

ADDENDUM # 3

December 15, 2021

RFA # 18406 / Grants Gateway # DOH01-SHCFT3-2021

**New York State Department of Health
Office of Primary Care and Health Systems Management**

Request for Applications

Statewide Health Care Facility Transformation Program III

Attachment 1 - Application Cover Sheet has been replaced by the following document (Attachment 1) to include the following eligible applicant type:

Article 28 Residential health care facility

Please upload this updated version of Attachment 1 to the Grants Gateway, under Pre-submission uploads.

RFA #18406
Statewide Health Care Facility Transformation Program III (Phase 3)
Application Cover Sheet

Applicant Legal Corporate Name: Click here to enter text.

Applicant's Primary Address (include County): Click here to enter text.

Federal ID #: Click here to enter text.

NYS Charities Registration #: Click here to enter text.

Vendor Identification #: Click here to enter text.

Applicant is: ☐ Municipality ☐ Not For Profit ☐ For Profit

Prequalified in Grants Gateway? ☐ Yes ☐ No ☐ Not Applicable
(REQUIRED for Not for Profit Applicants)

Applicant Type:

- ☐ Article 28 General Hospital
- ☐ Article 28 Hospital designated as a Regional Perinatal Center or other health providers
- ☐ Article 28 Residential health care facility
- ☐ Article 28 Diagnostic and treatment center
- ☐ Article 31 Mental health clinic
- ☐ Article 31 Children's residential treatment facility
- ☐ Article 32 Alcohol and substance abuse treatment clinic
- ☐ Article 36 Home care provider
- ☐ Article 40 Hospice provider
- ☐ Article 7 Adult care facility
- ☐ Article 16 Clinic
- ☐ Primary care provider
- ☐ Assisted living program approved by New York State Department of Health pursuant to section 461-1 of the Social Security Law

Project Name: Click here to enter text.

Amount of SHCFTP Funds Requested \$Click here to enter text.

Amount of Other Funds \$Click here to enter text.

Total Project Cost \$Click here to enter text.

Applicant Contact Information

Name: Click here to enter text. **Title:** Click here to enter text.

Phone: Click here to enter text. **E-mail:** Click here to enter text.

Signature of an individual who is authorized to bind the Eligible Applicant to any MGC resulting from this application.

Name: [Click here to enter text.](#)

Applicant Authorized Signature: _____ Date: _____

ADDENDUM # 2

October 29, 2021

RFA # 18406 / Grants Gateway # DOH01-SHCFT3-2021

**New York State Department of Health
Office of Primary Care and Health Systems Management**

Request for Applications

Statewide Health Care Facility Transformation Program III

Attachment 6: New York State Certified Service-Disabled Veteran Owned Businesses Forms has been replaced due to a page 1 formatting error. Please find the replacement version below for use. This document will also be available from the NYS Contract Reporter advertisement <https://www.nyscr.ny.gov/> under the documents tab for download within the Statewide Health Care Facility Transformation Program III advertisement.

SDVOB UTILIZATION PLAN
☐ Initial Plan ☐ Revised plan Contract/Solicitation # _____

INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS Certified Service-Disabled Veteran-Owned Business (SDVOB) under the contract. By submission of this Plan, the Bidder/Contractor commits to making good faith efforts in the utilization of SDVOB subcontractors and suppliers as required by the SDVOB goals contained in the Solicitation/Contract. Making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Attach additional sheets if necessary.				
BIDDER/CONTRACTOR INFORMATION				SDVOB Goals In Contract
Bidder/Contractor Name:		NYS Vendor ID:		%
Bidder/Contractor Address (Street, City, State and Zip Code):				
Bidder/Contractor Telephone Number:			Contract Work Location/Region:	
Contract Description/Title:				
CONTRACTOR INFORMATION				
Prepared by (Signature):		Name and Title of Preparer:		Date:
Email Address:				
<i>If unable to meet the SDVOB goals set forth in the solicitation/contract, bidder/contractor must submit a request for waiver on the SDVOB Waiver Form.</i>				
SDVOB Subcontractor/Supplier Name:				
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:	
Address:		Email Address:		
Detailed description of work to be provided by subcontractor/supplier:				
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%				
SDVOB Subcontractor/Supplier Name:				
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:	
Address:		Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:				
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%				

FOR NYS Department of Health (DOH) USE ONLY

NYS DOH Authorized Signature:		<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	SDVOB %/\$ _____	_____	Date Received:	Date Processed:
Comments:				
NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified SDVOBs can be viewed at: https://ogs.ny.gov/Veterans/default.asp Note: All listed Subcontractors/Suppliers may be contacted and verified by NYS DOH.				

ADDITIONAL SHEET

Bidder/Contractor Name:	Contract/Solicitation # _____
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SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %			

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %			

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %			

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %			

APPLICATION FOR WAIVER OF SDVOB PARTICIPATION GOAL*(must be submitted before requesting final payment on the Contract)***Section 1: Basic Information**

Contractor's Name:		Federal Identification Number:	
Street Address:		E-Mail Address:	
City, State, Zip Code:		Telephone: () -	
Contract Number:		SDVOB CONTRACT GOALS	
		%	

Section 2: Type of SDVOB Waiver Requested

<input type="checkbox"/> Total	<input type="checkbox"/> Partial	If partial waiver, please enter the revised SDVOB percentage:	%
Please explain the reason for the waiver request:			

Section 3: Supporting Documentation

Provide the following documentation as evidence of your good faith efforts to meet the SDVOB goals set forth in the contract and in support of your waiver application:

- ☐ **Attachment A.** Copies of solicitations to SDVOBs and any responses thereto.
- ☐ **Attachment B.** Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected.
- ☐ **Attachment C.** Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by NYS DOH with certified SDVOBs whom NYS DOH determined were capable of fulfilling the SDVOB goals set forth in the contract.
- ☐ **Attachment D.** Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified SDVOBs.
- ☐ **Attachment E.** Other information deemed relevant to the request.

Section 4: Signature and Contact Information

By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote SDVOB participation pursuant to the SDVOB requirements set forth under the solicitation or Contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.

Prepared By: (Signature)	Date:
Name and Title of Preparer (Print or Type)	

For NYS DOH Use Only

Reviewed By:

Date:

Decision:

- ☐ Full SDVOB waiver granted
☐ Partial SDVOB waiver granted; revised SDVOB goal: _____ %
☐ SDVOB waiver denied

Approved By:

Date:

Date Notice of Determination Sent:

Comments

ADDENDUM # 1

October 15, 2021

RFA # 18406 / Grants Gateway # DOH01-SHCFT3-2021

**New York State Department of Health
Office of Primary Care and Health Systems Management**

Request for Applications

Statewide Health Care Facility Transformation Program III

Applicant Conference

The New York State Department of Health held the applicant conference for the Statewide Health Care Facility Transformation Program III (Phase 3) on October 14, 2021. Prospective applicants that would like to hear the audio from the webinar can access it at the following url:

<https://meetny.webex.com/recordingsservice/sites/meetny/recording/6f81ef870f4f103a8bbf0050568cf a40/playback>

Also attached is the slide presentation from the Webinar.



**Department
of Health**

OFFICE OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT

Statewide Health Care Facility Transformation Program III (SHCFTP III)

Request for Applications
Applicant Webinar

October 14, 2021

Key Dates

Release Date:	September 30, 2021
Questions Due:	October 28, 2021
Questions, Answers and Updates Posted (on or about):	November 30, 2021
Applications Due:	January 12, 2022 by 4 PM
Estimated Contract Start Date:	October 1, 2022

Application

Intent and Purpose

Facilitate health care transformation activities. Funding can support a variety of Eligible Projects that are intended to:

- (a) create financially sustainable systems of care;
- (b) preserve or expand essential health care services;
- (c) modernize obsolete facility physical plants and infrastructure;
- (d) foster participation in alternative payment arrangements;
- (e) for residential health care facilities, increase the quality of resident care or experience; or
- (f) improve health information technology infrastructure, including telehealth, to strengthen the health care continuum.

Authority and Appropriation

- Public Health Law 2825-f, accompanying appropriations, and Section 1680-r of the Public Authorities Law, established the Statewide Health Care Facility Transformation Program III
- \$525 million authorized
 - \$20 million awarded through a separate RFA released in 2019 to assisted living programs
- \$505 million remaining

Authority and Appropriation

- Subdivision 4-a of PHL 2825-f provided up to \$300,000,000 of the \$505,000,000 could be awarded to unfunded Statewide II applications
 - \$296,705,131 awarded in Statewide II supplemental awards
 - **\$208,294,869** is available to fund Statewide III awards
 - Up to \$5 M of this amount is targeted to Regional Perinatal Centers to establish telehealth applications

Authority and Appropriation

- Public Health Law 2825-f further required that of the total appropriation:
 - \$60 million be awarded to community-based providers
 - \$45 million to residential health care facilities.
- Statewide II Supplemental awards included:
 - \$59,470,389 awarded to community-based health care providers
 - \$21,861,840 awarded to residential health care facilities.
- Therefore, Statewide III awards must include:
 - minimum of \$529,611 awarded to community-based providers
 - minimum of \$23,138,160 must be awarded to residential health care facilities.

