

**ADDENDUM #2**

**February 15, 2024**

**RFA # 20258 / Grants Gateway# DOH01-SHCFTT-2024**

**Statewide Health Care Facility Transformation Program IV and V Health Information  
Technology, Cybersecurity, and Telehealth Transformation**

**Request for Applications**

The following are official modifications, which are hereby incorporated into RFA # 20258 Statewide Health Care Facility Transformation Program IV and V Health Information Technology, Cybersecurity, and Telehealth Transformation. Deleted language appears in strikethrough (“~~xxx~~”) and added language appears in red text. The information contained in this amendment prevails over the original RFA language. Applicants should review all documents in their entirety to ensure all amended language is incorporated into their applications.

1. The following changes are made to **Section II. Who May Apply** (Page 6 of the RFA):
  - (a) Eligible Applicants must be a legally existing, ~~not-for-profit~~ organization and capable of entering into a binding Master Grant Contract (MGC) with NYSDOH.
2. Please see the attached amended Q&A document which has been revised to reflect this change.

**Questions and Answers**  
**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
**RFA #20258 / Grants Gateway # DOH01-SHCFTT-2024**

Q#	Question	Answer
1	If our project fits primarily in Health Management Tools, but part of it could also fit under the Telehealth category, which category should I choose when I submit this proposal?	In cases where a project aligns with more than one of the four categories described in Section I, the Applicant should use its discretion to select the single most appropriate of the four categories.
2	I have been reading the RFA over for this grant, and I cannot find a minimum or maximum grant request information. Is this a first come first serve basis? Or is there any guidance on min/max requests?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount. This is not a first come first serve application.
3	Can expenses incurred prior to October 1, 2024 be reimbursed as a part of this award? (section 3, subsection B, final paragraph)	Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement.
4	Are capital items with a multi-year contract for software subscription eligible expenses? (Section 3)	No, recurring software costs included in multi-year contract are typically not bondable expenses.
5	Are cloud-based services, such as BD/DR, covered beyond the day of go live? (Section 3)	Per Section III. B. only expenses prior to go-live are eligible for reimbursement. Go-live is defined as the point in time where the system is operational and is being used to support healthcare operations.
6	Can you define more thoroughly "post go-live" and "prior to go-live" in terms of eligibility? (Section 3)	Per Section III. B. only expenses prior to go-live are eligible for reimbursement. Go-live is defined as the point in time where the system is operational and is being used to support healthcare operations.
7	Are consulting and configuration services eligible expenses? (Section 3)	Consulting expenses are eligible for reimbursement as long as they meet the requirements laid out in the RFA including but not limited to Section III.B.
8	Is attachment 4 form #4 supposed to be completed multiple times by each M/WBE we expect to contract with and submitted or one completed and submitted by the grantee for all working on the project? (Attachment 4, page 8 & 9)	MWBE Attachment #4 Form #4 can be one form completed by applicant as long as it is taking into account all working on the project for this procurement.
9	Does the Eligible Applicant have to be a healthcare provider?	This RFA is intended to facilitate health care transformation activities. Eligible Applicants must be a provider organization as described in RFA Section II. Who May Apply.
10	Seeking confirmation allowable costs include Workforce orientation to new technologies and supportive workforce redesign as implementation of new technologies are dependent on investment in the workforce to optimize their use and deliver on the expected goals	No. training end users and other support staff costs - even if prior to 'go-live' is not bondable.
11	We are seeking confirmation that the role of the IPA in this situation supports eligibility for funding.	The RFA has been amended. An IPA would be an eligible Applicant. See Addendum#1.
12	Can an IPA provider submit their own separate application as an Eligible Applicant and/or be included in another application as a collaborative partner?	Yes.
13	What priority health management tools has in this RFP if capital funding is being prioritized and many of the costs are associated with development and implementation of data analytical capabilities, data informed quality improvement, and change management to support the referenced goals of "streamlined clinician workflows", "improving clinical decision support", "support workforce needs", and "identifying gaps in care to support improvements in quality and patient engagement".	There is no predetermined priority/amount per category. The total amount of funding awarded will depend on the quality of applications and potential improvement to the health care system, both in total and per category.
14	We are seeking clarification on a) amount of total funding available; b) amount of funding to be directed towards capital; c) additional clarification of non-capital allowable, eligible expenses in support of meeting the goals of Health Management Tools.	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million. Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA, the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. \$400 million of the available funding is capital. \$250 million of the available funding is non-capital.
15	Will the non-capital allowable, eligible expenses include: implementing applications that aggregate clinical and administrative data to support the provision of care, improve patient outcomes, and/or support participation of providers in value-based contracting. Tools may support understanding/controlling total cost of care, identifying gaps in care to support improvements in quality and patient engagement. Tools may support remote patient monitoring to improve health outcomes.	Expenses in these areas may be eligible for capital or non-capital funds contingent on the requested expenses meeting all other RFA requirements.
16	Will the non-capital allowable, eligible expenses include: enhance electronic medical records (EMRs) to support workforce needs via streamlined clinician workflows	Expenses in these areas may be eligible for capital or non-capital funds contingent on the requested expenses meeting all other RFA requirements.
17	Will the non-capital allowable, eligible expenses include: Providing or improving clinical decision support; and other investments that boost provider productivity, monitor outcomes and participation in value-based contracting	Expenses in these areas may be eligible for capital or non-capital funds contingent on the requested expenses meeting all other RFA requirements.
18	Will the non-capital allowable, eligible expenses include: Enhance patient experience via streamlined patient intake and discharge tools	Expenses in these areas may be eligible for capital or non-capital funds contingent on the requested expenses meeting all other RFA requirements.
19	Project Management Expenses – seeking to confirm this includes a designated project leader who is employed by the applicant with defined responsibility for development and implementation. Seeking confirmation of project manager through sign off go-live.	Employee salaries and benefits are listed as Excluded Expenditures in RFA Section III B.
20	Seeking confirmation allowable costs include development, redesign of workflows in support of the new enabling technology and related orientation of staff so the redesign is successful.	Expenses in these areas may be eligible for capital or non-capital funds contingent on the requested expenses meeting all other RFA requirements.
21	Seeking confirmation allowable costs include Use of dedicated inhouse staff in support of project design, development, workforce redesign	Employee salaries and benefits are listed as Excluded Expenditures in RFA Section III B.

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Q#	Question	Answer
22	Maximum Grant Amount: Could you please provide information on the maximum amount we are eligible to request for our proposed project? Understanding the funding parameters will help us tailor our application accordingly.	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system.
23	Grant Span and Project Duration: We have noted that the grant has a span of 5 years. Could you clarify whether our proposed program must extend throughout the entire 5-year period, or if there is flexibility in the duration? Specifically, are we allowed to receive the entire grant amount upfront if our project requires immediate funding, or does it need to be disbursed over the 5-year period?	The project period does not have to cover the entire 5 years. Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement. Any obligations assumed by the contractor prior to execution of the contract are assumed at risk.
24	Is there a grant specific to upgrading of software, where by we can do all our financials, budgeting and such on the cloud and create dashboards? Would a grant include hiring an IT specialist who can help with the implementation?	Upgrading software could be eligible contingent on the requested expenses meeting all other RFA requirements. Supplementing staff is a disallowed expense however IT consulting services would be an eligible expense contingent on the requested expenses meeting all other RFA requirements.
25	Regarding the Statewide Health Care Facility Transformation Program IV and V, is there a minimum or maximum award request amount?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
26	Could you better define what you mean by "health" in the priority funding area "population health management tools"? We seek to develop a training platform to provide services such as training for dental students, assisting caregivers in supporting people with IDD in having successful doctors' visits, (training and the development of social stories), curriculum and online training/support for pediatrician students, and first responder training?	For the purpose of this RFA, these tools are intended to impact the current delivery systems for health care services, they are not intended for training.
27	The RFA references an example of an eligible expense as "Software licenses only if a one-time expense with a term of at least three years." Would the license fee be considered acceptable if requested for the full five-year grant period? (Section III, Paragraph B, Page 8 of the RFP.)	A 5 year term would be appropriate, however, the expense would have to meet the other criteria, including but not limited to, Section III.
28	If a provider like us needs to cover the upfront, one-time expense for multiple years of software licenses, and the cost is in the high six-figure or low seven-figure range, is it acceptable to obtain financing (e.g., a bridge loan) to cover the upfront costs? If so, would the interest be grant-eligible?	Yes. However, application budgets should not include interest.
29	Please confirm whether staff salaries and benefits specifically tied to planning, system/application design and development for an eligible project prior to the "Go-Live" date are eligible expenses.	Employee salaries and benefits are listed as excluded expenditures in Section III. B. of the RFA.
30	Is there a limit to the extent to which these projects can overlap? For example, if the primary project is the EHR, can an applicant also include all directly related cybersecurity activities, even if the funding ends of being 50% EHR and 50% cybersecurity?	There is no limit. In cases where a project aligns with more than one of the four categories described in Section I, the Applicant should use its discretion to select the single most appropriate of the four categories.
31	If the eligible applicant, who is one of many subsidiaries of a parent organization, proposes a project in Component 3. Population Health Management Tools, is it allowable that the project also benefits the full network of organizations under the parent?	Yes.
32	We understand a detailed budget justification needs to be submitted (based on note in Attachment 2, Tab 2-Use of Funds). However, this note also states that the justification should be no more than 5 pages and 12-point font and is to be uploaded as a PDF. Where does this get uploaded? There is no space to do so in Program Specific Questions, Section 5 Project Budget or in the Pre-Submission Uploads section.	Please upload to the Grants Gateway, under Grantee Document Folder which is found in the File Folders section of the Forms Menu, right below the Pre-submission Uploads. See Addendum #1.
33	For this RFA, there is no information listed in the RFA document on the total available funding, funding amount per award, total number of awards, or if there is any sort of limit to a budget that we can submit. Could you please provide any information on the funding available for this opportunity, and if there is a cap or limit per application?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million. Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system.
34	I was reviewing the following RFA and wanted to inquire on the Evaluation Criteria/Scoring for this grant	The Evaluation Criteria is listed in RFA Section III. C.
35	A quick question related to this Grant Opportunity, what is the total funding available?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
36	Can you further clarify/define community-based organizations that are eligible to apply? Are the community-based programs funded by the listed entities required to be licensed to be eligible?	Community based organizations are not required to be licensed to be eligible. Community based organizations are eligible to apply if the Applicant is a not-for-profit organization and both the Applicant and proposed project meet all other RFA requirements.
37	Could you please clarify how much funding is available to support this RFP?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
38	The RFA indicates that applicants must choose one of the four project categories. How should applicants make this choice if elements of our project aligns with more than one category?	In cases where a project aligns with more than one of the four categories described in Section I, the Applicant should use its discretion to select the single most appropriate of the four categories.
39	Is it acceptable for an application to cover more than one project category, in scope, even as one category is identified in the application?	Yes

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Q#	Question	Answer
40	The RFA indicates that applicants should identify the eligible program for which funding is being requested, based upon the provider eligibility parameters. Can a project support both community-based programs funded by OMH and community-based programs funded by OPWDD, all run by the same provider organization?	Yes
41	If we have more than one eligible program as the beneficiary for our project, how should we present this in our application?	You may submit an application from one lead Applicant benefitting multiple other organizations. The lead Applicant would answer on their organization only. The lead Applicant should upload letters of support from each partnering organization to the Grantee Document folder in the Grants Gateway. The Department reserves the right to require additional information from other organizations at a later time. See Addendum #1.
42	Is it acceptable for a project to have multiple components, such as client-support technology for two or three programs, along with health information enhancements for two different programs?	Yes.
43	Will staff/personnel costs be acceptable expense for a technology application? Example: hiring a CIO to oversee the project?	Employee salaries and benefits are listed as Excluded Expenditures in RFA Section III B.
44	Are there are minimum or maximum limits to the funding for this grant?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
45	The landlord of the building uses certain vendors for construction. If the applicant wins the grant, they would have to use these vendors and perhaps would not be able to meet the MWBE requirements. Is that allowable?	If you cannot meet the goal established, you would apply for a waiver by submitting Form # 2 Waiver with accompanying Good-faith efforts and/or justification documentation which would be fully reviewed/assessed by the DOH MWBE Unit for determination.
46	If the project only takes a year or 18 months are there budget limitations per year?	There are no additional budget limitations placed on contracts based on their term.
47	If construction started 10/1, could these expenses be reimbursed by the grant? If not, when can the project begin and be eligible for grant reimbursement?	Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement.
48	Can you please tell me how much is available in this section of funding?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
49	Are for-profit OASAS article 32 agencies allowed to apply for this grant? This is inpatient substance use facility.	<del>No, text has been added to the RFA to clarify this opportunity is limited to not-for-profit organizations. Please see Addendum #1.</del> Yes, see addendum #2.
50	Under section H3, the RFP states the Grantee will be required to submit a quarterly report that includes a summary of public engagement and public comments received. Is this applicable to all proposed projects? For example, how would this fit into an Electronic Health Records proposal that includes EHR optimization, consolidating infrastructure, improving revenue cycle management, etc.? Would an EHR RFP process be sufficient?	Yes this section of the quarterly report is a requirement of app proposed projects. However, the section does not require periodic public engagement and comment - If an awardee does engage with the public on the project, or receives public comments on the project, those should be summarized in the quarterly report.
51	Question 4d (under the Identified Community Need section) on the application states "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 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." Is this applicable for all proposed projects? For example, how would this apply to EHR optimization, consolidating infrastructure, improving revenue cycle management, etc.	Yes. The Applicant should use its discretion to identify and engage the stakeholder community most applicable to its proposal.
52	If our vendors will be identified and confirmed during the grant period, do we need to complete the MWBE and SDVOB forms with names of vendors or can we revise updated vendor information and staffing details once confirmed?	Please complete the required MWBE/SDVOB forms to the best of your ability. The identified vendors and amounts will be reviewed and confirmed by the DOH MWBE unit.
53	Is there any distinction between what entities would be considered a subcontractor or vendor?	The Prime (Grantee / Eligible Applicant) would be the lead organization on the grant application. The subcontractor for purposes of this RFA would be an entity that is providing a service and/ or commodity to the Prime (Grantee/ Eligible Applicant).
54	I am unable to apply for the grant opportunity, I am only able to view at this time. We have applied for each of the other rounds without a problem. Can you tell me if this is a known issue for other government entities or should I contact grants gateway help desk?	Please contact the Grants Gateway Help Desk.
55	Please verify amount of funding available for this round.	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
56	How much funding is available under this RFA? Of the funding available, how much of it is for capital?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million. Roughly \$400 million of the available funding is currently structured as capital.
57	Is there a minimum, maximum, and/or preferred price range per project?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
58	Will SFS be used in this application process, or will it be managed completely in Grants Gateway?	Applications must be submitted using the Grants Gateway. Per RFA Section IV. M, SFS may be used in some cases for prequalification purposes.
59	What is the total number of awards that will be given?	There is no minimum or maximum number of successful applicants that are anticipated to receive awards.

