HEAL Phase 11 RGA are separate solicitations, applications submitted in response to each will be reviewed independently and should not be linked to, or made to supplement, each other.

15. Will this RGA provide funding for equipment (for example, radiology or dental equipment) upgrades at existing ambulatory care facilities?

Purchases of medical and dental equipment are eligible for funding under this RGA.

16. Are hospital bed expansion projects eligible? If yes, if the bed expansion project exceeds \$5million, does the HEAL award have to be for a specific part of the project that equates to \$5million or can the HEAL award be used to partially offset total project costs of the bed expansion in the aggregate, without specifically identifying the part of the total project that it will be used for?

Bed expansion projects are eligible for consideration under this RGA. HEAL funds may be awarded in support of a larger project, but applications must identify the specific items for which HEAL funding is requested, as shown in the Financial Application.

17. Are renovations of leased facilities eligible? If yes, are there any limitations other than the dollar amount?

Leaseholder improvements are eligible if restricted to start-up costs directly related to the proposed HEAL project (for example, renovations, supplies, temporary staffing, etc.). There is no specific dollar limit for such costs within the overall \$5 million grant limit. Although the lease may be of longer duration, it could not be supported with HEAL funds beyond the length of the HEAL contract (24 months).

E. Vendor Responsibility

18. I understand that an executed Attachment 7 (Vendor Responsibility Attestation) needs to be submitted as part of the application. However, Page 25 of the RGA states that a "current NYS Vendor Responsibility Questionnaire" should be submitted as part of this project. If an applicant has completed the NYS Vendor Responsibility Questionnaire online within the past six (6) months, does the applicant still need to provide a hard-copy of the Questionnaire as part of submission of its application?

Yes, the applicant still needs to submit a hard copy of their vendor responsibility questionnaire along with all relevant attachments.

F. Application Process:

19. On p. 21 C of the Technical Application Format, DOH asks the following: "Describe the methodology that will be used to track progress within the project, including any quality assurance testing that will be performed. Describe how the monitoring plan will include identification of barriers and strategies to resolve issues." Since we are applying for a capital project, can you clarify whether you are asking us to describe how we will oversee and monitor construction, or quality assurance procedures once the Article 28 extension clinic is operational, or both?

Project Monitoring includes your plans to oversee both aspects of the project. The development and construction of the physical plant as well as the programmatic elements of overseeing and monitoring the delivery of services proposed in your application and their impact on the community.

20. Are applicants required to, and if not, may they submit schematics for capital projects?

Applicants may submit schematics for their capital projects. Although they are not required, they are helpful to the review teams in making assessments.

21. A multi-purpose not-for-profit (NFP) 501 c-(3) organization has a wholly owned subsidiary, which operates an Article 28 diagnostic and treatment program. The subsidiary intends to apply for a HEAL grant for capital funding and costs associated with submitting a CON for an extension clinic in Queens. The subsidiary corporation has entered into a management services agreement with the multi purpose NFP parent corporation to provide all services, including oversight of capital construction and financial services. Should the parent corporation be listed as a participant in the grant application in the Multiple Provider/Participant Consent Form?

Yes, the parent corporation should execute the multi-provider consent form with the subsidiary corporation. The intent is to demonstrate that the subsidiary has approval from the parent

corporation for the proposed project. Absent an executed multiple provider consent form, a board resolution is also acceptable.

22. The site for the Article 28 extension clinic is owned by NYC. The parent company of the applicant operates a program at the site under a contract with a city agency. The city agency supports the project and will be providing matching funds. Does the city agency need to be listed as a participant in the grant application on the Multiple Provider/Participant Consent Form?

Yes, since the city agency will be providing matching funds they should execute a multiple provider consent form. Absent that, an MOU between the applicant and the city agency would demonstrate commitment on the part of both the applicant and the city agency.

23. Can an Article 28 provider submit multiple applications for different projects that will each be \$5 million or less but in aggregate exceed \$5 million?

Yes, the limit is \$5 million per application.

24. Can an Article 28 provider submit 2 applications, including a joint application with another article 28 provider where each application is \$5 million or less and the total requested funds from both applications exceed \$5 million?

Yes, the limit is \$5 million per application.

25. Will WORD documents be provided/available for the tables and forms required for the application?

Yes, WORD and Excel documents will be posted to the Department's website with the RGA for easy entry.

G. Applicant Eligibility

26. Can a PC (Private Practice) medical facility respond to the RGA?

No. Private practices are not eligible to receive HEAL funding.

27. Can a non-Article 28 provider apply for this HEAL grant? This provider is an existing non-Article 28 multispecialty outpatient facility in Queens and would like to include an Article 28 primary care component at this location?

If your facility is not an Article 28 entity, then it must be considered a private practice and ineligible to apply. See question # 26.

28. Can an Article 28 located in Yonkers move their license to Queens or expand its services into the borough?

Applicants need not be currently located in Queens to be eligible to apply. Applicants may propose to re-locate their services to Queens or to open up extension sites in Queens.

29. Can an Article 28 located in Brooklyn move their license to Queens or expand its service into the borough?

See answer #28.

30. Can a mobile entity under a new or existing license respond to this RGA?

If the mobile entity is an Article 28 provider, it is eligible to apply.

H. Financial

31. Is there a matching funds requirement for RGA No. 0908201108?

No, there is no matching funds requirement; however, grant applications which share some of the cost of the project will be viewed more favorably.

32. If only \$5M is allowed per applicant and the proposal is to relocate an existing D&TC and a new Health Center is being acquired and renovated that will exceed this amount, is additional funding allowed to be from a Legislative Member grant and additional sources of long-term financing such as Primary Care Development's New Market Tax Credit funding and Capital Access programs?

Yes, since there is no formal matching requirement, other sources of State funds are allowed to create a funding stream for your project.

33. Will the HEAL Grant involving the DASNY have any implications on the grantee's debt ratio limitations imposed by DASNY on organizations having received DANSY financing in the past?

No. If DASNY finances the funding of a particular grant, the financing is on behalf of the State and not on behalf of the grant recipient. Whether or not the grant has been financed, the grant recipient is not considered to carry any debt associated with the grant

34. Are costs associated with NYSERDA New York Energy Smart New Construction Program application; LEEDS certification expenses and energy efficient design allowable expenses under this RGA?

Yes, these costs are allowable.

35. Are contracted Marketing costs allowable expenses under this RGA?

Marketing costs are an allowable cost; however, the intention of this RGA is not to primarily fund marketing or outreach programs. This is a capital program and the intention is to fund the structural costs associated with providing health care services.

36. Are the costs associated with implementing an EMR allowable expenses under this RGA?

EMR costs are an allowable cost; however, the intention of this RGA is not to primarily fund Electronic Medical Programs. There are other opportunities through other RGAs where these types of funding opportunities exist. This is a capital program and the intention is to fund the structural costs associated with providing health care services.

37. Are the costs related to contracted services for “Integration of Services” allowable under this RGA?

Contracted services for the integration of services are an allowable cost; however, the intention of this RGA is not to primarily fund a reconfiguration program. This is a capital program and the intention is to fund the structural costs associated with providing direct health care services.

38. Are real estate broker fees allowable expenses under this RGA?

Yes.

39. Does the grant award have to be distributed evenly throughout the 24-month contract period, or could the majority of funds be applied to the final 12 months of this period?

No. However, as noted earlier, projects will be evaluated based on how quickly they can meet the health care need as demonstrated in the needs assessment posted with the RGA. Contracts

that are organized to start work quickly and finish prior to the expiration of the two year time frame will be viewed favorably.