Eligible Applicants

All three requirements must be met at the time the application is submitted to qualify as an Eligible Applicant.

a) Be a legally existing organization and capable of entering into a binding Master Grant Contract with DOH.

Eligible Applicants

b) Be one of the following provider types:

- General Hospitals (PHL Article 28 license)
- General Hospitals designated as a Regional Perinatal Center (NYCRR 721)
- Residential health care facilities (PHL Article 28 license);
- Adult care facilities (SSL Article 7 license)
- Assisted living programs (SSL section 461-l)
- Children's residential treatment facility (MHL Article 31 license)

OR

Eligible Applicants

- Be a community-based provider, defined as:
 - Diagnostic and treatment centers (PHL Article 28 license)
 - Mental health clinics (MHL Article 31 certification or license)
 - Alcohol and substance abuse treatment clinics (MHL Article 32 certification or license)
 - Article 16 Clinics (MHL Article 16 operating certificate or license)
 - Home care providers (PHL Article 36 certification or license)
 - Hospices (PHL Article 40 operating certificate or license)
 - Primary care providers (valid SED license)

Eligible Applicants

c) Must be prequalified, if not exempt, in the NYS Grants Gateway.

Eligible Expenses

Expenditures eligible for funding include capital projects:

- The planning or design of the acquisition, construction, demolition, replacement, major repair or renovation of a fixed asset or assets, including the preparation and review of plans and specifications including engineering and other services;
- Construction costs;
- Renovation costs;
- Asset acquisitions;
- Equipment costs; and
- Consultant fees and other expenditures associated with the preparation of Certificate of Need (CON) applications required for the proposed establishment action, construction activity or service expansion.

Eligible Expenses

Non-capital projects or purposes that may be eligible for funding include:

- Debt restructuring including costs to reduce, retire or refinance long-term liabilities such as mortgage or bank loans and other liabilities, payments of debt service, and costs for restructuring including professional fees, penalties, and interest; and
- Start-up operating expenses directly connected to the Eligible Project for which funding is being sought under this RFA.

Excluded Expenses

Excluded Expenses include general operating expenses related to the day-to-day operations and not directly related to the start-up costs of the Eligible Project.

Excluded Expenses include, but are not limited to:

- Routine supplies;
- Utilities;
- Operating lease payments;
- Equipment with a useful life less than 3 years;
- Ongoing, routine training and maintenance costs related to IT projects; and
- Employee salaries and benefits.

Disallowed Costs

Disallowed costs will be excluded from the amount considered as part of the grant request.

Disallowed costs are expenditures that fall into three categories:

- Excluded Expenses;
- Not sufficiently described and/or justified in type or amounts;
- Considered to be unrelated to the proposed Eligible Project.

Subcontracting

- If applicable to the Eligible Project, Eligible Applicants may subcontract components of the scope of work.
- Expected to state the specific components of the scope of work to be performed through the subcontract(s). It is preferable to identify the subcontracting entities in the application.
- Subcontracts of \$100,000 or more requires vendor responsibility documentation, see Section IV. M. Vendor Responsibility Questionnaire.
- If selected for an awarded under this RFA –
 - All subcontractors must be approved by the Department of Health.
 - Eligible Applicant will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the DOH.

Separate Capital and Non-capital Applications and Priority Rank

- Separate applications must be submitted for capital and non-capital projects or purposes.
 - A separate application for non-capital is required even if it is part of the same overall transformation plan for which an application for a capital project(s) is being submitted.
- If an Eligible Applicant submits multiple applications for funding, the Eligible Applicant should assign a priority to each application – see Program Specific Questions Section 4c of the application.
 - For example, if 2 applications are submitted, rank the applications in order of priority, that is 1 and 2.
 - Indicate if the applications are interdependent and cannot be completed unless both are funded.

Points of Emphasis

- Applicants should clearly and in as much detail as possible, describe their overall approach or vision for health care transformation activities. For example,
 - Detail project specifics (program additions/closures and/or expansion, joint ventures, shared service arrangements)
 - Specify arrangements to merge, consolidate or restructure
- Identify how the specific request for funding will help achieve this transformation and provide sufficient detail.

Review and Award Process

Evaluation Criteria

1. Contributes to the integration of health care services or the long-term sustainability or preservation of essential health services in the community or communities served;
2. Aligned with DSRIP program goals and objectives;
3. Geographic distribution of funds;
4. Relationship to an identified community need;
5. Extent to which applicant has access to alternative funding;
6. Furthers the development of primary care and other outpatient services;
7. Benefits Medicaid enrollees and uninsured individuals;
8. Engaged the community and the manner in which community engagement has shaped the Eligible Project; and
9. Addresses potential risk to patient safety and welfare.

Grant Award Determinations

- A Review Team makes award recommendations to the Commissioner of Health. Funding awards and amounts are made at the discretion of the Commissioner.
 - The Review Team's evaluation will be based on the evaluation criteria and consideration of any other summaries or other factual analyses prepared by the Department or other state agency staff, or in consultation with other internal or external sources.
 - Applications will be assigned to the following tiers: "Good", "Acceptable", "Poor" or "Not Responsive".
 - Awards will be made first to applications ranked as "Good", then "Acceptable", then "Poor".

Tiebreaker Criteria

If funds are not sufficient to support all applications in a tier, tiebreaker criteria will be used.

- Applications that help achieve a geographic distribution of funds and the extent to which the application compared to other applications in the same geographic region:
 - Provides the greatest impact on the financial sustainability of the Eligible Applicant; or
 - Preserves essential healthcare services in a community in a manner that is superior; or
 - Modernizes obsolete facility physical plants and infrastructure; or,
 - Fosters participation in alternative payment arrangements; or
 - For residential health care facilities, increases the quality of resident care or experiences; or
 - Improves health information technology infrastructure, including telehealth, to strengthen the acute, post-acute and long-term care continuum; or,
 - Extent to which the applicant has access to alternative funding.

Community-Based Health Care Provider and Residential Health Care Facility Minimum Awards

- A minimum of \$529,611 in awards will be made to community-based health care providers
- A minimum of \$23,138,160 will be made to residential health care facilities
- If the amount of awards were to be less than the minimum required, the differential amount will be reserved for a future RFA targeted exclusively to these provider types.

Other Award Information

- Anticipated that the amount of project requests is expected to significantly exceed available funds.
- Although there are no prescribed minimum or maximum award amounts for SHCFTP III, applicants should be mindful of the criteria by which projects will be selected for award.
- SHCFTP III does not require applicants to provide matching funds.

Key Considerations

- These awards are discretionary and cannot be appealed.
- Applicants are advised to put forward their best efforts in thoroughly completing and fulfilling all requirements of the RFA.

Administrative Requirements

Grants Gateway

- All applications must be submitted online via the Grants Gateway
- Applications will **not** be accepted via e-mail, hard copy or other means
- Applications are due **January 12, 2022 by 4 PM EST**

Not-for-Profit Applicants – Registration and Prequalification

- All not-for-profit applicants must Register and be Prequalified in Grants Gateway by the application due date.
- Applicants that are not Registered and Prequalified in Grants Gateway by the application due date cannot be evaluated. Such applications will be disqualified from further consideration.

Grants Gateway Roles

- Grantee Delegated Administrator (mandatory role)
 - Responsible for the document vault and prequalification process
 - Can issue new accounts for others in the organization
- Grantee
 - Can initiate and complete application but can NOT submit the application
- Grantee Contract Signatory OR Grantee System Administrator (mandatory role)
 - Can initiate, complete, and submit the application
- Refer to the “Grantee User Guide” for comprehensive information about roles

How to File an Application

- Log into GG as either a “Grantee” or “Grantee Contract Signatory.”
- Click on “View Opportunities” button under “View Available Opportunities.”
- In the Search Criteria, enter the Grant Opportunity name, “Statewide Health Care Facility Transformation Program III” and select Department of Health as the Funding Agency. Click on “Search” button.
- Click on the name of the Grant Opportunity from the search results, then select the “APPLY FOR GRANT OPPORTUNITY” button on the bottom left.

Completing the Application

1. Previous Funding Applications
2. Applicant Organization Type
3. Organizational Capacity
4. The Project(s)
5. Identified Community Need
6. Project Budget
7. Eligible Applicant Financial Stability
8. Eligible Project Impact on Eligible Long-term Financial Sustainability
9. Cost Savings
10. Project Timeline
11. Workplan

Due Dates

- Applications must be submitted in Grants Gateway by January 12, 2022 at 4:00 PM EST or the application will be disqualified from further consideration.
- Applicants are strongly encouraged to submit their applications at least 48 hours before they are due.

Grants Gateway Assistance

- Refer to the Grantee Quick Start Guide for assistance in applying. The guide is on the Grants Reform website: <http://grantsreform.ny.gov/grantees>
 - More detailed “Grantee User Guide” also available at this website.
- Training webinars are provided by the Grants Reform Team. Dates and times for webinar instruction can be located at the following web address: <http://grantsreform.ny.gov/training-calendar>.
- Grants Gateway Videos including a document vault tutorial and an application tutorial are available at the following web address: <http://grantsreform.ny.gov/youtube>.