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Q#	Question	Answer
60	Is there an award amount range or max that we should be considering when building a budget?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
61	Under Section III : Project Narrative/Workplan Outcomes, Subsection B: Eligible and Excluded Expenses and Disallowed Costs, Paragraph 3, Bullet 1 on Page 8: a. Can the use of a consultant be permitted for the entirety of the project, not just for strategic plans, security frameworks, or planned system enhancements?	Yes, contingent on the requested expenses meeting all other RFA requirements especially that they are incurred prior to go-live of the enhanced system.
62	What is the administration allocation percentage?	Employee salary and benefits are not allowable expenses, therefore an indirect percentage would not be applicable.
63	Can you please tell me if PACE organizations (Program for all-inclusive care for the Elderly) may also apply?	PACE organizations are eligible to apply if the Applicant is a not-for-profit organization and both the Applicant and proposed project meet all other RFA requirements. Applicants should use their discretion to select the most applicable provider organization type.
64	For the purposes of this funding, will the applicant need to lay out the funding and begin their capital project prior to receiving any approval of their project funding? Or will the project approval process occur and then allow for the applicant to start their capital project and submit for reimbursement?	No, the Applicant would not have to begin their capital project prior to receiving approval of their project funding.
65	Is there a minimum or maximum on grant size per year and per project?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
66	What are the formatting requirements? Is there a page limit for applications? Do you have a recommended page count for the program specific questions?	Applications must be submitted using the Grants Gateway which institutes character limits.
67	In reviewing the RFP I cannot find any information on what the expected grant range amount is for this RFP. Will you please let us know what range you expect the grants in this project to be?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
68	We were wondering how much could be awarded to the chosen applicant? Is there a range?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system.
69	We are applying for the Statewide Health Care Facility Transformation Program IV and V Health Information Technology, Cybersecurity, and Telehealth Transformation grant; and were wondering how much money is awarded?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
70	Attachment 6, page 1 questions 1-4, is there a word/character limit to the responses?	No however the responses should kept concise.
71	Please confirm the total available funding for RFA #20258	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
72	Our organization is an eligible applicant with article 31 and article 32 licensed behavioral health programs. We also operate a substantial number of housing programs that serve individuals with behavioral health conditions. Given the current recognition of the importance of Health Related Social Needs to positive outcomes for an individual's health, as evidenced by the recently approved 1115 Demonstration Waiver, would an application for a case management system that collected and integrated essential housing data with other sources of medical information be considered eligible for funding?	Case management and care coordination would be outside of the scope of this RFA, which is intended for treating providers.
73	Would a Financial System to support our services and billing qualify under one of the four required categories of (i) Electronic Health Records, (ii) Cybersecurity, (iii) Health Management Tools, or (iv) Telehealth?	Potentially, depending on the types of services and the specific functions of the system.
74	NIST- do we have to be fully compliant to their standards?	It is not a requirement that Applicants be fully compliant to NIST standards. Activities funded by this RFA should meet and/or support security controls that are comparable to NIST standards.
75	What is the maximum allowable grant request?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system.
76	How many grants does the state foresee distributing ?	There is no minimum or maximum number of successful applicants that are anticipated to receive awards.
77	Can we add staff FTE to the budget?	Employee salaries and benefits are listed as Excluded Expenditures in RFA Section III B.
78	Can we apply for both the application cost and the implementation costs?	Costs for preparing the application in response to this RFA would not be eligible expenses. Criteria for eligible expenses of a purchased system/application and its implementation are outlined in Section III B.
79	If granted, would we be able to hold a planning period of 18 months and begin implementation after the 18-month mark.	Yes but expenses eligible for reimbursement must meet the criteria outlined in Section III. B. of the RFA.
80	Can we apply for software as a service (ex. are applications such as Palo Alto, Zscaler, DarkTrace, Fortigate, QualysGuard, Microsoft E5 with full cybersecurity suite eligible?)	Software services are typically not bondable expenses.

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Q#	Question	Answer
81	Is software licensing expense eligible (Microsoft E5 with full cybersecurity suite licensing applicable for this opportunity?) a. If we are already using the Microsoft system and would like to expand, would all Microsoft costs be eligible during the grant award period.	Software is an eligible expense only if a one-time expense incurred prior to “go-live” and if used to develop the capital asset (and license does not extend past “go-live”); or, software licenses are a one-time expense with a term of at least three years. Specific to this example, only costs associated with expansion would be eligible.
82	Can the grant be used to buy laptops for all staff agency-wide?	Items eligible for reimbursement must meet the criteria outlined in Section III. B. of the RFA.
83	Can the grant be used for infrastructure costs such as updating access and core switches	Yes, contingent on the requested expenses meeting all other RFA requirements.
84	Could this grant cover the migration costs for moving our software to the cloud.	Yes, contingent on the requested expenses meeting all other RFA requirements.
85	Would the cost of a security audit conducted by a consultant be an eligible expense, and would the following elements of such an audit be eligible expenses: •Assessment of our IT infrastructure; •Assessment of our security processes; •Assessment of our software; •Assessment of our network device configurations; •Conducting a penetration test of our IT environment; and •Preparation of a report including a written plan for addressing any findings?	Yes, contingent on the requested expenses meeting all other RFA requirements especially that they are incurred prior to go-live of the enhanced system.
86	Would the cost of implementation of the written plan for addressing findings from the security audit be an eligible expense?	Yes, contingent on the requested expenses meeting all other RFA requirements especially that they are incurred prior to go-live of the enhanced system.
87	Would the cost of obtaining a HITRUST CSF Certification or its equivalent be an eligible expense?	Yes, contingent on the requested expenses meeting all other RFA requirements.
88	Would the cost of maintaining certification during the grant period, including any software subscriptions, be an eligible expense?	No.
89	Regarding the infrastructure component, does this only apply to construction costs associated with the IT component of this project?	No.
90	For expenditures, would mortgage cost be considered unallowable?	Mortgage costs are <u>not</u> allowable.
91	Is it possible to submit one application with our affiliate providers, where we would be the lead applicant?	You may submit an application from one lead Applicant benefitting multiple other organizations. Please see Addendum #1.
92	Regarding Section II. Who May Apply (b) states: Eligible Applicant can be “Community-Based Programs funded under the office for people with developmental disabilities”. Are OPWDD agency providers eligible for this funding if they are in-home service providers defined as providing a broad range of services in the home and tailored to individual needs ranging from respite, training, supervision, to intensive behavioral, health and health related services?	OPWDD agency providers eligible to apply if the Applicant is a not-for-profit organization and both the Applicant and proposed project meet all other RFA requirements. Applicants should use their discretion to select the most applicable provider organization type.
93	Regarding Section II. Who May Apply (b) states: Eligible Applicant can be “Community-Based Programs funded under the office for people with developmental disabilities”. Are OPWDD agency providers eligible for this funding if they are day services/day habilitation providers defined as providing a combination of diagnostic, therapeutic, training and pre-vocational services?	OPWDD agency providers are eligible to apply if the Applicant is a not-for-profit organization and both the Applicant and proposed project meet all other RFA requirements. Applicants should use their discretion to select the most applicable provider organization type.
94	Regarding Section II. Who May Apply (b) states: Eligible Applicant can be “Community-Based Programs funded under the office for people with developmental disabilities”. Are OPWDD agency providers required to hold current contracts with Department of Health in order to be eligible for this funding?	No, but all Applicants are required to be a not-for-profit organization and both the Applicant and proposed project meet all other RFA requirements.
95	Regarding Section II. Who May Apply (b) states: Eligible Applicant can be “Community-Based Programs funded under the office for people with developmental disabilities”. We are part of a network of seven OPWDD provider agencies (not an IPA). If one affiliate serves the majority of our patient population, is that singular affiliate eligible to apply for Cybersecurity funding on behalf of the entire network of OPWDD providers, to benefit all affiliates?	You may submit an application from one lead Applicant benefitting multiple other organizations. Please see Addendum #1.
96	One of my clients is going to submit an application for the above referenced RFA. Are they allowed to submit an application for telehealth and one for cybersecurity or must they only complete one application per organization?	DOH will only review one application, specific to one project, per Applicant.
97	What is the total amount of funds that will be awarded under this RFA? •Are there specific allotments for different types of eligible applicants – e.g., general hospitals, nursing homes, community-based providers, etc.?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million. There are not predetermined amounts for different types of eligible Applicants.
98	May a group of facilities apply for funding for a single project (e.g. a telehealth hub and spoke project; or a group purchase of a health data management tool, a cybersecurity tool, or a remote patient management tool)? How should such an application be structured?	You may submit an application from one lead Applicant benefitting multiple other organizations. The lead Applicant should either be the parent organization or the entity that will own the IT asset.
99	If a provider is planning to a project that will involve both capital improvements in the physical plan and technology investments, should it submit separate applications under SHCFTP IV and SHCFTP IV/V (technology), or should it submit a combined application under SHCFTP IV only?	Eligible Applicants must apply separately to RFA# 20244 if the primary focus of the Eligible Project is not technological and telehealth advancement. Applications to RFA # 20244 can include expenditures in support of technological and telehealth advancement not to exceed 15 percent of the total funds requested for Health Care Facility Transformation Projects.
100	Our Article 28 clinic has a current DASNY grant for capital improvements - renovations and various equipment. It is not through the NICIP opportunity. Is our Article 28 eligible to submit an application to this RFA for eligible costs not funded by our current DASNY grant contract? Or would this be considered “overlapping sources of state funding”?	Eligible Applicants shall not receive awards for duplicative <u>expenditures</u> under both this RFA and any other state or federal opportunity.

**Questions and Answers**  
**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
**RFA #20258 / Grants Gateway # DOH01-SHCFTT-2024**

Q#	Question	Answer
101	Do IDD organizations qualify for implementing a new electronic health record? We signed a contract with Netsmart in 2023 and are planning our Go Live in May/June 2024.	IDD organizations are eligible to apply if <del>the Applicant is a not-for-profit organization and</del> both the Applicant and proposed project meet all other RFA requirements. Applicants should use their discretion to select the most applicable provider organization type.
102	Hi I work for a detox acute hospital in PA. we have new York patients come to our facility since we are the closes that provide our services to certain areas of NY. Would we be eligible for the grant or is it for NY facilities only?	This application is intended for organizations physically located within New York.
103	When supporting workforce needs is there a clear delineation within the grant as to where we see the greatest need to supplement the workforce? Under the health management grant, can this grant support supplementing the presence of a clinician in a health care setting utilizing an infrastructure with artificial intelligence? The goal would be to boost provider productivity and enhance patient experience	General ongoing operating costs applicable to day-to-day operations are not eligible expenses but implementation of a system to perform these activities may be eligible contingent on the requested expenses meeting all other RFA requirements especially that they are incurred prior to go-live of the enhanced system.
104	If several A 28 hospitals/health systems in a region are collaborating to build a common EPIC EMR IT platform to allow for max interoperability and data exchange and connection with the SHINY, with one hospital taking on expenditure for the full EPIC design build and other hospitals collaborating and connecting through EPIC's Community connect product, does the DOH recommend that each partner hospital submit separate, individual applications or that the main health system that is designing and building the EPIC EMR platform submit one application, and list the other hospital partners as co-applicants and describe the benefit to patients as well as to each hospital partner?	You may submit an application with one lead facility benefitting multiple locations. Please see Addendum#1.
105	Should the grant for IT investment be where the IT asset will be owned? Or is it preferred to submit separate applications showing the allocation of the cost among the collaborating hospital partners?	You may submit an application from one lead Applicant benefitting multiple other organizations. The lead Applicant should either be the parent organization or the entity that will own the IT asset.
106	Is an entity limited to submitting only 1 application for 1 project category? Or can the same entity submit 1 application for each of the 4 project categories?	DOH will only review one application, specific to one project, per Applicant.
107	Could an entity submit 1 application with multiple projects under the same 1 project category?	In cases where a project aligns with more than one of the four categories described in Section I, the Applicant should use its discretion to select the single most appropriate of the four categories. A maximum of 1 project will be funded per applicant.
108	How does the State define "healthcare transformation activities"? Can some examples be provided?	For the purpose of this RFA, this is defined as the activities necessary to impact projects in the four categories.
109	On page 7, the RFA notes that there is greater availability of capital funds as opposed to non-capital funds. Can the State advise what proportion of funds will be set aside for capital versus non-capital expenditure	\$400 million of the available funding is capital. \$250 million of the available funding is non-capital.
110	Will the State provide a template to submit the project budget?3,c,	For the materials with specific formatting requirements, templates/forms have been provided. For the other attached documents, Applicants should use their discretion to determine the format that most clearly demonstrates their plan/proposal.
111	Which not-for-profit applicants are exempt from the prequalification requirement?	There are no prequalification exemptions for not-for-profit Applicants under the January 16, 2024 prequalification policy.
112	Will the funding be disbursed as a lump sum?	Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement.
113	How long after submission will prequalification be confirmed?	New York State reserves up to 5-10 business days from the receipt of complete Prequalification Applications to conduct its review after which a determination will be made. Organizations are strongly encouraged to submit their Prequalification Applications sufficiently in advance of a grant application deadline to allow for both initial review and any necessary updates and/or revisions.
114	On pg. 25, 1.a. if the entity intends to apply for another grant, does that need to be mentioned?	Yes, in addition to details on any previously submitted applications listed in 1.a., plans to submit an application to any opportunity referenced in the RFA should also be added to 1.b. Indicate the program, applicant name, project name, \$0 awarded, and current status of the project.
115	For 3.c. can this be a third party or does it need to be an employee?	The primary contact should be an employee of the organization.
116	Are Ambulatory Surgery Centers (ASCs) licensed under PHL Article 28 also considered Eligible Applicants, or only Diagnostic & Treatment Centers?	ASCs are eligible to apply if <del>the Applicant is a not-for-profit organization and</del> both the Applicant and proposed project meet all other RFA requirements. Applicants should use their discretion to select the most applicable provider organization type.
117	Are "multi-specialty medical groups" considered Eligible Applicants? or only PCP medical groups or multi-specialty IPA's?	Multi-Specialty Medical Groups are eligible to apply if <del>the Applicant is a not-for-profit organization and</del> both the Applicant and proposed project meet all other RFA requirements. Applicants should use their discretion to select the most applicable provider organization type.
118	Are individual Community Providers licensed as Specialists also Eligible Applicants if they have a secondary specialty in Internal Medicine or other PCP related specialties?	Individual Community Providers licensed as Specialists are eligible to apply if <del>the Applicant is a not-for-profit organization and</del> both the Applicant and proposed project meet all other RFA requirements.
119	Are licensed "Portable X-ray supplier" or "Independent Diagnostic Facility" considered Eligible Applicants?	Portable X-ray suppliers and Independent Diagnostic Facilities are eligible to apply if <del>the Applicant is a not-for-profit organization and</del> both the Applicant and proposed project meet all other RFA requirements. Applicants should use their discretion to select the most applicable provider organization type.
120	Are regular provider practices or group practices eligible to apply?	Provider Practices are eligible to apply if <del>the Applicant is a not-for-profit organization and</del> both the Applicant and proposed project meet all other RFA requirements.
121	Can you please offer us some clarification on whether Grants Gateway or the State Financial System should be used to apply for this opportunity?	Applications must be submitted using the Grants Gateway.