Grants Gateway Assistance

Grants Gateway Team

Email: Grantsgateway@its.ny.gov

Phone: 518-474-5595

Hours: Monday thru Friday 8:00 am to 4:00pm

For application completion and registration questions

- Agate Technical Support Help Desk

Email: helpdesk@agatesoftware.com

Phone: 1-800-820-1890

Hours: Monday thru Friday 8am to 8pm

For after hours support w/usernames and lockouts)

General Questions and Answers

Grants Gateway FAQs

Q: Our organization is unable to apply. The only option available is to “View the Opportunity.” We do not have the “Apply for Grant Opportunity” button. Please advise.

A: In order to apply for the grant opportunity, a user must first be **registered and logged in** to the Grants Gateway as a Grantee, Grantee Contract Signatory, or Grantee System Administrator. Once logged in, the user should click on the “View Available Opportunities” button available on their home screen and search for the Grant Opportunity by name. On the Opportunity Funding Profile page, click on “Apply for Grant Opportunity” to begin the application.

Applicant Webinar

Q: Applicant Webinar – will the webinar be recorded and available after?

Eligible Applicants

Q: Is this only for not-for-profits, or can for-profit or proprietary providers apply also?

Eligible Expenses

Q: Can the funds be used to pay for costs incurred prior to the contract date?

Award Amounts

Q: Is there a limit on how much an applicant can request under this RFA?

Q: Is there a minimum or maximum award per facility and/or application?

Review Prior Grant Applications

Q: Is there any further information on the possibility of receiving feedback on the strengths and weaknesses of our previous application for this funding?

Posting of Questions and Answers

Q: Where are the responses to questions posted?

Questions?

Statewide3@health.ny.gov



Department
of Health

RFA # 18406
Grants Gateway # DOH01-SHCFT3-2021

New York State Department of Health
Office of Primary Care and Health Systems Management

Request for Applications

Statewide Health Care Facility Transformation Program III

KEY DATES:

Release Date:	September 30, 2021
Applicant Webinar Registration Deadline:	October 8, 2021
Applicant Webinar:	October 14, 2021 at 3:00 PM
Questions Due:	October 28, 2021
Questions, Answers and Updates Posted (on or about):	November 30, 2021
Applications Due:	January 12, 2022 by 4:00 PM
NYSDOH Contact Name & Address:	Joan Cleary Miron, MPH Director, Health Care Transformation Group NYS Department of Health Office of Primary Care and Health Systems Management 1805 Corning Tower, ESP Albany, NY 12237 Email: Statewide3@health.ny.gov

Table of Contents

I.	Introduction.....	3
II.	Who May Apply.....	4
III.	Project Narrative/Work Plan Outcomes	6
IV.	Administrative Requirements.....	8
	A. Issuing Agency.....	8
	B. Question and Answer Phase.....	9
	C. Letter of Interest.....	10
	D. Applicant Conference/Webinar	10
	E. How to file an application.....	10
	F. Department of Health’s Reserved Rights	12
	G. Term of Contract.....	13
	H. Payment & Reporting Requirements of Grant Awardees.....	14
	I. Minority & Woman-Owned Business Enterprise Requirements.....	15
	J. Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Businesses	16
	K. Limits on Administrative Expenses and Executive Compensation	17
	L. Vendor Identification Number.....	17
	M. Vendor Responsibility Questionnaire.....	17
	N. Vendor Prequalification for Not-for-Profits	18
	O. General Specifications	19
V.	Completing the Application	20
	A. Application Format/Content.....	20
	B. Freedom of Information Law.....	28
	C. Review & Award Process.....	28
VI.	Attachments	32

I. Introduction

The New York State Department of Health (NYSDOH) and the Dormitory Authority of the State of New York (DASNY) announce the availability of funds under the Statewide Health Care Facility Transformation Program III (SHCFTP III), as established pursuant to Section 2825-f of the Public Health Law (PHL), accompanying capital appropriations, and Section 1680-r of the Public Authorities Law (PAL), to provide grants in support of capital projects, debt retirement, working capital or other non-capital projects directly related to a capital project that facilitate health care transformation activities including, but not limited to, merger, consolidation, acquisition or other activities intended to: (a) create financially sustainable systems of care; (b) preserve or expand essential health care services; (c) modernize obsolete facility physical plants and infrastructure; (d) foster participation in alternative payment arrangements including, but not limited to, contracts with managed care plans and accountable care organizations; (e) for residential health care facilities, increase the quality of resident care or experience; or (f) improve health information technology infrastructure, including telehealth, to strengthen the acute, post-acute and long-term care continuum. Grants shall not be made to support general day-to-day operating costs not related to the start-up expenses of the Eligible Project.

Subdivision 3 of Section 2825-f of the PHL and Chapter 54 of the Laws of 2019 authorized up to \$525,000,000 for SHCFTP III, and subdivisions 3 and 4 of Section 2825-f of the PHL provided that a minimum of \$60,000,000 of this total amount must be awarded to community-based providers, a minimum of \$45,000,000 must be made to residential health care facilities, and up to \$5,000,000 may be made to Regional Perinatal Centers (RPCs) to establish telehealth applications. Per subdivision 4 of Section 2825-f of the PHL, NYSDOH issued a separate RFA (#18239) for \$20,000,000 on August 19, 2019, that was reserved for assisted living programs, and awards were selected and announced on May 13, 2021. As a result, there is \$505,000,000 in available funds for SHCFTP III awards. See Section II below for further definitions of Eligible Applicants for the SHCFTP III.

Subdivision 4-a of Section 2825-f of the PHL further provided that up to \$300,000,000 of the \$505,000,000 in available funds for SHCFTP III awards could be made available for project applications submitted in response to the Request for Applications #17648 issued by NYSDOH on January 8, 2018 (“2018 RFA”), for the Statewide Health Care Facility Transformation Program II. NYSDOH awarded a total of \$296,705,131 pursuant to subdivision 4-a and the 2018 RFA, leaving a minimum of \$208,294,869 available for awards made in accordance with the SHCFTP III RFA.

Pursuant to subdivision 3 of Section 2825-f of the PHL, the \$296,705,131 in supplemental awards to the 2018 RFA included \$59,470,389 awarded to community-based health care providers and \$21,861,840 awarded to residential health care facilities. Accordingly, pursuant to subdivision 3, of the \$208,294,869 available for Statewide III awards, a minimum of \$529,611 must be awarded to community-based providers, a minimum of \$23,138,160 must be awarded to residential health care facilities, and up to \$5,000,000 of the total awarded funds may be made to RPCs to establish telehealth applications.

Projects shall not receive awards under both this RFA and the Kings County Health Care Transformation Program (PHL §2825-a) or the Oneida County Health Care Transformation Program (PHL §2825-b). An Eligible Applicant may apply for funding under this RFA for a project(s) that is separate, distinct and is not funded in whole or in part through either the Kings County Health Care Transformation Program or the Oneida County Health Care Transformation Program.

To receive funding, the Eligible Applicant must demonstrate how the proposed use of the grant will strengthen and protect continued access to health care services in communities. Eligible Applicants should describe:

- i. Steps to be taken to promote an integrated, patient-centered model of health care delivery or to create a financially sustainable system of care or to preserve or expand the ongoing availability of essential health care services to the people of the community or communities served by the Eligible Applicant.
- ii. How the Eligible Project will maintain or improve the financial condition of the Eligible Applicant.
- iii. An estimate of the total costs of carrying out health care transformation activities (other than the Eligible Project as hereafter defined) and the sources of funding for such costs.
- iv. Steps to be taken to engage the community in the development of the Eligible Project.

The Delivery System Reform Incentive Payment (DSRIP) Program ended as of March 31, 2020. Still, health care services developed as a result of the Eligible Project should be consistent with DSRIP Program principles of improving core population health, patient outcomes and patient experience, as well as incorporate, as part of a sustainable business model, a transition to a payment system which emphasizes cost efficiency and quality outcomes (value) over service volume.

Applicants are hereby advised that, in accordance with Public Health Law 2825-f and Chapter 54 of the Laws of 2019, awards made under this RFA are determined on a non-competitive, discretionary basis. Funding will be awarded at the discretion of the Commissioner of Health for purposes described in this RFA. Without limitation to this authorization, the Commissioner of Health may consult with the President of DASNY, NYSDOH and DASNY professional staff, and any other internal or external experts or local health care constituents as appropriate from time to time and/or at any time in the evaluation of applications received pursuant to this RFA. The decision to award, or not to award, or to award a grant at a funding level that is less than the amount requested by the applicant, is discretionary and cannot be appealed.

As these awards are discretionary, there is no right of appeal and the decision of the Commissioner of Health is final. As such, applicants are advised to put forward their best efforts in thoroughly completing and fulfilling all the requirements of the RFA. While the award is discretionary, the criteria listed in PHL 2825-f will be utilized to make the awards.

The decision not to fund an application will be communicated by letter. Based on the number of applicants, NYSDOH shall have the sole discretion of whether or not to provide an opportunity for non-successful applicants to request a debriefing to be conducted after the announcement of awards. Comparisons with other grant applications will not be made during a debriefing.

NYSDOH's determination of applicable terms and conditions of award or a denial of a request to change the terms and conditions is discretionary and not subject to appeal.

II. Who May Apply

The minimum eligibility requirements for entities responding to this RFA have been established in accordance with PHL Section 2825-f.