**Questions and Answers**  
**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
**RFA #20258 / Grants Gateway # DOH01-SHCFTT-2024**

Q#	Question	Answer
122	Are there specific formatting guidelines or templates you want to see in attached documents, like specific fonts or spacing?	For the materials with specific formatting requirements, templates/forms have been provided. For the other attached documents, Applicants should use their discretion to determine the format that most clearly demonstrates their plan/proposal.
123	How are aspects like “innovation” or “impact” assessed?	They will be assessed using the evaluation criteria included in the RFA.
124	With regard to Impact Assessment, are there any preferred tools or methods for evaluating project outcomes in line with NYSDOH’s strategic goals?	No. Applicants should use their discretion to determine the tools and methods best suited to their proposal.
125	Is an entity like Medpoint eligible to apply for a grant under the above-identified grant opportunity?	Funded organizations must meet the requirements of RFA Section II. Who May Apply.
126	Can multiple software programs be part of the same grant if they fit into more than one of the four categories (Electronic Health Records (EHR), Cybersecurity, Health Management tools, Telehealth), but are necessary for main purpose, e.g. cybersecurity critical for security of electronic health records or educational software critical to training related to EHR? (Introduction, p. 3, listing of categories)	Yes.
127	What if cybersecurity and/or training modules can be obtained as add-ons to EHR software such as Point Click Care? (Introduction, same as #1)	Yes, contingent on the modules meeting all other RFA requirements.
128	Can laptops/pads etc. be part of a proposal if they are part of implementing the new EHR? (Introduction, Same as #1)	Laptops/pads would be considered hardware under Section III.B.
129	In-house personnel are excluded from project management costs. Is there any overhead allowance outside of consultants and/or contractors involved in planning and implementation? Is the cost of a contracted individual for managing and submitting the proposal an eligible expense? (Section III, B, Eligible and Excluded Expenses)	There is no overhead allowance. Costs for preparing the application in response to this RFA would not be eligible expenses. Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement. Any obligations assumed by the contractor prior to execution of the contract are assumed at risk.
130	Are multiple bids required for products or services being contracted for that are central to the project? If so, what are the guidelines?	Not required but reasonableness of cost should be considered in products or services contracted for and the methods by which they are acquired.
131	Can more than one proposal be submitted for an organization under this RFA? If so, do they need to be prioritized?	DOH will only review one application, specific to one project, per Applicant.
132	Please confirm that an eligible organization can submit applications for BOTH RFA # 20244 and RFA # 20258, provided that the projects are different in scope and will have different expenditures (page 4, paragraph 2).	Applicants can submit separate applications for separate projects and separate resultant expenditures to both RFA # 20244 and RFA # 20258.
133	How many awards are anticipated? Is there a minimum or maximum amount that can be requested? How much capital vs non-capital funds are available? (Pages 4 and 7)	There is no minimum or maximum number of successful applicants that are anticipated to receive awards. Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the applicant’s need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system.
134	Please clarify if in-house project management salaries and fringe are eligible expenditures. Page 7 (Section B) states that the following is eligible: Project management expenses excluding in-house personnel expenses. Page 8 (last section) states the following are not eligible: employee salaries and benefits. Please confirm if the salary for an in-house dedicated project manager are eligible?	Both references to the RFA exclude project management expenses incurred by in-house staff. Salary for an in-house dedicated project manager are <u>not</u> eligible expenses.
135	Can Purchase Orders (POs) for the project be issued prior to the October 1, 2024 grant start date – no expenses would be incurred against the PO until after the October 1, 2024 date?	Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement. Any obligations assumed by the contractor prior to execution of the contract are assumed at risk.
136	Regarding Section 5.A.3. D, will salaries of non-clinical employees earning >250,000K remain confidential for purposes of the grant, and can information be redacted for FOIA purposes?	Employee Name does <u>not</u> have to be reported. If multiple employees are in the same title, include the number of employees meeting the salary criteria. Also include employees with clinical credentials and or experience but currently serving in non-clinical titles.
137	Organizational Capacity: 1.Regarding Section 5.A.3.H, cost reports for our organization are not finalized until the end of March 2024. Is it allowable to submit patient admissions/visits information for the 2022 cost reports as an alternative?	Yes
138	3.Regarding Section 5.A.4.A.i, is there a projected target for the number of populations or vulnerable community members that the grant aims to serve, and what factors contribute to determining this number?	No. The Applicant should use its discretion to select targets relevant to the proposed project.
139	4.Regarding Section 5.A.4.A.i, what health status indicators should be prioritized in the community needs assessment, and could you provide further details on this definition or considerations influencing the selection of these indicators?	The Applicant should use its discretion to select indicators relevant to the proposed project.
140	5.Regarding Section 5.A.4.D, are there specific requirements for the stakeholder-informed approach? Can previous years’ community assessments (i.e., 2022) qualify as outreach?	No. The Applicant should use its discretion to select requirements relevant to the proposed project.
141	6.Regarding Section 5.4.A.D is there specific criteria for how applicants should collect stakeholder input (e.g., surveys, focus groups), including requirement on the quantity of stakeholders to be engaged?	No. The Applicant should use its discretion to select stakeholder input relevant to the proposed project.
142	8.Regarding Section 4.G, what is the timeline and process for distributing funds? (e.g., reimbursement schedule, is it based on completed deliverables)	Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement. Reimbursement should be expected 30-60 days after receipt of an approvable voucher. Vouchers submitted with errors and/or insufficient back-up documentation for expenses will experience delays.
143	7.Regarding Section 4.H.3, what key performance metrics and milestones will be expected of the grantee? (e.g., what KPIs will be tracked)	These are to be determined, possibly specific to each individual award.



**Questions and Answers**  
**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
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Q#	Question	Answer
144	9. Regarding Section 4.A, are there any limitations for Attachments with respect to permissible word count?	Section V.4.A. does not request an attachment. It has a 1000 character limit.
145	13. Regarding Section 5.C.A, what additional criteria will the "Review Team Evaluation Tool" utilize to differentiate between ratings such as "Good," "Acceptable," "Poor," or "Not Responsive," and could you elaborate on the specific parameters or considerations that contribute to assigning these distinct ratings?	Differentiation between the Evaluation Criteria ratings will be at the discretion of the reviewers. Please see Section V.C. Review and Award Process of the RFA for additional details.
146	14. Regarding Section 5.C.A, the application encourages early submission for grantees. Are there advantages to submitting applications early? For example, will early applications receive priority review, evaluation and funding?	Priority will not be given to early submitters. Early submission allows 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 an Applicant's technical questions.
147	11. Regarding Section 5.C.A, will the \$650M in funding be appropriated equally across the 4 categories (EHR, Cybersecurity, Health Management Tools, Telehealth)? What is the total amount of funds being disbursed per category?	There is no predetermined amount per category. There is no minimum or maximum number of successful applicants that are anticipated to receive awards.
148	15. Regarding Section 5.C.A, is there a deadline for pre-submission material or will this be included in one comprehensive application?	There should be one comprehensive application .
149	10. Regarding Section 5.C.A, can the scope of work be modified after grant application has been approved (e.g., completion of any foundational work for the project in-scope of the grant?)	Yes, there will be a process to evaluate modifications to the scope of work and budget post execution.
150	12. Regarding Section 5.A.7.C, is there a minimum and maximum amount of funds that can be applied for per project or per application?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
151	19. Regarding Section 3.C, is there an established weighting system for sections within the response, and if so, could you provide additional details on the allocation of weights for evaluation, including the criteria or factors influencing the assignment of different weights to specific sections?	Each of the eight evaluation criteria are applied to the whole of the application. See Addendum #1 that removes the language related to weights.
152	If a proposed eligible project covers all four (4) categories to include Electronic Health Records, Cybersecurity, Health Management Tools, and Telehealth, should the eligible applicant apply based on the category the eligible project covers the most, or should four (4) separate applications be submitted to cover each category? (Section 1 – Introduction pg. 3 of 36).	In cases where a project aligns with more than one of the four categories described in Section I, the Applicant should use its discretion to select the single most appropriate of the four categories.
153	If the review and decision-making committee agrees that only a portion of an applicant's project is deemed eligible, will there be negotiations to award only the eligible portion of the project, or will there be a decision to void the entire application? (Section F. – Department of Health Rights, item #3 and #11 pg. 14 of 36)	The Department of Health reserves the right to make an award in whole or in part.
154	How will the applications/awards from prior Transformation RFA's play a factor in the determination of an award for RFA #20258?	This information is collected to ensure that Applicants do not receive awards for duplicative expenditures under both this RFA and any other state or federal opportunity.
155	What is the maximum amount an applicant should apply for with this RFA #20258, and is the amount of potentially awarded funds based on the geographical region or the communities being served by an eligible applicant as per the Social Vulnerability Index (SVI)? (Section F. – Department of Health Rights, item #19 pg. 15 of 36)	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. The state reserves the right to consider geographic and SVI considerations as per Section IV. F.
156	For awarded contracts, are funds disbursed via: - I) Up-front total award amount II) Requested advances or III) Reimbursements over periodically incurred costs. (Section G. Term of Contract – pg. 15 of 36).	Contractor will be reimbursed for eligible, actual expenses incurred as allowed in the Contract Budget and Workplan. At the end of the contract period left over funds would be rebudgeted by the Department.
157	My agency is authorized to deliver CFTSS: Children's Mental Health Rehabilitation Services Program, a community based program funded under the office of mental health. Are we eligible to apply?	Community-Based Programs funded under the Office of Mental Health, the Office of Addiction Services and Supports, the Office for People with Developmental Disabilities, or through local governments are eligible to apply if they are a not-for-profit and both the Applicant and proposed project meet all other RFA requirements.
158	My agency is in the process of closing out an unrelated DASNY project (renovation & upgrades to facilities), are we eligible to apply?	Your organization is eligible to apply if the organization and proposed project meet all other RFA requirements and there are no duplicative expenditures between your proposal and any other state or federal opportunity, including the Statewide Health Care Facility Transformation Program IV (RFA# 20244) and the Nonprofit Infrastructure Capital Investment Program (NICIP) to be administered by DASNY.
159	Is each applicant required to meet 15% MBE and 15% WBE (individually) or 15% M/WBE in combination?	Each Applicant is required to make a good-faith effort to plan to meet 15% MBE and 15% WBE for a total combined effort of 30% for MWBE over the life of a resultant contract.
160	Is there a request for partial or total M/WBE waiver?	Please see MWBE Attachments and Instructions.
161	From page 8 of the RFP, item III. B, my first question relates to this sentence: "Servers, equipment, and hardware provided that it is for purchase and not lease, estimated useful life in excess of three years, and per unit cost is greater than \$250 Question: On what date does the clock start on three years of useful life?	The date of implementation (asset is in service).

**Questions and Answers**  
**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
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Q#	Question	Answer
162	From page 9 of the RFP, item III. B, my second question relates to this sentence: "Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement. Any obligations assumed by the contractor prior to execution of the contract are assumed at risk." Question: How long after Grantees submit Vouchers might Grantees expect reimbursement?	Payment should be expected 30-60 days after receipt of an approvable voucher. Vouchers submitted with errors and/or insufficient back-up documentation for expenses will experience delays.
163	Can projects that are focused in one area include some expenses associated with the other categories? (for example Category 3 may require optimization or integration of EHRs)	In cases where a project aligns with more than one of the four categories described in Section I, the Applicant should use its discretion to select the single most appropriate of the four categories.
164	Can a single eligible applicant apply for more than one category by submitting separate applications for each category? For example; Facility X, submits 2 separate eligible projects; one in the Cybersecurity Category and one in the Health Management Tools Category?	DOH will only review one application, specific to one project, per Applicant.
165	The RFA states end user training is not eligible, however, what about Train the Trainer Expenses?	Yes: training 'trainers' or admin certifications required by vendors is bondable.
166	Can eligible applicants apply to both RFA# 20258 and RFA# 20244?	Yes
167	What does this mean (i.e. Consulting vendors may sub-contract but we may not know right away.) The RFA specifically talks about "Components of the Scope of Work", however, do we need to be concerned about other Components?	DOH acknowledges the Applicant may not have selected or committed to a vendor at the time of application, however, that expense should be thoughtfully estimated and budgeted as a subcontract expense in the proposed budget. There should not be any expenses other than those incurred carrying out the scope of work.
168	Form of Reimbursement. ROA references Attachment A-1 in the final Grant contract as the way reimbursements should be submitted. Can we get a copy of this now in order to review?  Does a category identification requirement exist similar to CRFP?	If tentatively awarded we can provide a copy of the A-1 at that time and/or prior to contract negotiation.
169	Will a dedicated State Liaison be assigned (i.e. Page 15, Item H-2 says reimbursements are sent to a general email address. In this respect, who are follow-ups sent to about reimbursements as well as questions that arise from time to time.	Contact information for the state staff responsible for managing agreements will be provided in the executed contract.
170	In the Projected Financial Information Attachment 2, where should IT FTE Costs and Consulting Costs be recorded?  The "Use of Funds" sheet has: (i) Row 23 - Planning Consulting Fees (ii) Row 26 - Other Fees (iii) Row 31 - Other expenses  The "Impact - Financial Viability" sheet has: (i) Row 19, item 1. Management & Supervision (ii) Row 20, Item 2. Technician & Specialist (iii) Row 36, item 18. Other (**Specify) (iv) Row 42 - Salaries and Wages (v) Row 43 - Employee Benefits (vi) Row 44 - Professional Fees (vii) Row 49 - Other Direct Expenses	IT FTE Costs - Use of funds sheet: Row 26 and then specifics in the Detail of Expenses. "Impact - Financial Viability" sheet" "Other (**Specify)" and then in the relevant Expenses (in \$) rows. Consulting Costs would be Use of funds sheet: Row 26 and then specifics in the Detail of Expenses. "Impact - Financial Viability" sheet" in the Purchased Services row.
171	Section III B. "Eligible and Excluded Expenses and Disallowed Costs" states that items with a per unit cost less than \$250 are not eligible for funding under this RFA. Would items with a per unit cost less than \$250 be eligible assuming they are part of a system/functional unit of at least \$250, e.g. necessary peripherals for servers?	Itemized expenses less than \$250 would not be eligible.
172	The "IT Questionnaire Part II: Budget Breakout" Implementation Costs line #3 references a five-year useful life for software ("the useful life is not less than 5 years from the placed in service date.") However, Section III B. "Eligible and Excluded Expenses and Disallowed Costs" states that software licenses with a three-year term are eligible. Could the 5-year useful life requirement be clarified?	Generally speaking, license term(s) must be min. of five years. Please note, bondability of software costs is dependent on a variety of factors – including but not limited to: whether the costs are recurring or incurred prior to go-live, whether the costs are associated with a hardware or other bondable project components, etc.
173	Participation Opportunities For New York State Certified Service-Disabled Veteran Owned Businesses. Overall Goal of 6%.	Please see the SDVOB Directory at: <a href="https://sdves.ogs.ny.gov/business-search">https://sdves.ogs.ny.gov/business-search</a>
174	Will applications be reviewed by any automation software? In other words, an ATS (Applicant Tracking System)?	No
175	My question is the following: the agency for whom I work anticipates signing a contract for an Electronic Health Record (EHR) in January 2024. The agency's goals in terms of the EHR are fully aligned with the RFA's goals. The EHR will cover 10 distinct Agency programs, all subject to the RFA requirements. We anticipate starting the work in February 2024 for 2 of the 10 programs. The EHR vendor's work for the other 8 programs can commence after the execution of the RFA contract (if we receive it). Needless to say, the EHR vendor's invoice will detail the work provided under these 8 programs and the dates and amounts incurred. Since the expenses for these 8 programs will only be "incurred" after the start date of the contract, it seems that they would be eligible for reimbursement. I would like to please confirm that the expenses incurred for these 8 programs after the start date of the contract would be eligible for reimbursement under the RFA.	Yes, contingent on the requested expenses meeting all other RFA requirements especially that they are incurred prior to go-live of the enhanced system.

**Questions and Answers**  
**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
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Q#	Question	Answer
176	RFA pg. 6 Under "Additional notes" – states that "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." Our organization has multiple licensures that meet the eligibility criteria and our proposed Electronic Health Records project would impact each of them. Is it acceptable to include multiple licensures to demonstrate eligibility for a technology project that would align with them?	Yes
177	RFA pg. 15 "G. Term of Contract – expected term is October 1, 2024 through September 30, 2029" We have a phased technology project, the portion of which that we would apply for under this grant may not begin until likely 2025. Is it an expectation that projects begin as soon as the contract period starts or is there some leeway within the contract term when a project can start?	There is leeway with the estimated contract start dates.
178	There is no mention of how much total funding is available in this grant opportunity or minimum/maximum request/award amounts. Is there any information on either of these?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million. Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. \$400 million of the available funding is capital. \$250 million of the available funding is non-capital.
179	RFA page 3 of 36 states "The New York State Department of Health (NYSDOH) and the Dormitory Authority of the State of New York (DASNY) announce the availability of funds to support technological and telehealth projects that facilitate health care transformation activities". What is the total funding available for RFA #20258?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
180	RFA page 3 of 36 states "Funding will be made available in the form of grants and can include capital, non-capital, and working capital expenses". What is the minimum and maximum award amount allowed per grant for RFA #20258?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
181	The Statewide Health Care Facility Transformation Program has historically been geared towards applicants in financial distress or that demonstrates how the proposed use of the grant will strengthen their financial sustainability. This RFA #20258 page 4 of 36 states "The extent to which the Eligible Project will maintain or improve the long-term financial sustainability of the Eligible Applicant" will be considered. If an applicant is not in financial distress, as evidenced by Application Section 8 [Eligible Project Impact on Eligible Applicant Long-Term Financial Sustainability] and Attachment 2 [Projected Financial Information], is the applicant still eligible to apply?	If the Applicant meets the requirements of RFA Section II it is eligible to apply.
182	RFA page 6 of 36 lists eligible applicant types including: diagnostic and treatment centers, clinics, primary care providers, and community-based programs among many others. Federally qualified health centers are not listed. Are federally qualified health centers eligible to apply?	FQHCs are eligible to apply as Diagnostic and Treatment Centers if the Applicant is a not-for-profit organization and both the Applicant and proposed project meet all other RFA requirements.
183	How much money is available under RFA # 20258?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
184	Is there a cap on how much one applicant can request? Or a minimum request?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
185	How many awards are expected?	There is no minimum or maximum number of successful applicants that are anticipated to receive awards.
186	Re: Section III, B. Eligible and Excluded Expenses and Disallowed Costs – how do you define capital funding?	Eligible Expenditures for capital funds and non-capital funds are both outlined in Section III. B.
187	Are expenses for an anti-elopment system (with integration to the nursing call system) eligible under this RFA?	Yes, contingent on the requested expenses meeting all other RFA requirements.
188	If yes to above, which category is it best suited for?	The Applicant should use its discretion to select the single most appropriate of the four categories.
189	Are projects required to advance health information exchange or health records safety?	Both are priorities of the Department. These funds are intended to support technological and telehealth projects that facilitate health care transformation activities.
190	Are MWBE and SDVOB forms, such as the M/WBE Utilization Plan, required at application?	Yes
191	If yes to above, and we plan to subcontract some work, how should we complete the MWBE/SDVOB forms? We cannot begin the procurement process in our organization until a grant has been awarded.	Please complete the required MWBE/SDVOB forms to the best of your ability. The identified vendors and amounts will be reviewed and confirmed by the DOH MWBE unit.
192	Re: Workplan, Section 11 – are you able to provide a draft/template workplan as a guide?	For the materials with specific formatting requirements, templates/forms have been provided. For the other attached documents, Applicants should use their discretion to determine the format that most clearly demonstrates their plan/proposal.
193	What is the total amount of available funding for this grant?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.

**Questions and Answers**  
**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
**RFA #20258 / Grants Gateway # DOH01-SHCFTT-2024**

Q#	Question	Answer
194	How much is the grant worth?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
195	For Cybersecurity, is it a requirement our organization become HITRUST certified, or do we just need to ensure our cybersecurity practices meet the HITRUST certification requirements?	HITRUST Certification is not a requirement. Applicant's cyber security practices must be comparable to national standards such as NIST/HITRUST.
196	Question regarding Section I. Introduction: How much total funding is allocated to funding RFA# 20258?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
197	Question regarding Section II. Who May Apply, item (b): are Article 16 clinics eligible to apply?	Article 16 clinics are eligible to apply if the Applicant is a not-for-profit organization and both the Applicant and proposed project meet all other RFA requirements. Applicants should use their discretion to select the most applicable provider organization type.
198	Is there a limit on how much funding or the percentage of funding that may be contracted for services by the grantee? For example, as an Article 28 applicant, we would be supported by another nonprofit for cybersecurity, which would in turn be working with various vendors to support our cybersecurity needs.	No
199	Is there a time limit on projects? Minimum or maximum number of months or end date for spend down of funds?	There is no minimum period. Contracts will end on or before September 30, 2029.
200	In section III. Project Narrative/Workplan Outcomes, Part B. Eligible and Excluded Expenses and Disallowed Costs, one of the allowed costs is "construction costs necessary for the implementation of Health Information Technology and/or Telehealth activities." Can it please be clarified whether construction expenses are permitted under all four project categories (medical records, cybersecurity, health management tools, and telehealth)? If not, could the specification be made under which categories they are allowed?	Construction costs are allowed under all four categories.
201	In Section III. Project Narrative/Workplan Outcomes, Part B. Eligible and Excluded Expenses and Disallowed Costs, one of the excluded expenditures outlined is "items with a per unit cost less than \$250 and consumables." Given this criterion, if an applicant assembles a bundle of hardware for a telehealth home kit, wherein individual components such as an iPad, glucose monitor, etc., may be priced below \$250 each, yet the combined kit exceeds \$250, would such a bundle qualify as eligible under this exclusion?	No.
202	In section III. Project Narrative/Workplan Outcomes, Part B. Eligible and Excluded Expenses and Disallowed Costs, one of the allowed costs is "construction costs necessary for the implementation of Health Information Technology and/or Telehealth activities." Would acquiring and developing a site primarily dedicated to telehealth services, intended to function as the originating or distant site for patients in regions facing provider scarcity and communities lacking home internet access, with potential utility for other purposes intermittently, be deemed an eligible capital project within the telehealth project category?	Acquiring and developing a site could potentially be considered an eligible expense.
203	Regarding Section V. Completing the Application, Part 7. Project Budget: How should an applicant approach budgeting and milestone setting for larger multi-year transformation projects, where detailed design, specifications, and implementation plans will be delineated during the earlier strategy and planning phases of the overall project? Considering that costs and timelines may vary significantly based on the outcomes of the planning phase, are there any recommendations for factoring in uncertainties? Additionally, are there provisions for modifying the project scope, cost, or timeline in either direction over the course of the project period based on learnings from earlier phases or milestones?	The Applicant should use its discretion to develop all the necessary plans and corresponding budgets for its proposal. Post contract execution, if there was a change to the project budget the applicant would work with the Grants Management Bureau (GMB) to document the proposed scope, use and/or budget changes to the awarded project and GMB with DOH would determine if the project change is acceptable.
204	Regarding Section V. Completing the Application, Part 7. Project Budget: What are the implications if a project ends up costing less than what was initially budgeted for in the application and subsequently awarded?	Contractor will be reimbursed for eligible, actual expenses incurred as allowed in the Contract Budget and Workplan. At the end of the contract period left over funds would be rebudgeted by the Department.
205	If this is a state wide application, I'm assuming you would need data storage off site as well to be included?	Yes.
206	Lastly, do you need medical billing/insurance billing to be included with the health records service?	The Applicant should use its discretion to select and include information relevant to the proposed project.
207	Should the bid include the computers/hardware equipment that is recommended?	Yes.
208	Can one hospital apply on behalf of a group of independent hospitals to secure funding to develop a strategy and network model to collectively implement an integrated computer system to better support the healthcare needs of our community? If so, for purposes of the application, what documentation needs to be uploaded to demonstrate the commitment of the entities.	Yes. Letters of support from each organization should be included as an accompanying attachment in Grants Gateway by uploading to the Grantee document folder. Please see Addendum#1.
209	If one hospital can apply on behalf of a group of independent hospitals to secure funding to develop a strategy and network model to collectively implement an integrated computer system to better support the healthcare needs of our community, does the lead agency answer all of the program specific questions for the lead agency only? Or do we include information from all of the independent hospitals participating in the project?	Yes, the lead agency would answer on their organization only. The Department reserves the right to require additional information from other organizations at a later time.
210	If we are looking to collaborate/partner with other organizations for an integrated EHR and cybersecurity solution (#1), should we submit one joint application or separate applications referencing the potential collaboration?	You may submit an application from one lead Applicant benefitting multiple other organizations. Please see Addendum #1.
211	Recognizing that the amount of project requests may exceed available funds, does the state plan on awarding partial funding for eligible projects?	The Department of Health reserves the right to make an award in whole or in part.