Each “Eligible Applicant” must meet all the following criteria to be eligible to receive grant funding under this RFA:

- (a) Be a legally existing organization and capable of entering into a binding Master Grant Contract (MGC) with NYSDOH.
- (b) Be one of the following types of provider organizations:
 - General hospitals licensed under Article 28 of the PHL;
 - Hospitals licensed under Article 28 of the PHL and designated as a Regional Perinatal Center under NYCRR 721;
 - Residential health care facilities licensed under Article 28 of the PHL;
 - Adult care facilities licensed under title two of Article 7 of the Social Services Law (SSL);
 - Assisted living programs approved by NYSDOH pursuant to section 461-l of the SSL;
 - Children's residential treatment facilities licensed pursuant to Article 31 of the Mental Hygiene Law (MHL);
 - Community-based health care providers which, in accordance with statute and for purposes of this RFA, are defined as:
 - Diagnostic and treatment centers certified or licensed under Article 28 of the PHL;
 - Mental health clinics certified or licensed under Article 31 of the MHL;
 - Alcohol and substance abuse treatment clinics certified or licensed under Article 32 of the MHL;
 - Clinics licensed or granted an operating certificate under Article 16 of the MHL;
 - Home care providers certified or licensed under Article 36 of the PHL;
 - Hospices licensed or granted an operating certificate under Article 40 of the PHL;
 - Primary care providers with a New York State Medical License.

and,

- (c) At the time the application is submitted, and at all times thereafter, applicants **MUST** be prequalified, if not exempt, in the New York State Grants Gateway. Please refer to Section IV.M. Vendor Prequalification for Not-for-Profits for details on the steps that must be completed to meet registration and prequalification requirements.

Note:

An Eligible Applicant must be one of the provider organizations listed as an “Eligible Applicant” above. An Eligible Applicant must meet these minimum eligibility requirements at the time the application is submitted. An application must have one Eligible Applicant and the project as proposed in that application must primarily benefit the Eligible Applicant. The proposed project should align with the licensure the applicant is using to demonstrate eligibility for this grant funding.

General hospitals licensed under Article 28 of the PHL are further clarified for purposes of this RFA. The following definitions of passive and active hospital parents are used, and their respective eligibility to apply on behalf of their subsidiary is confirmed.

- A passive hospital parent is not an Eligible Provider. A passive hospital parent is not legally established by the NYS Public Health and Health Planning Council and is not fully accountable for actions by its subsidiary. For purposes of this RFA, a passive hospital parent is not eligible to apply on behalf of a subsidiary.
- An active hospital parent is legally established by the NYS Public Health and Health Planning Council and is fully accountable for the actions of its subsidiary. For purposes of this RFA, an active hospital parent is an Eligible Applicant and can apply on behalf of a subsidiary.

III. Project Narrative/Work Plan Outcomes

A total of up to \$208,294,869 is available to fund awards made under this RFA. Multiple awards will be made, and an Eligible Applicant may choose to submit a single application or multiple applications.

Separate applications must be submitted for non-capital projects or purposes even if they are part of the same overall purpose for which an application for a capital project(s) is also being submitted.

If an Eligible Applicant submits multiple applications for funding under this RFA, the Eligible Applicant must assign a priority to each application where indicated in the application.

The NYSDOH will review applications to determine the appropriate level of public investment needed for the Eligible Project, and the final amount of each Eligible Applicant's total award will be determined based upon the criteria set forth in Section III. C.

A. Eligible Projects

An "Eligible Project" must include Eligible Expenses, as defined herein. Projects shall not receive an award under both this RFA and the Kings County Health Care Transformation Program (PHL §2825-a) or the Oneida County Health Care Transformation Program (PHL §2825-b). An Eligible Applicant may apply for funding under this RFA for a project(s) that is separate, distinct and is not funded in whole or in part through either the Kings County Health Care Transformation Program or the Oneida County Health Care Transformation Program.

An Eligible Applicant must be appropriately certified or licensed to complete all aspects of the proposed project at the time of application. CON approval of the Eligible Project is not needed at the time of application submission.

B. Eligible and Excluded Expenses and Disallowed Costs

Expenditures eligible for funding under SHCFTP III ("Eligible Expenses") are expected to be for capital projects, which may include, but are not limited to:

- The planning or design of the acquisition, construction, demolition, replacement, major repair or renovation of a fixed asset or assets, including the preparation and review of plans and specifications including engineering and other services;
- Construction costs;
- Renovation costs;

- Asset acquisitions;
- Equipment costs; and
- Consultant fees and other expenditures associated with the preparation of Certificate of Need (CON) applications required for the proposed establishment action, construction activity or service expansion (so long as the costs incurred are in connection with original construction and not an ownership transfer).

Expenditures eligible for funding under SHCFTP III also include non-capital projects. Such non-capital expenditures may include:

- Debt restructuring including costs to reduce, retire or refinance long-term liabilities such as mortgage, bank loans, capital leases and other liabilities, payments of debt service for such long-term liabilities, and costs for restructuring including professional fees, penalties, and interest; and
- Start-up operating expenses directly connected to the Eligible Project for which funding is being sought under this RFA.

Eligible Applicants must include a robust description of the Eligible Project and justification for all expenditures included in the Project Budget as well as a discussion of how the expenditure relates to the Eligible Project.

If Eligible Applicants apply for non-capital debt restructuring, a detailed description must be included of how the debt restructuring will enable the Eligible Applicant to conduct specific health care transformation activities aligned with the purpose of SHCFTP III grant funding.

If applicable to the Eligible Project, it is understood that design plans and specifications are unlikely to be available at this stage of Project development. However, an Eligible Applicant should be able to describe the project elements and their anticipated costs in sufficient detail for the reviewer to make a judgment on the reasonableness of the anticipated costs and how the Eligible Applicant estimated those costs.

If applicable to the Eligible Project, Eligible Applicants may subcontract components of the scope of work. For those Eligible Applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Eligible Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH. All subcontractors should be approved by the Department of Health. When a subcontract equals or exceeds \$100,000, the subcontractor shall submit a Vendor Responsibility Questionnaire.

Excluded Expenses are not eligible for funding under SHCFTP III. Excluded expenses include general ongoing operating costs applicable to day-to-day operations and not directly related to the start-up operating costs of the Eligible Project for which funding is being sought under this RFA. Costs not eligible for funding under SHCFTP III include general ongoing operating expenses such as routine supplies; utilities; operating lease payments, equipment with a useful life less than three years; ongoing, routine training and maintenance costs related to IT projects; and employee salaries and benefits.

Disallowed costs include expenditures identified in the Eligible Project Budget that are Excluded Expenses or are not sufficiently described and/or justified in type or amount by the applicant or are considered to be unrelated to the proposed Eligible Project. Disallowed costs will be excluded from the amount considered as the grant request.

Only expenses determined allowable under the contract budget and work plan and incurred on or after the start date of the contract (expected no earlier than October 1, 2022), may be vouchered for reimbursement. Any obligations assumed by the contractor prior to execution of the contract are assumed at risk.

C. Evaluation Criteria

In determining awards for Eligible Projects, the NYSDOH shall consider criteria including, but not limited to:

1. The extent to which the Eligible Project contributes to the integration of health care services or the long-term sustainability of the Eligible Applicant or preservation of essential health services in the community or communities served by the Eligible Applicant.
2. The extent to which the Eligible Project or purpose is aligned with Delivery System Reform Incentive Payment (DSRIP) program goals and objectives.
3. Consideration of geographic distribution of funds.
4. The relationship between the Eligible Project and an identified community need.
5. The extent to which the Eligible Applicant has access to alternative funding.
6. The extent that the Eligible Project furthers the development of primary care and other outpatient services.
7. The extent to which the Eligible Project benefits Medicaid enrollees and uninsured individuals.
8. The extent to which the Eligible Applicant has engaged the community affected by the proposed Eligible Project and the manner in which community engagement has shaped the Eligible Project.
9. The extent to which the Eligible Project addresses potential risk to patient safety and welfare.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (NYSDOH), Office of Primary Care and Health Systems Management, Center for Facility Planning, Licensure and Finance. Pursuant to PHL Section 2825-f, Statewide Health Care Facility Transformation Program III grants may be awarded by the Commissioner of NYSDOH. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted in writing or via email to:

Joan Cleary Miron, MPH
Director, Health Care Transformation Group
Office of Primary Care and Health Systems Management
1805 Corning Tower, Albany, NY 12237
E-mail: Statewide3@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed via e-mail to Statewide3@health.ny.gov. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the NYSDOH contact listed on the cover of this RFA.

- <https://grantsmanagement.ny.gov/resources-grant-applicants>
- Grants Gateway Videos: <https://grantsmanagement.ny.gov/videos-grant-applicants>
- Grants Gateway Team Email: grantsgateway@its.ny.gov
Phone: 518-474-5595
Hours: Monday thru Friday 8am to 4pm
(Application Completion, Policy, Prequalification and Registration questions)
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(After hours support w/user names and lockouts)

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Interest

A letter of interest is not a requirement for this RFA.

D. Applicant Conference/Webinar

An Applicant Conference/Webinar will be held for this project. This webinar will be held on the date and time posted on the cover sheet of this RFA. Information will also be posted on the Grants Gateway. Potential applicants should check the Grants Gateway for details about the Applicant Webinar. Interested parties may also send an e-mail to Statewide3@health.ny.gov to request notification when registration information becomes available. Failure to attend the Applicant conference will not preclude the submission of an application.