**Questions and Answers**  
**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
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Q#	Question	Answer
212	A minimum of 10 Objectives, 20 Tasks, and 30 Performance Measures is required for each Eligible Project. Are there specific measures that the state is looking to achieve with the awards?	Applicants should use their discretion to determine the objectives, tasks, and performance measures most appropriate to their plan/proposal. DOH reserves the right to make adjustments to the objectives, tasks, and performance measures at a later date.
213	Excluded costs lists routine training and maintenance costs related to IT projects and training of end-users or any 'help-desk' services or associated costs; are any training costs related to the support of the build and implementation of the new EHR eligible?	Yes: training 'trainers' or admin certifications required by vendors is potentially bondable.
214	Excluded costs lists employee salaries and benefits – If we have to add temporary staff specifically in support of build and implementation, can those salaries and benefits be included?	Please see Section III. B. Eligible and Excluded Expenses and Disallowed Costs.
215	Please clarify the statement: "Given that an evaluation criterion is "the extent to which the Eligible Applicant has limited access to alternative financing" and recognizing that the value of all project requests may 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." Is preference given to applications that can demonstrate access to alternative financing or those who don't have access?	Preference will not be given to applications solely based on their ability or inability to demonstrate access to alternate funding.
216	Referencing Attachment 6, does the specific system/software need to be determined in advance of the grant submission or can the selection of the system be part of the eligible project and therefore costs for those systems be estimates?	The selection of the system may be part of the eligible project and therefore costs for those systems may be estimates in the proposal. Post contract execution, if there was a change to the project budget the Applicant would work with the Grants Management Bureau (GMB) to document the proposed scope, use and/or budget changes to the awarded project and GMB with DOH would determine if the project change is acceptable.
217	On Attachment 6, under "Ongoing Costs," there is a reference to: "In-house personnel costs including salaries and benefits (unless approved by the State)." Would salaries and benefits of in-house personnel dedicated to the build and implementation be approved by the state to be covered by the grant.	Employee salaries and benefits are listed as excluded expenditures in Section III. B. of the RFA.
218	For financial projections on potential revenue enhancements due to revenue cycle improvement and better documentation; please describe the type of detail needed to support the assumptions.	Attachment 2 should be completely filled out. Applicants can provide additional detail and discussion in the "Use of Funds, Detail of Expenses" attachment described in the second tab of Attachment 2.
219	<p>Q) We are a large IPA seeking to apply for a grant to integrate an enterprise EMR system. This system will connect all our providers' medical practices into one who currently use 40 different EMRs. About 1/3 of our practices are currently using the EMR that we intend to adopt as our enterprise system. However, this enterprise version will be different and configured specifically to better support our work in value-based care. Our question involves the following:</p> <p>Q) Can the grant be used to cover the software costs associated with replacing the existing EMR for those practices already using it, this will be in-line with the transition to the enterprise version?</p> <p>Q) Alternatively, if replacing the EMR is not allowed, can the grant funds be allocated for the data architecture or work required to reconfigure the existing EMR into the enterprise version?</p>	Yes, EMR replacement costs would be eligible contingent on the requested expenses meeting all other RFA requirements. Reconfiguration expenses would be eligible contingent on the requested expenses meeting all other RFA requirements.
220	If we apply for this funding, will we be able to apply additional funding next year to support a new project?	Yes, assuming you meet current and future eligibility requirements.
221	Correlation Between Questions and Objectives: Are individual questions in the grant application evaluated against each of these eight objectives? Or, are specific questions intended to address particular objectives? For instance, if a question is more relevant to one objective, such as 'Advancement of Health Equity,' is it evaluated solely under this objective?	Each of the eight evaluation criteria are applied to the whole of the application.
222	Scoring Impact on Overall Evaluation: If a response, such as our detailed explanation in question 6diii about healthcare service integration, achieves a high rating (e.g., 'Good') under a specific objective (like 'Contribution to Essential Health Care Services'), how does this influence the evaluation under the other objectives? Does a strong response in one area lead to potentially lower ratings in other objectives if the response primarily addresses only one objective?	Each of the eight evaluation criteria are applied to the whole of the application. Additionally, Per RFA Section V.C Review and Award Process, "the overall rating will be determined by a simple majority count of the rating for each individual criterion".
223	The eligibility criteria in section II(b) include "community-based organizations funded by local government." In section V(a)(2)(b) of the RFP, proof of eligibility is not specified for community-based organizations, although it is specified for other providers. What is the appropriate way to demonstrate this eligibility?	Providing specifics on the funding arrangement between "the office of mental health, the office of addiction services and supports, the office for people with developmental disabilities, or through local governments" would suffice for this eligibility criteria.
224	Page 33 of the RFA states that the work plan must have a minimum of 10 Objectives, 20 Tasks, and 30 Performance Measures (and maximums of 30 Objectives, 60 Tasks, and 90 Performance Measures). However, the instructions on the Grants Gateway "Work Plan Properties" form do not list minimums. Do the minimums listed in the RFA still hold?	Yes
225	There are four funding categories listed on page 1. Are there total award amounts to allocate in each of the four categories?	No
226	Is there a cap on individual grant awards? If so, does this cap vary by type of provider organization?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system.
227	Is it possible that 100% of a project would be funded by the requested grant funds, if all costs were eligible under the guidelines? Or, does NYSDOH expect proposers to plan for alternative funding sources to fund a portion of the project?	It is possible that 100% of a project would be funded.

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**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
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Q#	Question	Answer
228	What is the total amount of grant funding available under this RFP?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
229	How much of the grant funding available under this RFP will be allocated to home and community-based programs?	There is no predetermined amount.
230	Can the budget include a line item for "contingency"?	No
231	Is there a range for the amount of funding that could be requested minimum or maximum?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
232	Can we apply only to this grant, if we are not otherwise applying to the Statewide Health Care Facility Transformation Program IV?	Eligible Applicants shall not receive awards for duplicative expenditures under both this RFA and any other state or federal opportunity. Eligible applicants can apply to this RFA exclusively.
233	What is the time frame for using these funds?	Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, not expected prior to October of 2024, may be vouchered for reimbursement. Contracts will end on or before September 30, 2029 and closed out upon final payment approximately 30-60 days later.
234	Are any of the following items eligible for reimbursement if the item is a necessary component of the project to go live: tablets/ipads; computers; printers?	Items eligible for reimbursement must meet the criteria outlined in Section III. B. of the RFA.
235	For the Health Management Tools category description on page 3 of the RFA, it says in the first sentence: "Examples of projects include implementing applications that aggregate clinical and administrative data...". Can you define what you mean by "applications"?	For the purpose of this RFA, application is defined as software that performs a specific task.
236	Can you explain the "Transformation IV" and "Transformation V" classifications pertaining to this RFA and the other "Transformation IV" RFA's that were recently posted?	Transformation IV and Transformation V refer to individual NYS capital funding appropriations. Each RFA should be referenced for the specifics.
237	Would a project based around the implementation of artificial intelligence technology potentially be eligible under one of the 4 categories?	Artificial intelligence is not prohibited.
238	Can we request a grant to fund Electronic Medical Records leases? (i.e. EHR/EMR equipment and web-based leases as an example). Otherwise, would this be considered recurring licensing costs, which would be excluded for funding purposes?	Yes, contingent on the requested expenses meeting all other RFA requirements.
239	If we have signed a contract for an EHR project, but will not begin project work nor fund disbursement until after 10/1/24, would the project be considered eligible for Transformation funds?	Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement.
240	Can you share the scoring rubric? Page 24 of the RFA indicates that values and weights are assigned to various sections of the proposal, but we don't see these values or weights listed anywhere.	This text has been removed from the RFA. The Evaluation Criteria is listed in RFA Section III. C.
241	Has an amount of funding been allocated to projects within each category? If so, how much for each?	No
242	Will projects be evaluated against other projects that fall within each category? Or against the entire pool available for all projects?	Please see Section III.C Evaluation Criteria and Section V.C. Review and Award Process.
243	Can projects that are focused in one area include some expenses associated with the other categories? (for example Category 3 may require optimization or integration of EHRs)	Yes
244	RFA Section III. Project Narrative/Work Plan Outcomes, C. Evaluation Criteria states that NYSDOH will consider "the extent to which the Eligible Applicant has limited access to alternative financing" when making awards. Given this criterion, would projects including matching funds be viewed favorably or unfavorably? Would projects that do not include matching funds due to a lack of access to these funds be prioritized for awards?	Projects including matching funds will not be viewed more or less favorably based only on that criterion. Projects not including matching funds will not be viewed more or less favorably based only on that criterion. Applicant funds will be required for all excluded and disallowed costs in RFA Section III. B.
245	RFA Section III. Project Narrative/Workplan Outcomes: Can you please confirm that organizations are only permitted to submit one application in response to this RFA?	DOH will only review one application, specific to one project, per Applicant.
246	RFA Section III. Project Narrative/Workplan Outcomes, A. Eligible Projects: Can a project address multiple categories (Electronic Health Records, Cybersecurity, Health Management Tools, Telehealth) if a single category is identified as the primary category for the project? If so, what proportion of the funding request can be allocated to the secondary categories?	Yes. In cases where a project aligns with more than one of the four categories described in Section I, the Applicant should use its discretion to select the single most appropriate of the four categories. There is no limit to the proportion of the funding request that can be allocated to secondary categories.
247	RFA Section V, Completing the Application, A. Application Format/Content: Is this application to be submitted through Grants Gateway or the SFS system?	Applications must be submitted using the Grants Gateway.
248	What is the total amount of funding to be awarded through this RFA?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
249	Would a SIEM (security information and event management) system be eligible as a project under this grant to further secure patient data and harden our security posture?	Yes, contingent on the requested expenses meeting all other RFA requirements.
250	One of the stipulations in the document states for the project to be eligible, must express how it would improve patient care, outcomes, experience and advance medical equity. Whilst a cybersecurity mechanism doesn't deliver a different patient experience per say, it goes a long way to hardening the availability and security of the health care systems and the IT infrastructure that runs it. How is this ratified?	The Applicant should use its discretion to explain the value and impact of the proposed project to patient care, outcomes, experience and equity.

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Q#	Question	Answer
251	Our Electronic Medical Records (EMRs) system facilitates the complex coordination of care across multidisciplinary providers, both within and outside the agency. We plan to submit an application for funding for our EMRs system. Per Section 1 of the RFP, which of these two categories would this application best align with: Electronic Health Records or Health Management Tools? Electronic Health Records would seem to be the best fit. However, in Section III (C)(8), the term Electronic Medical Records (EMRs) is referenced, which also seems to be a fit.	The Applicant should use its discretion to select the single most appropriate of the four categories.
252	We are satisfied with our current EMRs vendor and we are not looking to enhance the services it provides or expand its usage. We would be requesting to voucher for reimbursement for the existing services, based on expenses incurred on after October 1, 2024. Per Section III (C)(8), is this an eligible expense?	Per Section III. B. only expenses prior to go-live are eligible for reimbursement. Go-live is defined as the point in time where the system is operational and is being used to support healthcare operations.
253	What is the Total Funding Amount Available?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
254	Is there a limit to amount of funding that an individual provider and/or community can ask for and receive in awards?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system.
255	G. Term of Contract (Paragraph 4) - Can you please provide further detail on the length/course of payout. It states "continued funding throughout the five year period". Is my understanding correct that all upfront expenses will be required to be paid by the provider, but they can subsequently submit invoices for reimbursement to chip away at total award? Or will there be a lump sum payout of awarded total amount initially?	Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement. Contracts will end on or before September 30, 2029 and closed out upon final payment approximately 30-60 days later.
256	How much funding can we ask for, is there a cap?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
257	Will the grant cover the costs of iPads?	Items eligible for reimbursement must meet the criteria outlined in Section III. B. of the RFA.
258	Would a booth (for privacy) be fundable under this grant, if its sole purpose was for telehealth services? It would be outfitted with all the necessary technology (e.g. ZenBooth)?	Items eligible for reimbursement must meet the criteria outlined in Section III. B. of the RFA.
259	Can you confirm if we are allowed to attach additional attachments in the Grants Gateway Grantee Document Folder for review? Specifically, our organization has 29 health centers, so we may need an additional attachment to respond to the following application question that is limited to 1,000 characters: a. RFA Section V, A, 3k: "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)."	No
260	Attachment 2 indicates that the "previous year" and "current year" columns should reflect the most recent certified financial statements. Our most recent statements are for calendar years 2021 and 2022, and do not fully reflect our current financial position. May we present unaudited financials for our most recent fiscal year as well, to better reflect our organization's current need?	Yes. They may be included with the uploaded response to Section V.5.a.
261	Can you confirm if the following criteria (beginning with "Software licenses") is meant to be split into two bullets, i.e., if the criteria is supposed to be "and," or "or"? a. RFA Section III, B, paragraph 3: "o Software licenses only if a one-time expense incurred prior to "go-live" and if used to develop the capital asset (and license does not extend past "go-live") Software licenses only if a one-time expense with a term of at least three years"	Yes. The RFA text has been amended please see Addendum#1.
262	Can you confirm if the following application question is meant to be split into two text boxes, each with its own character count, or if we are supposed to respond to both questions in the 1000 character text box (as shown in Grants Gateway)? a. RFA Section V, A, 4a: "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 healthcare 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."	1000 characters is given, in this particular example, to answer a. The answer should also respond to 4.a.i and 4.a.ii
263	I am emailing in relation to the application for the Grant with an opportunity ID DOH01-SHCFTT-2024. Can you please advise whether Assisted Living Residences (ALR) are able to apply for this grant?	Assisted Living Residences (ALR) are eligible to apply if <del>the Applicant is a not-for-profit organization and</del> both the Applicant and proposed project meet all other RFA requirements. Applicants should use their discretion to select the most applicable provider organization type.

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Q#	Question	Answer
264	We would love to have the opportunity to apply for the Telehealth Grant, to allow our residents to participate in telehealth in the area of mental health. We live in a rural community and do not have the best access to these services. They are in need and should have this access. Thank you so much for your time.	Funded organizations must meet the requirements of RFA Section II. Who May Apply.
265	I'm wondering if these grant funds can be used to switch to a new Electronic Health Records system (as opposed to updating our existing EHR)? We'd like to move to a new EHR that will allow us to further expand, enhance, and improve access to our reproductive and acute care services.	Yes, contingent on the requested expenses meeting all other RFA requirements.
266	Can physician practices who provide specialist care, not primary care, apply for this grant?	Physician practices are eligible to apply if the Applicant is a not-for-profit organization and both the Applicant and proposed project meet all other RFA requirements. Applicants should use their discretion to select the most applicable provider organization type.
267	What is the definition of "Clinic" found in Section II (b)?	For the purpose of this RFA, Clinic is defined as a health care facility legally providing health care services.
268	Can independent entities in the same community who are looking to purchase the same electronic health record at the same time to act as a community EHR combine to make one application?	You may submit an application from one lead Applicant benefitting multiple other organizations. Please see Addendum #1.
269	How should clinical revenues be quantified for non-revenue generating elements such as IT security infrastructure? How should the expenses be related to revenues generated from IT infrastructure upgrades in the provided projected financial information template?	Attachment 2 should be completely filled out. Applicants can provide additional detail and discussion in the "Use of Funds, Detail of Expenses" attachment described in the second tab of Attachment 2.
270	We understand that the submission for this application will still run through Grants Gateway. Will post-award reporting run through the new SFS?	Yes
271	What is the anticipated award range and number of awards for this funding opportunity?	The number of awards will depend on the quality of applications. Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system. There is no minimum amount.
272	In reviewing the RFA, I understand the final amount of each Eligible Applicant's total award, will be determined by the Commissioner based on criteria listed on page 35. If an award range cannot be specified, how much funding has been allocated to this opportunity?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million. Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system.
273	We are interested in this RFA as well and are wondering if we may apply. The NICIP funds, if awarded, would be for an unrelated project, would not be comingled with any DOH grant funding, and would be for an unrelated purpose. Is that sufficient to allow us to apply for both grants?	Eligible Applicants shall not receive awards for duplicative expenditures under both this RFA and any other state or federal opportunity, including the Statewide Health Care Facility Transformation Program IV (RFA# 20244) and the Nonprofit Infrastructure Capital Investment Program (NICIP) to be administered by DASNY.
274	We cannot find this opportunity in SFS. Are we applying through SFS or Grants Gateway for this application?	As per Section IV. E. Applications must be submitted online via the Grants Gateway
275	What is the total amount of funding being made available through this RFA?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
276	Is there a maximum award amount per applicant that can be requested?	Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system.
277	In our application, can we include EHR expenses that were incurred prior to a "go-live," which meet the other RFA criteria, but were incurred within the past few months?	Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement. Any obligations assumed by the contractor prior to execution of the contract are assumed at risk.
278	In Section I, page 4 of the RFA, there is reference to RFA#20244 (please see below). Where can we find this RFA? "Eligible Applicants shall not receive awards for duplicative expenditures under both this RFA and any other state or federal opportunity, including the Statewide Health Care Facility Transformation Program IV (RFA# 20244) and the Nonprofit Infrastructure Capital Investment Program (NICIP) to be administered by DASNY. Eligible Applicants must apply separately to RFA# 20244 if the primary focus of the Eligible Project is not technological and telehealth advancement. Applications to RFA # 20244 can include expenditures in support of technological and telehealth advancement not to exceed 15 percent of the total funds requested for Health Care Facility Transformation Projects."	<a href="#">RFA #20244: Statewide Health Care Facility Transformation Program IV (ny.gov)</a>
279	Eligible Projects/Expenditures: Our hospital system is in the process of implementing an already initiated multi-phase project within the scope of the Electronic Health Records category and for which they have entered into a contract for development and implementation with an acknowledged multi-year timeframe. Based on the project's developed timeline, the application will coincide with Phase II of the project and as such there are two questions. First, are we correct in our assumption that funding for a specific phase of this comprehensive project that coincides with the goals and priorities of the RFP, constitutes an eligible project? And second, would an otherwise eligible expenditure that is invoiced but not yet incurred be allowable?	Yes, contingent on the requested expenses meeting all other RFA requirements especially that they are incurred prior to go-live of the enhanced system.



**Questions and Answers**  
**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
**RFA #20258 / Grants Gateway # DOH01-SHCFTT-2024**

Q#	Question	Answer
280	Eligible Expenditure: Our facility is considering a significant upgrade to improve wireless coverage and performance. Would this be more appropriately submitted under the Cybersecurity category or Electronic Health Record, as it involves improvements to infrastructure?	The Applicant should use its discretion to select the single most appropriate of the four categories.
281	Eligible Funds: Can you provide the total funding available for this RFP, and as well if applicable, any guidance as to an anticipated cap on a grant funding request?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million. Applications are not capped to a maximum award amount but should be reflective of the project proposed. Through the Evaluation Criteria and the Reserved Rights in the RFA the Department will factor in the Applicant's need for funds, efficient and resourceful plan for funds, and the impact funds would have on the statewide health system.
282	Eligible Expenditures: Understanding that items with a per unit cost of less than \$250 are excluded expenditures, can you provide any additional detail or examples of tangible items or consumables with a unit cost of \$250 or greater that might be considered excluded expenditures?	Examples of excluded expenditures are found in Section III.B of the RFA.
283	Eligible Applicant: We are a campus of comprehensive services of eligible applicants (Nursing Facility, Supportive Housing (ALRs), CHHA) with a campus-wide need for improvements to our cybersecurity. Each of these services are licensed independently but are situated on one campus setting. Would it be permissible to request grant funding for a cybersecurity initiative in a single application that would impact the entire campus, but that encompasses multiple certified services as noted, or would this initiative require multiple applications for each eligible applicant?	A <u>single application</u> could be submitted for review in this example.
284	Eligible Expenditures: Are start-up costs associated with the training and support of staff up to the "go-live" phase eligible for reimbursement with this grant?	No: Training end users and other support staff costs - even if prior to 'go-live' is not bondable.
285	Eligibility: If the proposed IT project is completely separate from any other Health Care Facility Transformation grant application, will it have any effect on eligibility or scoring for the other Facility Transformation RFAs that are anticipated to be released?	Eligibility and scoring of applications to current and/or future RFAs is subject to the eligibility and evaluation criteria detailed within the specific RFA.
286	Regarding question 1b: If a similar project was proposed under another round but not funded, what should the response to 1b be?	Yes, those applications should be added to 1.b. Indicate the program, applicant name, project name, \$0 awarded, and current status of the project.
287	What is the total amount of funding available for this initiative?	The total amount of funding awarded will depend on a number of factors including but not limited to the quality of applications and their potential improvement to the health care system, not to exceed \$650 million.
288	Eligibility: Can an active parent organization of an Article 28 hospital apply for funding?	Per Section II. Who May Apply 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.
289	Regarding question 1b: If a totally different project was proposed under another round but not funded, what should the response to 1b be?	Yes, those applications should be added to 1.b. Indicate the program, applicant name, project name, \$0 awarded, and current status of the project.
290	Regarding Pre-Submission Uploads, the templates in PDF format are not fillable. Can these please be replaced with either fillable PDFs or Word documents?	No.
291	Are homeless shelters eligible applicants for Statewide Health Care Facility Transformation Round IV and V? Do they qualify as Residential Facilities or "Community-Based Programs funded under the office of mental health, the office of addiction services and supports, the office for people with developmental disabilities, or through local governments" if they are operating under contracts with the City of New York to provide shelter services? Some health care is offered onsite at shelters currently, but much more care is needed by the population, and telehealth would be tremendously valuable. Of the existing onsite health care services available, some services are provided by shelter organization staff and some services are provided by partner agencies coming into the facility.	Homeless shelters may be eligible to apply as "Community-Based Programs funded under the office of mental health, the office of addiction services and supports, the office for people with developmental disabilities, or through local governments" if they are a not-for-profit and both the Applicant and proposed project meet all other RFA requirements. If applicants do not meet the definition above, applicants should use their discretion to select the most applicable provider organization type.
292	I have seen 3 opportunities now labeled SHFT IV--a generic one that came out today, a HIT opportunity from a few days ago that also lists round V, and a residential opportunity today. Are all of these actually Round IV or have some been mislabeled?	They have not been mislabeled.
293	Is eligibility the same for all of them? Which if any can a homeless shelter and/or permanent supportive housing agency apply for?	Yes, the eligibility is the same for all four categories. If the Applicant is a not-for-profit and meets the requirements of RFA Section II it is eligible to apply. Applicants should use their discretion to select the most applicable provider organization type.
294	Which if any can a homeless shelter and/or permanent supportive housing agency apply for?	Homeless shelters may be eligible to apply as "Community-Based Programs funded under the office of mental health, the office of addiction services and supports, the office for people with developmental disabilities, or through local governments" if they are a not-for-profit and both the Applicant and proposed project meet all other RFA requirements. If applicants do not meet the definition above, applicants should use their discretion to select the most applicable provider organization type.
295	Which if any can a substance use disorder treatment and recovery services provider apply for?	Substance use disorder treatment and recovery services providers may be eligible to apply as "Community-Based Programs funded under the office of mental health, the office of addiction services and supports, the office for people with developmental disabilities, or through local governments" if they are a not-for-profit and both the Applicant and proposed project meet all other RFA requirements. If applicants do not meet the definition above, applicants should use their discretion to select the most applicable provider organization type.

**Questions and Answers**  
**Statewide Health Care Facility Transformation Program IV and V-Health Information Technology, Cybersecurity, and Telehealth Transformation**  
**RFA #20258 / Grants Gateway # DOH01-SHCFTT-2024**

Q#	Question	Answer
296	Can a for-profit organization apply for the Health Care Facility Transformation Program IV and V for Health Information Technology, Cybersecurity, and Telehealth Transformation grant money? Our organization is looking to implement a new EMR that will interface with our procedure centers and office practice.	Yes. <del>No, text has been added to the RFA to clarify this opportunity is limited to not-for-profit organizations. Please see Addendum #1.</del>
297	For question V.A.3.D, should clinicians serving in non-clinical titles be reported?	Yes, all staff in non-clinical titles, regardless of their credentials, with salaries of \$250,000 or more should be reported.

## ADDENDUM #1

February 13, 2024

### RFA # 20258 / Grants Gateway# DOH01-SHCFTT-2024

#### Statewide Health Care Facility Transformation Program IV and V Health Information Technology, Cybersecurity, and Telehealth Transformation

##### Request for Applications

The following are official modifications, which are hereby incorporated into RFA # 20258 Statewide Health Care Facility Transformation Program IV and V Health Information Technology, Cybersecurity, and Telehealth Transformation. Deleted language appears in strikethrough (“~~xxx~~”) and added language appears in red text. The information contained in this amendment prevails over the original RFA language. Applicants should review all documents in their entirety to ensure all amended language is incorporated into their applications.

1. The following changes are made to **Section I. Introduction** (Page 3 of the RFA):

Applicants should submit ~~a~~**one** project proposal focused on **one** of four categories

2. The following changes are made to **Section II. Who May Apply** (Page 6 of the RFA):

(a) Eligible Applicants must be a legally existing, **not-for profit** organization and capable of entering into a binding Master Grant Contract (MGC) with NYSDOH.

3. The following changes are made to **Section II. Who May Apply** (Page 6 of the RFA):

~~An application must have one Eligible Applicant and the project as proposed in that application must primarily benefit the Eligible Applicant.~~ **An organization submitting an application that benefits multiple organizations should provide letters of support from each of these organizations and upload them as one PDF file to the Grants Gateway, under Grantee Document Folder which is found in the File Folders section of the Forms Menu, right below the Pre-submission Uploads.**

4. The following changes are made to **Section III.B. Eligible and Excluded Expenses and Disallowed Costs** (Page 8 of the RFA):

- Software licenses only if a one-time expense incurred prior to “go-live” and if used to develop the capital asset (and license does not extend past “go-live”);
- Software licenses only if a one-time expense with a term of at least **five** ~~three~~ years;

5. The following changes are made to **Section V.A. Application Format/Content** (Page 24 of the RFA):

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 your agency and its services. Therefore, answers should be specific, succinct, and responsive to the statements and questions as outlined. ~~Please be aware that the value assigned to each section described below indicated the relative weight that will be given to each section of your Application when scoring your Application.~~

**RFA #20258 / Grants Gateway # DOH01-SHCFTT-2024**

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

**Request for Applications**

*Statewide Health Care Facility Transformation  
Program IV and V  
Health Information Technology, Cybersecurity, and Telehealth  
Transformation*

*KEY DATES:*

<b>Release Date:</b>	<b>January 2, 2024</b>
<b>Questions Due:</b>	<b>January 26, 2024</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>February 9, 2024</b>
<b>Applications Due:</b>	<b>March 13, 2024 by 4:00 PM EST</b>
<b>NYSDOH Contact Name &amp; Address:</b>	Daniel Oliver Director, Strategic Planning Office of Quality and Patient Safety NYS Department of Health 2084 Corning Tower, ESP Albany, NY 12237 Email: <a href="mailto:Statewide4HIT@health.ny.gov">Statewide4HIT@health.ny.gov</a>

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# 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 to support technological and telehealth projects that facilitate health care transformation activities. Funding will be made available in the form of grants and can include capital, non-capital, and working capital expenses.

Applicants should submit a project proposal focused on **one** of four categories:

## 1. Electronic Health Records

Examples of projects include consolidating infrastructure, implementing clinical decision support, and/or improving revenue cycle management or other systems that improve the efficiency of the healthcare organization and improve quality of care.

This may include improvements to IT infrastructure, the user experience or other improvements that can lead to employee satisfaction or improve the patient experience. Any upgrading of systems should also include improvements to meet best practices in cybersecurity standards and include interoperability to systems with the Statewide Health Information Network for New York (SHIN-NY) and data exchange partners.

## 2. Cybersecurity

Examples of projects include improvements to the organization's cybersecurity posture including the implementation of the NIST cybersecurity framework, HIPAA requirements and meeting HITRUST certification requirements.

This could include improvements to technical infrastructure that supports security, implementation of security controls/policies/procedures to meet NIST requirements and improvements to cybersecurity and confidentiality of data.

## 3. Health Management Tools

Examples of projects include implementing applications that aggregate clinical and administrative data to support the provision of care, improve patient outcomes, and/or support participation of providers in value-based contracting.

Tools may support understanding/controlling total cost of care, identifying gaps in care to support improvements in quality and patient engagement. Tools may support remote patient monitoring to improve health outcomes.

## 4. Telehealth

Examples of projects include implementation and improvement of telehealth applications that improve access to care or improve the provision of services. Projects of particular interest are those that improve access to care in regions/areas with limited providers/specialties (ex: pediatric behavioral health).

Projects should incorporate interoperability with the SHIN-NY and data exchange partners.

Projects should align and advance the Department's goals to improve access to health-related information for providers; support the sharing of data across the healthcare continuum; drive adoption of standards in technology, data formats and interoperability; provide improved ability for the Department's access to health-related data to support the Department's authorized work; and/or to support the growth of telehealth.

Eligible Applicants shall not receive awards for duplicative expenditures under both this RFA and any other state or federal opportunity, including the Statewide Health Care Facility Transformation Program IV (RFA# 20244) and the Nonprofit Infrastructure Capital Investment Program (NICIP) to be administered by DASNY. Eligible Applicants must apply separately to RFA# 20244 if the primary focus of the Eligible Project is not technological and telehealth advancement. Applications to RFA # 20244 can include expenditures in support of technological and telehealth advancement not to exceed 15 percent of the total funds requested for Health Care Facility Transformation Projects.