E. How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: <https://grantsmanagement.ny.gov/> and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsmanagement.ny.gov/live-webinars>.

To apply for this opportunity:

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name “Statewide Health Care Facility Transformation Program III”.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application.** Both NYSDOH and Grants Gateway staff are available to answer applicant’s technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under Section IV. B. of this RFA.

PLEASE NOTE: Although NYSDOH and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding.

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. During the application process, please pay particular attention to the following:

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit's essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit's prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles "Grantee Contract Signatory" or "Grantee System Administrator" can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.68 of the Grants Gateway: Vendor User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not "protected" or "pass-worded" documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

PLEASE NOTE: Waiting until the last several days to complete your application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

F. Department of Health's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.

10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's application and/or to determine an offeror's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: October 1, 2022 through September 30, 2027 (consistent with the accepted construction schedule).

Only expenses determined allowable under the contract budget and work plan and incurred on or after the start date of the contract (expected no earlier than October 1, 2022), may be vouchered for reimbursement. Any obligations assumed by the contractor prior to execution of the contract are assumed at risk.

Continued funding throughout this five year period is contingent upon availability of funding and state budget appropriations. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

H. Payment & Reporting Requirements of Grant Awardees

1. No advances will be allowed for contracts resulting from this procurement.
2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, if requested by the Department, through the Grants Gateway:

Grants Management Bureau
NYS Department of Health
ESP, Corning Tower, Room 2863
Albany, NY 12237
Email: Statewide3@health.ny.gov

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above or, if requested by the Department, through the Grants Gateway:
 - Quarterly reports on the status of the Statewide Health Care Facility Transformation Program III project. Such reports shall be submitted no later than 30 days after the close of the quarter, and shall be consistent with the provisions of the terms of the State of New York Master Contract for Grants. The reports shall include:
 - Progress made toward Statewide Health Care Facility Transformation Program III objectives;
 - A status update on Project process and performance metrics and milestones;
 - Information on Project spending and budget; and
 - A summary of public engagement and public comments received.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Contract for Grants.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (“NYSDOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of NYSDOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that NYSDOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** as follows:

- 1) For Not-for-Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that NYSDOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how NYSDOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at:

<https://ny.newnycontracts.com>. The directory is found on this page under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging

with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 4** of this RFA. NYSDOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, NYSDOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. NYSDOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If NYSDOH determines that the Grantee has failed to document good-faith efforts to meet the established NYSDOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

J. Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Businesses

The New York State Department of Health is required to implement the provisions of New York State Executive Law Article 17-B and 9 NYCRR 252 which provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOB”), thereby further integrating such businesses into New York State’s economy. Department of Health recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of Department of Health contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract and by submitting this application the applicant agrees to be bound by all of the SDVOB terms and requirements as provided for in Attachment S of the awarded contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For this procurement, the Department of Health hereby establishes an overall goal of **6%** for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor should reference the directory of New York State Certified SDVOBs found at: <https://ogs.ny.gov/veterans/>.

In accordance with 9 NYCRR § 252.2(i), Bidders are required to submit a completed SDVOB Utilization Plan on Form SDVOB 100 with their application. (Provided in Attachment 6 of the RFA). If the applicant, after making good faith efforts, is unable to comply with SDVOB goals, the applicant should also submit a Request for Waiver form SDVOB 200 documenting good faith efforts by the Contractor to meet such goals. (Also provided in Attachment 6 of the RFA). Reporting requirements on the utilization of SDVOBs during the contract term are described in the Master Grants Contract Attachment S.

Questions regarding compliance with SDVOB participation goals should be submitted to Statewide3@health.ny.gov. Additionally, following Contract execution, Contractor is encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss additional methods of maximizing participation by SDVOBs on the Contract.

K. Limits on Administrative Expenses and Executive Compensation

On 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. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. 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>.

L. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please be sure the Vendor Identification number is included in your organization information. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: <https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf>.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

M. Vendor Responsibility Questionnaire

The New York State Department of Health strongly encourages that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor-responsibility-questionnaire> or go directly to the VendRep system online at <https://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the

State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at itservicedesk@osc.ny.gov.

Applicants opting to complete online should complete and upload the Vendor Responsibility Attestation (Attachment 3) of the RFA. The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the same section.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, and upload it with their Application in the Pre-Submission uploads section in place of the Attestation.

N. Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Management Website](#).

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Management Website details the requirements and an [online tutorial](#) are available to walk users through the process.

1) Register for the Grants Gateway

- On the Grants Management Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the NYS Grants Management office at the address provided in the submission instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsgateway@its.ny.gov. If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Gateway Team at grantsgateway@its.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

O. General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter included with the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default

- a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
- b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
- c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. Completing the Application

A. Application Format/Content

Please refer to the Grants Gateway: Vendor User Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at: <https://grantsmanagement.ny.gov/vendor-user-manual>. Additional information for applicants is available at: <https://grantsmanagement.ny.gov/resources-grant-applicants>.

Also, you must use Internet Explorer (11 or higher) or Microsoft Edge to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.

Please respond to each of the sections described below when completing the Grants Gateway online application. Your responses comprise your application. Please respond to all items within each section. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

Failure to submit the required copy of a New York State Operating Certificate, New York State Certification, or New York State Medical License, and/or audited financial statements and any other evidence of this stability, could result in disqualification of your application.

- Pre-Submission Uploads

As a reminder, the following attachments need to be uploaded under the Pre-Submission Uploads section of the Grants Gateway in order to submit an application in the system.

1. Application Cover Sheet
2. Projected Financial Information
3. Vendor Responsibility Attestation
4. Minority & Women-Owned Business Enterprise Requirement Forms
6. New York State Certified Service-Disabled Veteran Owned Businesses Forms

- Program Specific Questions

1. **Previous Funding Applications**

- a. Did your organization apply for funds through the Statewide Health Care Facility Transformation Program I (SHCFTP I RFA #1607010255) or through the Statewide Health Care Facility Transformation Program II (SHCFTP II RFA # 17648)?
- b. If yes to 1a and the project previously submitted for SHCFTP I and/or SHCFTP II funding was substantially the same as the current project being submitted, then indicate the applicant name, project name and amount of grant funds requested.

2. **Applicant Organization Type**

- a. Indicate the applicant organization type from the following types of Eligible Applicants:
 - Article 28 General Hospitals
 - Article 28 Hospitals designated as Regional Perinatal Centers
 - Article 28 Residential Health Care Facilities
 - Article 28 Diagnostic and Treatment Centers
 - Article 7 Adult Care Facilities
 - Assisted living programs approved by NYSDOH pursuant to section 461-l of the SSL;
 - Article 31 Children's Residential Treatment Facilities
 - Article 31 Mental Health Clinics
 - Article 32 Alcohol and Substance Abuse Treatment Clinics
 - Article 36 Home Care Provider
 - Article 16 Clinic
 - Article 40 Hospice
 - Primary Care Provider with a New York State Medical License
- b. Provide proof that the applicant meets the minimum eligibility requirements under Section II. Who May Apply (b). Proof of eligibility includes an uploaded copy of a New York State Operating Certificate for an Article 7, 16, 28, 31, 32, 36 or 40 provider organization, or an uploaded copy of a New York State Medical License for a primary care provider. An Eligible Applicant must meet these minimum eligibility requirements at the time the application is submitted. An application must have one Eligible Applicant and the project as proposed in the application must primarily benefit the Eligible Applicant. The proposed project should align with the licensure the applicant is using to demonstrate eligibility for this grant funding.

3. **Organizational Capacity**

Describe the Eligible Applicant's organization. The description should specifically address the following:

- a. The Eligible Applicant's exact corporate name, board composition, ownership and affiliations, and number of employees.
- b. Provide the name, title, email and phone number of the highest-ranking employee in the organization. For example, the Chief Executive Officer of the hospital, diagnostic and treatment center, or clinic; or the Administrator of the nursing home.
- c. Provide the name, title, email, and phone number of the primary contact for routine questions on the application.
- d. A discussion of the Eligible Applicant's mission, including the size of the organization and scope of services provided.
 - In addition, Regional Perinatal Centers (RPCs) must provide the current designated level of perinatal care for their RPC and each affiliate perinatal hospital.
- e. Number of admissions or patient visits during the most recent 12-month cost reporting year.
 - In addition, RPCs must provide the total number of births during the most recent 12-month cost reporting year for the RPC and at each affiliate perinatal hospital.
- f. Provide the payer composition of populations served by the Eligible Applicant.
 - i. Describe the payer mix of the population served and indicate the percent of the population served that is (1) Medicaid, (2) Medicare, (3) uninsured, and (4) commercially insured. The Medicaid category should include both Medicaid Managed Care and Medicaid fee- for-services.
- g. Geographic region served by the Eligible Applicant's organization. The geographic region served is defined as the service area from which the provider draws at least 75 percent of its patients during the most recent 12-month cost reporting period.
 - In addition, RPCs, for Eligible Projects to establish telehealth applications, must include a list of the rural counties in the geographic region served. Rural areas are defined as counties with a population less than 200,000 and counties with a population of 200,000 or greater that have towns with population densities of 150 persons or fewer per square mile.
- h. Applicant location in relation to like providers. Identify if the Eligible Applicant provides health care services that otherwise would not be available to the population of the geographic region due to transportation infrastructure, distance and/or travel times from other like providers. Specify by name(s) the next closest like provider(s) and the distance or travel time to this provider(s).

- i. Types of health care services provided. Identify if the Eligible Applicant provides any specialized health care services that otherwise would not be available to the population of the geographic region.

4. The Project(s)

Describe the Eligible Project(s). Applicants are encouraged to provide a robust, detailed description of the Eligible Project to be funded with SHCFTP III grant funding so that it may be fairly evaluated. **Eligible Applicants applying for non-capital debt restructuring are also encouraged to provide a robust, detailed description of how the debt restructuring is aligned with the purpose of SHCFTP III grant funding.** The description should address the components outlined in questions 4.a. through 4.o. If a specific question is not applicable to the Eligible Project, indicate “Not Applicable.” REMINDER: Separate applications must be submitted for non-capital projects or purposes even if they are part of the same overall purpose for which an application for a capital project(s) is also being submitted. Include in the description of each Eligible Project how it addresses each of the following:

- a. A concise summary of the Eligible Project(s).
- b. The purpose of the Eligible Project(s).
- c. Separate applications are required for capital and non-capital Eligible Projects. If submitting multiple applications, address each of the following:
 - i. Indicate the rank order of priority for each Eligible Project.
 - ii. Within a given application, multiple Eligible Projects and multiple locations may be included if they are considered interdependent to creating a financially sustainable system of care. If applications are interdependent and the overall Eligible Project cannot be completed unless all are funded, describe this interdependence.
- d. For each Eligible Project(s):
 - i. How it will contribute to the integration of health care services?
 - ii. How it will contribute to the long-term sustainability of the Eligible Applicant?
 - iii. How it will contribute to the preservation or expansion of essential health services in the community or communities served by the Eligible Applicant?
- e. For each Eligible Project, how it will align with Delivery System Reform Incentive Payment (DSRIP) program goals and objectives? DSRIP’s purpose was to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Avoidable hospital use encompasses potentially preventable emergency room visits, avoidable hospital readmissions, and also inpatient admissions that could have been avoided if the patient had received proper preventive care services. See DSRIP website for additional information:
www.health.ny.gov/health_care/medicaid/redesign/dsrp/.
- f. For each Eligible Project, how it will further develop primary care and other outpatient services?

- g. For each Eligible Project, how it will benefit Medicaid enrollees and uninsured individuals? Provide data comparing the percent of Medicaid enrollees and uninsured individuals served by the Eligible Project to the percent of Medicaid enrollees and uninsured individuals in the larger community and/or county.
- h. For the purpose of this RFA, risk to patient safety and welfare relates to the condition of the facility's physical plant and infrastructure. The applicant should include the following in their description:
 - i. For each Eligible Project, how it will address potential risk to patient safety and welfare.
 - ii. As applicable, how the Eligible Project(s) will modernize obsolete facility physical plants and/or infrastructure.
- i. As applicable, for each Eligible Project, how it will transition to a payment system which emphasizes cost efficiency and quality outcomes (value) over service volume.
- j. As applicable, for each Eligible Project, steps to be taken or that have been implemented to create a financially sustainable system of care through a merger, consolidation, acquisition, or other significant restructuring activity and/or the partnership or other relationship between the Eligible Applicant and a separate health care facility or system(s).
- k. As applicable, how the Eligible Project(s) will foster participation in alternative payment arrangements including, but not limited to, contracts with managed care plans and accountable care organizations.
- l. As applicable, for residential care facilities, how the Eligible Project(s) will increase the quality of resident care or experience.
- m. As applicable, how the Eligible Project(s) will improve health information technology infrastructure, including telehealth, to strengthen the acute, post-acute and long-term care continuum.
- n. As applicable, how the Eligible Project(s) will create a patient-centered approach to achieve better quality of life outcomes for older adults (see description of 4M Age-Friendly Care Model¹). The Applicant should address the extent to which each Eligible Project, as applicable,

¹ For the purpose of this RFA, health care services developed should be consistent with the 4M Age-Friendly Care Model, as applicable. The 4M Age-Friendly Care Model is an evidence-based model created through the John A. Hartford Foundation and Institute of Healthcare Improvement Age Friendly Health System Initiative. This model was designed to capture the essential elements of high-quality care for older adults. While each 'M' can be implemented separately, together they create a patient-centered focus that achieves better quality of life outcomes for each patient. The 4M's are:

- **What Matters:** Know and act on each older adult's specific health outcome goals and care preferences across settings.
- **Mobility:** Ensure that older adults move safely every day in order to maintain function and do What Matters.
- **Medications:** If medications are necessary, use age-friendly medications that do not interfere with What Matters, Mobility, or Mentation.
- **Mentation:** Identify, treat, and manage dementia, depression, and delirium across care settings.

will support the following:

- i. Specific policies and procedures that reflect the 4M Age-Friendly Care Model.
 - ii. Programs that focus on the 4M Age-Friendly Care Model.
 - iii. Data that indicate shorter hospital stays, reduced rehospitalizations, and increased patient satisfaction will be realized from implementing new policies/procedures and/or workflow around the 4M Age-Friendly Care Model.
- o. As applicable for RPCs, describe how the RPC and its affiliated perinatal hospitals will utilize telehealth to increase access to obstetrical and neonatal services otherwise not available in rural areas. The applicant should include the following in their description:
- i. The obstetrical and neonatal outpatient and inpatient services that will be offered through telehealth to improve maternal and neonatal outcomes including, but not limited to, the following: medical imaging; obstetrical and neonatal consultation services; specialty/subspecialty consultation services; and other perinatal services for obstetrical and neonatal health care providers at perinatal affiliates.
 - ii. The plan to engage participating hospitals, birth centers, and healthcare providers.
 - iii. The plan to provide ongoing support, including expert consultation, education and telemedical services to affiliate perinatal hospitals, to ensure the success of this initiative.

5. Identified Community Need

- a. Describe how the needs of the residents of the community or communities that will be served by the Eligible Project were assessed. Eligible Applicants should provide thorough, concise information that demonstrates a comprehensive understanding of the health care needs of the community or communities served. The assessment should discuss:
- i. The health status of the community served by the Eligible Applicant and any disparities noted. The assessment should be based on documented information, such as health status indicators, demographics, and insurance status of the population.
 - ii. The adequacy of service capacity in the community. The analysis of service capacity should be based on data on service volume, occupancy, and utilization by existing providers.
- b. Based on the community needs assessment, identify what additional health care services are needed to address the health status, disparities, and service needs of the community served. If health care services are proposed to be eliminated or consolidated, provide the rationale.
- c. Describe the relationship between the Eligible Project and identified community need for health care services.
- d. Demonstrate the extent to which the Eligible Applicant has engaged the community affected by the Eligible Project and the manner in which community engagement has shaped the Eligible
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Project. Identify the specific stakeholder, patient, family, or other community groups that were contacted and the manner in which they were engaged (meeting, town hall forum, etc.) and how their feedback was incorporated into the Eligible Project.

6. Project Budget

A Project Budget must be provided for all capital and non-capital Eligible Projects.

All costs must be related to the provision of SHCFTP III, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

- a. A budget that includes cost estimates for all components of the Eligible Project must be submitted as part of the application in the Grants Gateway. Using Attachment 2: Projected Financial Information, Tab 1, Project Fund Sources, identify and describe sources of alternative funding for the Eligible Project (funds other than the SHCFTP III grant funds or “Other Funds”), including cash, borrowed funds, governmental agencies or other grant funds or other sources. Provide evidence of the commitment of these fund sources. A commitment that is contingent upon receipt of the Grant is acceptable. Only applications that request grant funding for Eligible Expenditures (as defined in Section III.B. of the RFA) will be funded.
- b. For each Eligible Project, an estimate of the total cost, including the amount of SHCFTP III grant funding requested and any other sources and associated amounts of alternative funding necessary to fully fund the Eligible Project, if applicable.
- c. Provide a detailed narrative description of each budgeted item, including the factors used to determine the reasonableness of each budgeted item such as any standard or benchmark used to determine the expenditure, if available. These budget justifications should be specific enough to show what the Eligible Applicant means by each line item and how the line item supports the overall Eligible Project.
- d. If an Eligible Applicant applies for non-capital debt restructuring, a detailed description and budget, if applicable, related to the health care transformation activities they will undertake as a result of the debt restructuring must be provided.

7. Eligible Applicant Financial Stability

- a. Upload a copy of the prior three years’ annual audited financial statements of the Eligible Applicant and any other evidence of financial stability. Entities whose financial statements have not been subjected to an audit should include any additional information available to satisfy this test and appropriate certifications.
 - o Please note this question in the Grants Gateway will only allow one document to be uploaded. The reports must be combined into one PDF no larger than 10MB.
**DO NOT PASSWORD PROTECT THE DOCUMENT. ENSURE ALL
PASSWORDS ARE REMOVED PRIOR TO UPLOADING.**
- b. If the applicant has an active or passive parent organization or close related party, explain the

financial relationship of the parent organization or close related party to the Eligible Project.