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

1. The extent to which the Eligible Project will maintain or improve the long-term financial sustainability of the Eligible Applicant.
2. The extent to which the Eligible Project impacts improved quality of care, patient outcomes and patient experience, for the population in the community or communities served by the Eligible Applicant.
3. The extent to which the Eligible Project contributes to the integration, preservation or expansion of essential health care services in the community or communities served by the Eligible Applicant.
4. The relationship between the Eligible Project and an identified community need and the extent to which community engagement has helped shape the Eligible Project.
5. The extent to which the Eligible Project advances health equity.
6. The extent to which the Eligible Project benefits Medicaid or Medicare enrollees and uninsured individuals.
7. The extent to which the Eligible Applicant has limited access to alternative financing.
8. The extent to which the proposed activities and technology further advance access to and capability for:
  - a. Electronic Health Records
    - i. further develop information exchange in primary care, acute care and post-acute care facilities and other outpatient services while also ensuring they will align with Department goals drive adoption of standards in technology and data formats, improve access to health-related information for providers,
    - ii. support the sharing of data across the healthcare continuum through bi-directional exchange using the Statewide Health Information Network for New York (SHIN-NY),
    - iii. Providing or improving clinical decision support; and other investments that boost provider productivity.
  - b. Cyber-security
    - i. support investments for increased cybersecurity of the facility and security of patient information, and adhere to national standards such as the NIST cybersecurity framework, HIPAA security rule and support readiness for a third-party assessment such as HITRUST



- c. Health Management Tools
  - i. enhance electronic medical records (EMRs) to support workforce needs via streamlined clinician workflows;
  - ii. Providing or improving clinical decision support; and other investments that boost provider productivity, monitor outcomes and participation in value-based contracting,
  - iii. enhance patient experience via streamlined patient intake and discharge tools.
- d. Telehealth
  - i. Support growth of telehealth and remote patient monitoring advancements and access, and/or
  - ii. universal broadband accessibility and affordability or efforts that help bridge the digital divide in rural communities

The Delivery System Reform Incentive Payment (DSRIP) Program ended as of March 31, 2020. Health care services developed as a result of the Eligible Project should still be consistent with DSRIP and Medicaid 1115 waiver 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-g and Chapter 54 of the Laws of 2022 and Public Health Law 2825-h and Chapter 54 of the Laws of 2023, 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 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 evaluation criteria listed in RFA and criteria in PHL 2825-g and 2825-h 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**

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

- (a) Eligible Applicants must be a legally existing organization and capable of entering into a binding Master Grant Contract (MGC) with NYSDOH.
- (b) Eligible Applicants must be one of the following types of provider organizations established in accordance with PHL Sections 2825-g and 2825-h:
- Hospitals;
  - Residential Health Care Facilities;
  - Adult Care Facilities;
  - Diagnostic and Treatment Centers;
  - Clinics;
  - Children's Residential Treatment Facilities;
  - Assisted Living Programs;
  - Behavioral Health;
  - Home Care Providers;
  - Primary Care Providers;
  - Hospices;
  - Community-Based Programs funded under the office of mental health, the office of addiction services and supports, the office for people with developmental disabilities, or through local governments;
  - Independent Practice Associations or Organizations;
  - Residential Facilities
  - Day Programs; or
  - Midwifery Birth Centers.
- (c) Eligible Applicants **must** be prequalified in the New York State Grants Gateway or the Statewide Financial System (SFS), if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA. (Please see Section IV.L for additional information.)

**IMPORTANT NOTE:** Due to system conversion ([Transition to SFS](#)) expected on January 16<sup>th</sup>, 2024, Applicants that are not fully prequalified in the NYS Grants Gateway by COB January 9<sup>th</sup>, 2024, will need to prequalify in the NYS Statewide Financial System (SFS). Additionally, if an applicant’s vault expires prior to application submission, applicant will need to prequalify in SFS. The first day that the SFS prequalification modules will be available is January 16<sup>th</sup>, 2024. Please see Section IV.M.4 of this RFA for additional information on SFS Prequalification.

Additional notes:

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/Workplan Outcomes**

Awards will be made to multiple Eligible Applicants.

One application will be accepted per Eligible Applicant. Applicants should clearly identify which one of the four categories as described in Section I this application addresses.

The NYSDOH will review applications to determine the appropriate level of public investment needed for the Eligible Projects, 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**

Applications are limited to a project that clearly align with one of the four categories described in Section I.

The Department will not review applications where the Eligible Applicant has not clearly identified which one of the four categories from Section I the proposed project within the application aligns with.

In cases where a project aligns with more than one of the four categories described in Section I, the applicant should use its discretion to select the single most appropriate of the four categories.

Each "Eligible Project" must include Eligible Expenses, as defined herein.

If applicable, Certificate of Need (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 this RFA include those eligible for capital funding and non-capital funding. Due to greater availability of capital funds, priority may be given to projects with a greater amount of expenditures eligible for capital funding.

Expenditures eligible for capital funding under this RFA may include, but are not limited to expenditures related to planning, system/application design and development. Only those expenses for the period prior to a "go-live," where a system is operational, is being used to support healthcare operations, are allowable for capital funding. These expenses may include:

- Project management expenses excluding in-house personnel expenses
- Consulting costs related to cloud or on-premises system design and architecture of the system

- System development and vendor costs for testing prior to operational “go-live”
- Information technology equipment including software costs or licensing fees;
  - Servers, equipment, and hardware provided that it is for purchase and not lease, estimated useful life in excess of three years, and per unit cost is greater than \$250;
  - Cloud consumption expenses for the period of implementation, provided costs are directly connected to the development of a capital asset (e.g., customized app or software), prior to “go-live”
  - Software licenses only if a one-time expense incurred prior to “go-live” and if used to develop the capital asset (and license does not extend past “go-live”) Software licenses only if a one-time expense with a term of at least three years;
  - Outside consultants including: cloud architects involved in system design, project management/developers for the period of design, development, and implementation of a capital asset (e.g., development of modules that will be owned by the service provider and not the Applicant would not be bondable);
- Construction costs necessary for the implementation of the Health Information Technology and/or Telehealth activities, including:
  - Renovation costs;
  - Asset acquisitions;
  - Equipment costs; and
  - As applicable, consultant fees and other expenditures associated with the preparation of 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 this RFA also include non-capital projects. Such non-capital expenditures may include:

- Use of consultants to develop strategic plans, security frameworks, or planned system enhancements that increase functionality and interoperability of information.
- Start-up operating expenses directly connected to the Eligible Project for which funding is being sought under this RFA.

Excluded Expenditures are not eligible for funding under this RFA. Excluded Expenditures include, but are not limited to:

- general ongoing operating costs applicable to day-to-day operations such as routine supplies; utilities; and operating lease payments;
- routine training and maintenance costs related to IT projects;
- items with a per unit cost less than \$250 and consumables;
- training of end-users or any ‘help-desk’ services or associated costs;
- costs/services beyond Design, Development, and Implementation (DDI) and into Operations and maintenance (i.e., the system is operational, supporting health care operations);
- Software as a Service (SaaS) services post “go-live”
- recurring licensing costs;
- cloud consumption and/or hosting post “go-live” date;
- subscription costs with telehealth vendors;
- employee salaries and benefits; and
- other non-capital startup expenditures, such as data plans, internet connectivity or voice services.

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

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.

Disallowed costs include expenditures identified in the Eligible Project Budget that are Excluded Expenditure, are not sufficiently described and/or justified in type or amount by the Eligible Applicant, or are 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 workplan and incurred on or after the start date of the contract, 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 an Eligible Project, the NYSDOH shall consider criteria including, but not limited to:

1. The extent to which the Eligible Project will maintain or improve the long-term financial sustainability of the Eligible Applicant.
2. The extent to which the Eligible Project impacts improved quality of care, patient outcomes and patient experience, for the population in the community or communities served by the Eligible Applicant.
3. The extent to which the Eligible Project contributes to the integration, preservation or expansion of essential health care services in the community or communities served by the Eligible Applicant.
4. The relationship between the Eligible Project and an identified community need and the extent to which community engagement has helped shape the Eligible Project.
5. The extent to which the Eligible Project advances health equity.
6. The extent to which the Eligible Project benefits Medicaid or Medicare enrollees and uninsured individuals.
7. The extent to which the Eligible Applicant has limited access to alternative financing.
8. The extent to which the proposed activities and technology further advance access to and capability for:

- a. Electronic Health Records
  - i. further develop information exchange in primary care, acute care and post-acute care facilities and other outpatient services while also ensuring they will align with Department goals drive adoption of standards in technology and data formats, improve access to health-related information for providers
  - ii. support the sharing of data across the healthcare continuum through bi-directional exchange using the Statewide Health Information Network for New York (SHIN-NY)
  - iii. Providing or improving clinical decision support; and other investments that boost provider productivity
- b. Cyber-security
  - i. support investments for increased cybersecurity of the facility and security of patient information, and adhere to national standards such as the NIST cybersecurity framework, HIPAA security rule and support readiness for a third-party assessment such as HITRUST
- c. Health Management Tools
  - i. enhance electronic medical records (EMRs) to support workforce needs via streamlined clinician workflows
  - ii. Providing or improving clinical decision support; and other investments that boost provider productivity, monitor outcomes and participation in value-based contracting
  - iii. enhance patient experience via streamlined patient intake and discharge tools
- d. Telehealth
  - i. Support growth of telehealth and remote patient monitoring advancements and access, and/or
  - ii. universal broadband accessibility and affordability or efforts that help bridge the digital divide in rural communities.

## **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-g and 2825-h, Statewide Health Care Facility Transformation Program IV and V 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. In addition to the above-mentioned evaluation criteria, please see Section V.C. (Review and Award Process).

### **B. Question and Answer Phase**

All substantive questions by Applicants with respect to any aspect of the RFA must be submitted in writing to Daniel Oliver, NYSDOH, Office of Quality and Patient Safety, at the following email address: [statewide4HIT@health.ny.gov](mailto:statewide4HIT@health.ny.gov). This includes Minority and Women Owned Business Enterprise (M/WBE) questions and questions pertaining to the M/WBE forms. See, Section IV.I. (Minority & Women-Owned Business Enterprise (M/WBE) Requirements). Questions of a technical

nature related to formatting or other minor details related to preparation of an application may also be addressed in writing to the email address noted above. 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.

To the degree possible, each question submitted by a potential Applicant pursuant to the terms of this RFA should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the Cover Page of this RFA.

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](mailto: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](mailto:helpdesk@agatesoftware.com)  
(After hours support w/usernames and lockouts)
- SFS Help Desk [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov)

Prospective Applicants should note that all responses by the Department to questions submitted with respect to this RFA which result in clarifications of or exceptions to the terms, conditions, and provisions of this RFA and/or the Master Contract for Grants, are to be raised during the Question and Answer Phase. The Applicant must clearly note what exceptions the Applicant is requesting be incorporated should the application result in a funded award. All questions and answers will be published by the Department to ensure equal access and knowledge by all prospective Applicants at [https://grantsgateway.ny.gov/IntelliGrants\\_NYSSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSSGG/module/nysgg/goportal.aspx) by the date specified on the Cover Page of this RFA.

This RFA has been posted on the NYS Grants Gateway website at: [https://grantsgateway.ny.gov/IntelliGrants\\_NYSSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSSGG/module/nysgg/goportal.aspx) and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>.

**All Questions must be received by the date and time specified on the Cover Page of this RFA, under “Key Dates”, opposite the heading “Questions Due”.**

**All questions submitted by email should state the RFA Number and Title set forth on the Cover Page (RFA#20258, Statewide Health Care Facility Transformation Program IV Health Information Technology and Telehealth Transformation) in the subject line of the email.**

Questions and answers, as well as any updates, addendums to, and/or other modifications of this RFA, will be posted on these websites. All such questions and answers, updates, addendums to, and other modifications to this RFA will be posted by the date identified on the Cover Page of this RFA under “Key Dates”.

### **C. Letter of Interest**

A letter of interest is not requested for this RFA.

### **D. Applicant Conference**

An Applicant Conference WILL NOT be held for this project.

### **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 under the heading “Key Dates”.

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 (that is, to submit an Application):

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 IV and V Health Information Technology, Cybersecurity, and Telehealth Transformation”.
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, a prospective Applicant is **strongly encouraged** to submit their Application at least **48 hours prior** to the Application’s due date and time specified on the Cover Page of this RFA. 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 an 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. (Question and Answer Phase) 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 for the submission of an Application, there is no guarantee that they will be resolved in time for the Application to be submitted on time and, therefore, considered for funding.

The Grants Gateway will always notify an Applicant of successful submission of the Applicant’s Application. If a prospective Applicant 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, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA. Be sure to maintain prequalification status between funding opportunities. NOTE: Three of a not-for-profit’s essential financial documents - the IRS990, its Financial Statement, and its 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 on behalf of an Applicant.
- Prior to submission, the Grants Gateway will automatically initiate a global error checking process to protect against an incomplete Application. An Applicant may need to attend to certain parts of the Application prior to being able to submit the Application successfully. An Applicant must be sure to allow time after pressing the submit button to clean up any global errors that may arise. An Applicant can also run the global error check at any time in the application process. (see p.68 of the Grants Gateway: Vendor User Guide).
- Applicants 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. Applicants 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.**

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

**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

**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, in the Department's sole discretion.
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 Department'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. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State.
13. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with the selected Applicant.
14. Utilize any and all ideas submitted with the Applications received, at the Department's sole discretion.
15. Unless otherwise specified in the RFA, every offer in an Applicant's Application is firm and not revocable for a period of 60 days from the Application opening.
16. Waive or modify minor irregularities in Applications received after prior notification to the Applicant.

17. 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 Applicant's Application and/or to determine an Applicant's compliance with the requirements of the RFA.
18. Eliminate any term of this RFA that cannot be complied with by any of the 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 at the discretion of the Commissioner of Health for purposes described in this RFA. However, certain contracts resulting from this RFA may only be effective upon approval by the New York State Office of the State Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: October 1, 2024 through September 30, 2029.

Only expenses determined allowable under the contract budget and workplan and incurred **on or after the start date of the contract** (expected no earlier than October 1, 2024), 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 and the Grantee's continued satisfactory performance of its obligations under the Contract. 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 Grantee will be required to submit invoices and required reports of expenditures based upon the terms for payment set forth in Attachment A-1 to its Grant Contract 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: [Grants.Management@health.ny.gov](mailto:Grants.Management@health.ny.gov)

A Grantee must provide complete and accurate billing invoices to receive payment of the grant funding provided for under the terms of its Grant Contract. 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 Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner of Health, 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](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. Each Grantee acknowledges that it will not receive payment on any claims for reimbursement submitted under its Grant 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 claims for reimbursement by the State (Department) 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 Grantee 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 IV and V projects. 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 IV and V objectives;
    - A status update on Project process and performance metrics and milestones;
    - A status update 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 Department recognizes its obligation to promote opportunities for maximum feasible participation of New York State-certified minority- and women-owned business enterprises (M/WBEs) 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 (“M/WBE”) 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 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 total amount of the Budget provided for the Work Plan in the Grant Contract entered into pursuant to this RFA.

The goal on the Eligible Expenditures portion of a Grant Contract awarded pursuant to this RFA 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 M/WBE firms). A Grantee awarded a Grant Contract pursuant to this RFA must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Grant Contract and Grantee will agree under the terms of its Grant Contract that NYSDOH may withhold payment pending receipt of the required M/WBE documentation required by the Department or the OSC. For guidance on how NYSDOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs 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 a Grantee to evidence its good faith efforts to encourage M/WBE participation in the performance of its obligations under its Grant Contract.