- c. If the applicant is a primary care provider and has no audited financial statements, include any other evidence of financial stability. In addition, if applicable, describe the applicant's related corporations and their ownership and the relationship of these entities to the Eligible Project.

If an applicant does not submit audited financial statements and any other evidence of this stability OR uploads a password protected PDF, the Application PDF will fail, and these errors could result in disqualification of your application.

8. Eligible Project Impact on Eligible Applicant Long-term Financial Sustainability

- a. Using Attachment 2: Projected Financial Information, Tab 3, Impact – Financial Viability, located in the Pre-Submission Uploads section of the Forms Menu, upload the financial feasibility projections for the Eligible Applicant.
- b. Describe the financial impact or benefit of the Eligible Project(s) on the Eligible Applicant. Include any assumptions used in projecting the incremental revenues and expenses associated with the Eligible Project(s) and their impact on the Eligible Applicant.
- c. Provide a narrative detailing all financial projections including assumptions made for utilization, revenue and expense, balance sheet and cash uses and sources.

9. Cost Savings

- a. Describe and quantify to the extent possible how the Eligible Project(s) will result in savings to the health care system relative to the Eligible Project(s) costs and quantify the proposed value or return of the state grant investment in the Eligible Project(s) relative to the Eligible Project(s) costs. Include a discussion of all means by which projected savings can be verified after the Eligible Project(s) are complete.

10. Project Timeline

Describe the timeline anticipated to achieve implementation of the Eligible Project. This timeline should identify specific milestones and approximate dates of completion for each milestone. The application should also provide:

- a. Timeframes for any architectural and engineering design and construction necessary to accomplish each phase of the Eligible Project, if applicable;
- b. Scheduled milestones for the preparation and processing of any application, as required by CON regulations (10 NYCRR Part 710), necessary to secure DOH approval for service revisions, changes in governance, relocations, or capital construction that rises to the level of CON review.

11. Workplan

In addition to completing the application questions outlined above, an online Workplan must be

completed in the Grants Gateway. The online Workplan will be included in any awarded contract; therefore, it should be sufficiently detailed to allow monitoring of progress toward project goals.

The online Workplan is essentially an outline/summary of the work associated with the Eligible Project(s) described in the sections above. Please note that if an application is selected for award, the Workplan will be subject to change and can be updated during the contract development/negotiation process.

Please note that the Work Plan for this RFA is limited to the following: 30 Objectives, 60 Tasks, and 90 Performance Measures. The Grants Gateway does not keep a running count of these; applicants will be responsible for ensuring that they stay within these limits. **If you exceed these limits it will jeopardize your ability to submit your application.**

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA.

B. Freedom of Information Law

All applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If NYSDOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

Applications received in response to this RFA will be evaluated as follows:

Stage 1 Review

1. NYSDOH staff shall undertake an initial review of all Grant Applications submitted online via the Grants Gateway by the date and time posted on the cover of the RFA and determine:
 - i. If the applicant is a not-for-profit entity, it is registered and pre-qualified in the Grants Gateway (if not exempt); and
 - ii. Whether the Application contains all of the components required by the RFA. Applications missing material elements may be eliminated from further review. Applicants may be contacted by the NYSDOH if additional information is needed.
2. A list of all applications proposed to be eliminated in Stage 1 due to failure to register or pre-qualify in the Grants Gateway shall be compiled by NYSDOH and reviewed for determination of whether a disqualification or clarification letter should be sent to the applicant.

Stage 2 Review

Applications passing Stage 1 review will be forwarded to Stage 2 for evaluation.

The final eligibility determinations and rating of the evaluation criteria will be conducted by a “Review Team”, which may include NYSDOH, and other State agency staff as determined by the Commissioner. The evaluation of applications by the Review Team will be based on or supported by summaries and other factual analyses prepared for the Review Team by NYSDOH or other State agency staff, or in consultation with other internal or external sources. After receipt of initial application summaries and other factual analyses, the Review Team may request that NYSDOH or other State agency staff perform additional review and analysis of selected applications to assist the Review Team in developing final award recommendations.

Concurrent with the evaluation of the Review team, DASNY shall undertake a review of those Grant Applications identified by NYSDOH and determine whether the Grant Application contains a request for a Grant to fund Eligible Project Costs in connection with a capital work or purpose which may properly be reimbursed from Bond Proceeds under the Act.

Grant Award

The Review Team will make award recommendations to the Commissioner of Health in accordance with the following:

Overall Award Methodology:

Stage 2.1: The Review Team will utilize a “Review Team Evaluation Tool” to assign an overall consensus rating of “Good”, “Acceptable”, “Poor”, or “Not Responsive” to each application that has advanced to Stage 2. In determining the overall rating, the review team will assign one of the aforementioned four ratings to each of the “Grant Evaluation Criteria” listed in RFA Section III. C. “Evaluation Criteria”. The overall rating for an application will be determined by a simple majority count of the rating for each individual criterion. For example, if the sum of individual criterion rated “Good” exceeds that of those rated “Acceptable”, “Poor” or “Not Responsive” then the overall rating for that application will be “Good”. In the event of an equal count of two consecutive ratings (i.e., “Good” and “Acceptable”), the overall rating shall be the highest one. If there is an equal count of two nonconsecutive ratings (i.e., “Good” and “Poor”), the overall rating shall be the lowest one.

Stage 2.2: In the event that available funds are not sufficient to support all projects assigned to the highest rating tier (e.g., “Good”), the Review Team will develop consensus recommendations for project awards in accordance with the following “Tie Breaker” criteria:

1. The extent to which applications will help achieve geographic distribution of funds. All applications reaching Stage 2.2 will be assigned to the Regional Economic Development Council region where the proposed Eligible Project would be located.² If a project is located in more than one region, then the primary address of the applicant will determine the region to which the application is assigned. To the extent practicable, the Review Team will achieve a fair geographic distribution of funds by aligning the total value of projects awarded in a region with the proportion

²<https://regionalcouncils.ny.gov/>

(i.e., percentage) derived from dividing the total value of eligible applications from that region by the total value of all eligible applications received in response to the SHCFTP III Request for Applications. The Commissioner may, in his sole discretion, modify the method by which “fair geographic distribution” is determined; and

2. The extent to which:

- i. Applications provide the greatest impact on the long-term financial sustainability of the applicant relative to other applications under consideration for funding in the same geographic region; or,
- ii. Applications preserve or expand essential health care services in a community in a manner that is superior to other applications in the same geographic region; or,
- iii. Applications modernize obsolete facility physical plants and infrastructure relative to other applications under consideration in the same geographic region; or,
- iv. Applications that foster participation in alternative payment arrangements including, but not limited to, contracts with managed care plans and accountable care organizations in a manner that is superior to other applications in the same geographic region; or
- v. For residential health care facilities, applications that increase the quality of resident care or experiences in a manner that is superior to other applications in the same geographic region; or
- vi. Applications improve health information technology infrastructure, including telehealth, to strengthen the acute, post-acute and long-term care continuum, in a manner that is superior to other applications in the same geographic region; or,
- vii. Applicants who do not have access to alternative funding, other than State grants, compared to other applicants under consideration for funding in the same region.

In addition, and consistent with meeting the evaluation criteria for geographic distribution, priority may be given to projects, as applicable, that create a patient-centered approach to achieve better quality of life outcomes for older adults.

Community-Based Health Care Provider Minimum Award Requirement:

In accordance with the “Overall Award Methodology” outlined above, a minimum of \$529,611 of the total available amount of \$208,294,869 will be reserved for community-based health care providers, as defined in Section II (“Who May Apply”) of the RFA. If the aggregate amount of applications received from Eligible Applicants who are community-based health care providers is less than \$60,000,000 in total Statewide II Supplemental and Statewide III applications, the differential amount will not be awarded under the RFA and will be reserved for a future RFA targeted exclusively at community-based providers.

Residential Health Care Facilities Minimum Award Requirement:

In accordance with the “Overall Award Methodology” outlined above, a minimum of \$23,138,160 of the total available amount of \$208,294,869 will be reserved for residential health care facilities, as defined in Section II (“Who May Apply”) of the RFA. If the aggregate amount of applications received from Eligible Applicants who are residential health care facilities is less than \$45,000,000 in total Statewide II Supplemental and Statewide III applications, the differential amount will not be awarded under the RFA and will be reserved for a future RFA targeted exclusively at residential health care facilities.

Perinatal Telehealth in Rural Areas of New York State:

In accordance with the “Overall Award Methodology” outlined above, up to \$5,000,000 of the total available amount of \$208,294,869 will be reserved for RPCs, as defined in Section II (“Who May Apply”) of the RFA.

Awards for Debt Retirement, Working Capital or Other Non-Capital Projects or Purposes:

Awards for debt retirement, working capital, or other non-capital projects or purposes, defined as those that are not eligible to be funded with the proceeds of bonds issued pursuant to Section 1680-r of the PAL, will be made in accordance with the “Overall Award Methodology” outlined above and considered together with projects or purposes that are eligible to be funded with such bond proceeds.

Determination of the Final Award Amount:

The final amount of each Eligible Applicant’s total award, regardless of the amount requested, will be determined by the Commissioner based upon:

- An evaluation of the scope of work presented; and
- The degree to which the Eligible Project meets the goals and priorities of the SHCFTP III and the objectives and requirements of the RFA; and
- The appropriateness of the expenses to the Eligible Project; and
- The amount necessary to achieve the goals of the Eligible Applicant’s overall transformation activities; and
- The amount necessary to achieve, to the extent practicable, a geographic distribution of funds from this Program.

Other Information about Award Determinations:

- The amount of project requests is expected to significantly exceed available funds. Therefore, the RFA should be clear that in structuring SHCFTP III requests, applicants should be mindful of the overall amount of funds available for award from this program in the context of the criteria by which projects will be selected for award, particularly, geographic distribution and the minimum allocation for community-based providers and residential health care facilities.
- SHCFTP III does not require applicants to provide matching funds. However, if an applicant chooses to identify matching funds in support of the full project cost, and the Eligible Project receives a SHCFTP award, a condition of that award will be that all funding sources for the project are verified as available to fund the project.
- However, given that PHL 2825-f[5][e] establishes as an evaluation criterion “the extent to which the applicant has access to alternative financing” and recognizing that the value of project requests is expected to significantly exceed available funds, the capability of an applicant to access debt or institutional funds for all or a portion of the project costs will be an award consideration.

Applicants are hereby advised that, in accordance with Public Health Law 2825-f and Chapter 54 of the Laws of 2019, awards made under this RFA are determined on a non-competitive, discretionary basis. Funding will be awarded at the discretion of the Commissioner of Health for purposes described in this RFA. Without limitation to this authorization, the Commissioner of Health may consult with the President of DASNY, NYSDOH and DASNY professional staff, and any other internal or external experts or local health care constituents as appropriate from time to time and/or at any time in the evaluation of applications received pursuant to this RFA. The decision to award, or not to award, or to award a grant at a funding level that is less than the amount requested by the applicant, is discretionary and cannot be appealed.

As these awards are discretionary, there is no right of appeal and the decision of the Commissioner of Health is final. As such, applicants are advised to put forward their best efforts in thoroughly completing and fulfilling all the requirements of the RFA. While the award is discretionary the criteria listed in PHL 2825-f will be utilized to make the awards.

The decision not to fund an application will be communicated by letter. Based on the number of applicants, NYSDOH shall have the sole discretion of whether or not to provide an opportunity for non-successful applicants to request a debriefing to be conducted after the announcement of awards. Comparisons with other grant applications will not be made during a debriefing.

NYSDOH's determination of applicable terms and conditions of award or a denial of a request to change the terms and conditions is discretionary and not subject to appeal.

VI. Attachments

Please note that certain attachments are accessed under the “Pre-Submission Uploads” section of an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

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| Attachment 1: | Application Cover Sheet* |
| Attachment 2: | Projected Financial Information* |
| Attachment 3: | Vendor Responsibility Attestation* |
| Attachment 4: | Minority & Women-Owned Business Enterprise Requirement Forms* |
| Attachment 5: | Statewide Health Care Facility Transformation Program III Statute (Section 2825-f of PHL) |
| Attachment 6: | New York State Certified Service-Disabled Veteran Owned Businesses Forms* |

*These attachments are located/included in the Pre-Submission Upload section of the Grants Gateway online application.

Attachment 5

Health Care Facility Transformation Program: Statewide III PHL § 2825-f.

1. A statewide health care facility transformation program is hereby established under the joint administration of the commissioner and the president of the dormitory authority of the state of New York for the purpose of strengthening and protecting continued access to health care services in communities. The program shall provide funding in support of capital projects, debt retirement, working capital or other non-capital projects that facilitate health care transformation activities including, but not limited to, merger, consolidation, acquisition or other activities intended to: (a) create financially sustainable systems of care; (b) preserve or expand essential health care services; (c) modernize obsolete facility physical plants and infrastructure; (d) foster participation in alternative payment arrangements including, but not limited to, contracts with managed care plans and accountable care organizations; (e) for residential health care facilities, increase the quality of resident care or experience; or (f) improve health information technology infrastructure, including telehealth, to strengthen the acute, post-acute and long-term care continuum. Grants shall not be available to support general operating expenses. The issuance of any bonds or notes hereunder shall be subject to section sixteen hundred eighty-r of the public authorities law and the approval of the director of the division of the budget, and any projects funded through the issuance of bonds or notes hereunder shall be approved by the New York state public authorities control board, as required under section fifty-one of the public authorities law.
2. The commissioner and the president of the dormitory authority shall enter into an agreement, subject to approval by the director of the budget, and subject to section sixteen hundred eighty-r of the public authorities law, for the purposes of awarding, distributing, and administering the funds made available pursuant to this section. Such funds may be distributed by the commissioner for grants to general hospitals, residential health care facilities, adult care facilities licensed under title two of article seven of the social services law, diagnostic and treatment centers and clinics licensed pursuant to this chapter or the mental hygiene law, children's residential treatment facilities licensed pursuant to article thirty-one of the mental hygiene law, assisted living programs approved by the department pursuant to section four hundred sixty-one-l of the social services law, and community-based health care providers as defined in subdivision three of this section for grants in support of the purposes set forth in this section. A copy of such agreement, and any amendments thereto, shall be provided to the chair of the senate finance committee, the chair of the assembly ways and means committee, and the director of the division of the budget no later than thirty days prior to the release of a request for applications for funding under this program. Projects awarded, in whole or part, under sections twenty-eight hundred twenty-five-a and twenty-eight hundred twenty-five-b of this article shall not be eligible for grants or awards made available under this section.
3. Notwithstanding section one hundred sixty-three of the state finance law or any inconsistent provision of law to the contrary, up to five hundred twenty-five million dollars of the funds appropriated for this program shall be awarded without a competitive bid or request for proposal process for grants to health care providers (hereafter "applicants"). Provided, however, that a minimum of: (a) sixty million dollars of total awarded funds shall be made to

community-based health care providers, which for purposes of this section shall be defined as a diagnostic and treatment center licensed or granted an operating certificate under this article; a mental health clinic licensed or granted an operating certificate under article thirty-one of the mental hygiene law; a substance use disorder treatment clinic licensed or granted an operating certificate under article thirty-two of the mental hygiene law; a primary care provider; a clinic licensed or granted an operating certificate under article sixteen of the mental hygiene law; a home care provider certified or licensed pursuant to article thirty-six of this chapter; or hospices licensed or granted an operating certificate pursuant to article forty of this chapter and (b) forty-five million dollars of the total awarded funds shall be made to residential health care facilities.

4. Notwithstanding any inconsistent subdivision of this section or any other provision of law to the contrary, the commissioner, with the approval of the director of the budget, may expend up to twenty million dollars of the funds appropriated for this program pursuant to subdivision three of this section, not including funds dedicated for community-based health care providers under paragraph (a) of such subdivision or for residential health care facilities under paragraph (b) of such subdivision, for awards made pursuant to paragraph (l) of subdivision three of section four hundred sixty-one-l of the social services law, provided that funding shall be prioritized for awards made pursuant to subparagraph (i) of such paragraph, with remaining funding available for awards made pursuant to subparagraphs (ii) and (iii) of such paragraph.

4-a. Notwithstanding subdivision two of this section or any inconsistent provision of law to the contrary, and upon approval of the director of the budget, the commissioner may, subject to the availability of lawful appropriation, award up to three hundred million dollars of the funds made available pursuant to this section for unfunded project applications submitted in response to the request for applications number 17648 issued by the department on January eighth, two thousand eighteen pursuant to section twenty-eight hundred twenty-five-e of this article, provided however that the provisions of subdivisions three and four of this section shall apply.

4-b. Authorized amounts to be awarded pursuant to applications submitted in response to the request for application number 17648 shall be awarded no later than September first, two thousand nineteen.

5. In determining awards for eligible applicants under this section, the commissioner shall consider criteria including, but not limited to:
 - (a) The extent to which the proposed project will contribute to the integration of health care services or the long term sustainability of the applicant or preservation of essential health services in the community or communities served by the applicant;
 - (b) The extent to which the proposed project or purpose is aligned with delivery system reform incentive payment ("DSRIP") program goals and objectives;
 - (c) The geographic distribution of funds;
 - (d) The relationship between the proposed project and identified community need;
 - (e) The extent to which the applicant has access to alternative financing;
 - (f) The extent to which the proposed project furthers the development of primary care and other outpatient services;
 - (g) The extent to which the proposed project benefits Medicaid enrollees and uninsured individuals;

- (h) The extent to which the applicant has engaged the community affected by the proposed project and the manner in which community engagement has shaped such project; and
 - (i) The extent to which the proposed project addresses potential risk to patient safety and welfare.
- 6. Disbursement of awards made pursuant to this section shall be conditioned on the awardee achieving certain process and performance metrics and milestones as determined in the sole discretion of the commissioner. Such metrics and milestones shall be structured to ensure that the goals of the project are achieved, and such metrics and milestones shall be included in grant disbursement agreements or other contractual documents as required by the commissioner.
- 7. The department shall provide a report on a quarterly basis to the chairs of the senate finance, assembly ways and means, and senate and assembly health committees, until such time as the department determines that the projects that receive funding pursuant to this section are substantially complete. Such reports shall be submitted no later than sixty days after the close of the quarter, and shall include, for each award, the name of the applicant, a description of the project or purpose, the amount of the award, disbursement date, and status of achievement of process and performance metrics and milestones pursuant to subdivision six of this section.