By submitting an Application, each Applicant and potential Grantee agrees to complete an M/WBE Utilization plan as directed in **Attachment 4** of this RFA. NYSDOH will review the M/WBE Utilization Plan submitted by each Grantee. If a Grantee’s M/WBE Utilization 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 M/WBE 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 M/WBE participation goals for the procurement.

In addition, successful Grantees 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**

Article 3 of the New York State Veterans' Services Law 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. NYSDOH 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 NYSDOH 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, Bidders are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

### **I. Contract Goals**

A. NYSDOH 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 Bidder/Contractor should reference the directory of New York State Certified SDVOBs found at: <https://ogs.ny.gov/veterans/>. Questions regarding compliance with SDVOB participation goals should be directed to the NYSDOH Designated Contacts. 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](mailto:VeteransDevelopment@ogs.ny.gov) to discuss additional methods of maximizing participation by SDVOBs on the Contract.

B. Contractor must document "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of the Contract (see clause IV below).

### **II. SDVOB Utilization Plan**

A. In accordance with 9 NYCRR § 252.2(i), Bidders are required to submit a completed SDVOB Utilization Plan on Form SDVOB 100 (**Attachment 5**) with their bid.

B. The Utilization Plan shall list the SDVOBs that the Bidder intends to use to perform the Contract, a description of the work that the Bidder intends the SDVOB to perform to meet the goals on the Contract, the estimated dollar amounts to be paid to an SDVOB, or, if not known, an estimate of the percentage of Contract work the SDVOB will perform. By signing the Utilization Plan, the Bidder acknowledges that 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. Any modifications or changes to the agreed participation by SDVOBs after the Contract award and during the term of the Contract must be reported on a revised SDVOB Utilization Plan and submitted to NYSDOH.

C. NYSDOH will review the submitted SDVOB Utilization Plan and advise the Bidder/Contractor of NYSDOH acceptance or issue a notice of deficiency within 20 days of receipt.

D. If a notice of deficiency is issued, Bidder/Contractor agrees that it shall respond to the notice of deficiency, within seven business days of receipt, by submitting to NYSDOH a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by NYSDOH to be inadequate, NYSDOH shall notify the Bidder/Contractor and direct the Bidder/Contractor to submit, within five business days of notification by NYSDOH, a request for a partial or total waiver of SDVOB participation goals on SDVOB 200. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

E. NYSDOH may disqualify a Bidder's bid or proposal as being non-responsive under the following circumstances:

- (a) If a Bidder fails to submit an SDVOB Utilization Plan;
- (b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- (c) If a Bidder fails to submit a request for waiver; or
- (d) If NYSDOH determines that the Bidder has failed to document good faith efforts.

F. If awarded a Contract, Contractor certifies that it will follow the submitted SDVOB Utilization Plan for the performance of SDVOBs on the Contract pursuant to the prescribed SDVOB contract goals set forth above.

G. Contractor further agrees that a failure to use SDVOBs as agreed in the Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, NYSDOH shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsibility.

### **III. Request for Waiver**

**A. Prior to submission of a request for a partial or total waiver, Bidder/Contractor shall speak to the Designated Contacts at NYSDOH for guidance.**

B. In accordance with 9 NYCRR § 252.2(m), a Bidder/Contractor that is able to document good faith efforts to meet the goal requirements, as set forth in clause IV below, may submit a request for a partial or total waiver on Form SDVOB 200 (**Attachment 5**), accompanied by supporting documentation. A Bidder may submit the request for waiver at the same time it submits its SDVOB Utilization Plan. If a request for waiver is submitted with the SDVOB Utilization Plan and is not accepted by NYSDOH at that time, the provisions of clauses II (C), (D) & (E) will apply. If the documentation included with the Bidder's/Contractor's waiver request is complete, NYSDOH shall evaluate the request and issue a written notice of acceptance or denial within 20 days of receipt.

C. Contractor shall attempt to utilize, in good faith, the SDVOBs identified within its SDVOB Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract award may be made at any time during the term of the Contract to NYSDOH, but must be made no later than prior to the submission of a request for final payment on the Contract.

D. If NYSDOH, upon review of the SDVOB Utilization Plan and Monthly SDVOB Compliance Report (SDVOB 101) determines that Contractor is failing or refusing to comply with the contract goals and no waiver has been issued in regards to such non-compliance, NYSDOH may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency

within seven business days of receipt. Such response may include a request for partial or total waiver of SDVOB contract goals.

Waiver requests should be sent to NYSDOH.

#### **IV. Required Good Faith Efforts**

In accordance with 9 NYCRR § 252.2(n), Contractors must document their good faith efforts toward utilizing SDVOBs on the Contract. Evidence of required good faith efforts shall include, but not be limited to, the following:

- (1) Copies of solicitations to SDVOBs and any responses thereto.
- (2) Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected.
- (3) Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by NYSDOH with certified SDVOBs whom NYSDOH determined were capable of fulfilling the SDVOB goals set in the Contract.
- (4) 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.
- (5) Other information deemed relevant to the waiver request.

#### **V. Monthly SDVOB Contractor Compliance Report**

In accordance with 9 NYCRR § 252.2(q), Contractor is required to report Monthly SDVOB Contractor Compliance to NYSDOH during the term of the Contract for the preceding month's activity, documenting progress made towards achieving the Contract SDVOB goals. This information must be submitted using form SDVOB 101 available on the NYSDOH website and should be completed by the Contractor and submitted to NYSDOH, by the 10th day of each month during the term of the Contract, for the preceding month's activity to:

[Statewide4transformation@health.ny.gov](mailto:Statewide4transformation@health.ny.gov).

#### **VI. Breach of Contract and Damages**

In accordance with 9 NYCRR § 252.2(s), any Contractor found to have willfully and intentionally failed to comply with the SDVOB participation goals set forth in the Contract, shall be found to have breached the contract and Contractor shall pay damages as set forth therein.

Please see Attachment 5 located in the pre-submission uploads of the Grants Gateway for SDVOB Forms.

**ADDITIONALLY SDVOB FORMS ARE AVAILABLE AT:** <https://ogs.ny.gov/veterans/>

#### **K. 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 of a grant to a successful Applicant pursuant to the terms of this RFA and in order to initiate a Grant Contract with the New York State Department of



Health, a Grantee 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, the Applicant should include the Vendor Identification number in your organization information. If not enrolled, to request assignment of a Vendor Identification number, an Applicant should 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](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](mailto:helpdesk@sfs.ny.gov).

#### **L. Vendor Responsibility Questionnaire**

The Department strongly encourages each Applicant to 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>.

An Applicant 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](mailto: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](http://www.osc.state.ny.us/vendrep), and upload it with their Application in the Pre-Submission Uploads section in place of the Attestation.

#### **M. Vendor Prequalification for Not-for-Profits**

Each not-for-profit Applicant subject to prequalification is required to prequalify prior to submitting its Application in the Grants Gateway.

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 a not-for-profit Applicant to register in the Grants Gateway and complete the Vendor Prequalification process in order for any Application submitted by that Applicant to be evaluated. Information on these initiatives can be found on the [Grants Management Website](#).

**An Application received from a not-for-profit Applicant that (a) has not Registered in the Grants Gateway or (b) has not Prequalified in the Grants Gateway or SFS on the Application's due date specified on the Cover Page of this RFA cannot be evaluated. Such Applications will**

**be disqualified from further consideration. Additionally, if an applicant's vault expires prior to application submission, applicant will need to prequalify in SFS.**

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. Please see Section M.4, below, for SFS related Grantee User Manual and SFS related prequalification steps.

### 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](mailto: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

**IMPORTANT NOTE:** Due to system conversion ([Transition to SFS](#)) expected on January 16<sup>th</sup>, 2024, Applicants that are not fully prequalified in the NYS Grants Gateway by COB January 9<sup>th</sup>, 2024, will need to prequalify in the NYS Statewide Financial System (SFS). Additionally, if an applicant's vault expires prior to application submission, applicant will need to prequalify in SFS. The first day that the SFS prequalification modules will be available is January 16<sup>th</sup>, 2024. Please see Step 4 below for more on SFS Prequalification.

- 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 New York State agency from which you have received the most grants. 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 primary New York State agency representative or to the Grants Gateway Team at [grantsgateway@its.ny.gov](mailto: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.

**All potential Applicants are strongly encouraged to begin Grants Gateway Registration and GG/SFS Prequalification process as soon as possible in order to participate in this opportunity.**

#### **4) Complete and Submit your Prequalification in the NYS Statewide Financial System (SFS)**

**(Prequalification modules will be available in the NYS Statewide Financial System beginning on January 16<sup>th</sup>, 2024)**

- Applicants will first need to create an account in SFS. Applicants that need to create an account should do so at the following link: <https://www.osc.ny.gov/state-vendors/portal/enroll-vendor-self-service-portal>. Any questions related to SFS accounts should be sent to the SFS Help Desk ([HelpDesk@sfs.ny.gov](mailto:HelpDesk@sfs.ny.gov)).
- Instructions for SFS Prequalification can be found on Page 20 of the SFS Grantee User Manual entitled, “! Grantee Processing in SFS”. This user manual is accessible to organizations with an SFS account under the SFS Coach Tile/Button in the SFS Vendor Portal. Select “Handbook: User Manual with Screenshots” from the Training Type drop down to locate the manual. If you have any problems accessing the manual please contact [HelpDesk@sfs.ny.gov](mailto:HelpDesk@sfs.ny.gov). Please see the section entitled, “Enter and Submit a Prequalification Application”, located on page 20 of the SFS Grantee User Manual, for complete instructions on how to complete and submit an SFS Prequalification in the NYS Statewide Financial System.

#### **N. General Specifications**

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Grantees 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 any Contract awarded pursuant to this RFA 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 terms and conditions contained in this RFA, including the terms and conditions of the Master Contract for Grants. Any exceptions the Applicant would like considered by the Department relating to the terms and conditions of this RFA and/or Master Contract for Grants must have been raised during the Question and Answer Phase of this RFA (See, Section IV.B.).
4. An Applicant may be disqualified from receiving an award 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, in the State of New York or otherwise.

## 5. Provisions Upon Default

- a. If an Applicant is awarded a grant pursuant to this RFA, the services to be performed by the successful Applicant pursuant to the terms of the Grant Contract entered into with the Department 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 Grantee, 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 Grantee.
- c. If, in the judgement of the Department, the Grantee 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 Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee 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 Grantee 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>.

**The Grants Gateway works well in most cases with all browsers, including Microsoft Edge, Google Chrome, Safari, and Firefox. However, you will need to use Internet Explorer Compatibility Mode in Microsoft Edge if you need to save 500-character limit fields in the Work Plan. You can access Internet Explorer mode by right-clicking on a tab in Edge and selecting the option “Reload Tab in Internet Explorer Mode”.**

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 your agency and its services. Therefore, answers should be specific, succinct, and responsive to the statements and questions as outlined. Please be aware that the value assigned to each section described below indicated the relative weight that will be given to each section of your Application when scoring your Application.

It is each Applicant's responsibility to ensure that all materials included in its Application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the Application deadline date and time specified on the Cover Page of this RFA.

- Pre-Submission Uploads

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

1. Application Cover Sheet
2. Projected Financial Information (one per Eligible project)
3. Vendor Responsibility Attestation
4. MWBE forms
5. SDVOB forms
6. IT Questionnaire (one per Eligible Project)

- Program Specific Questions

Applicants are encouraged to provide a robust response to all Program Specific Questions.

Applicants should be mindful of the Evaluation Plan described in Section V.C. Review and Award Process. The Review Team will assign a rating to each of the "Grant Evaluation Criteria" listed in RFA Section III. C. "Evaluation Criteria".

- 1. Previous Funding Applications**

- a. Did your organization apply for funds through any of the following?
  - i. The Statewide Health Care Facility Transformation Program I (SHCFTP I RFA #1607010255)
  - ii. The Statewide Health Care Facility Transformation Program II (SHCFTP II RFA # 17648)
  - iii. The Statewide Health Facility Transformation Program III (SHCFTP III RFA # 18406)
  - iv. The Statewide Health Care Facility Transformation Program IV-ED (SHCFTP IV-ED RFA # 20224)
- b. If yes to question 1a then indicate the program, applicant name, project name, amount of grant funds awarded, and current status of the project. If no to question 1a please indicate "no" in response.

- 2. Applicant Organization Type**

- a. Indicate the applicant organization type from the following types of Eligible Applicants:
  - Hospitals;
  - Residential Health Care Facilities;
  - Adult Care Facilities;
  - Diagnostic and Treatment Centers;
  - Clinics;
  - Children's Residential Treatment Facilities;
  - Assisted Living Programs;
  - Behavioral Health;

- Home Care Providers;
  - Primary Care Providers;
  - Hospices;
  - Community-Based Programs funded under the office of mental health, the office of addiction services and supports, the office for people with developmental disabilities, or through local governments;
  - Independent Practice Associations or Organizations;
  - Residential Facilities
  - Day Programs; or
  - Midwifery Birth Centers.
- 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. (All documents must be combined into a single PDF no larger than 10MB and uploaded to this program specific question)

### 3. Organizational Capacity

Describe the Eligible Applicant's organization by answering each of the following questions specifically below:

- 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. Provide the name, title and salary of all employees in nonclinical titles whose salaries are \$250,000 or more.
- e. A discussion of the Eligible Applicant's mission, including the size of the organization and scope of services provided.
- f. Is the Eligible Applicant a public hospital or acquiring a public hospital? Public hospital shall mean a general hospital operated by a county, municipality, or a public benefit corporation; a federally designated critical access hospital; or a federally designated sole community hospital.
- g. Is the Eligible Applicant a general hospital that is a Safety Net Hospital or acquiring a general

hospital that is a Safety Net Hospital? Safety Net Hospital shall mean a hospital in which; (1) at least thirty percent of its inpatient discharges made up of Medicaid eligible individuals, uninsured individuals or Medicaid dually eligible individuals and with at least thirty-five percent of its outpatient visits made up of Medicaid eligible individuals, uninsured individuals or Medicaid dually-eligible individuals; or (2) such hospital serves at least thirty percent of the residents of a county or a multi-county area who are Medicaid eligible individuals, uninsured individuals or Medicaid dually-eligible individuals; or (3) such hospital that, in the discretion of the commissioner, serves a significant population of Medicaid eligible individuals, uninsured individuals or Medicaid dually-eligible individuals

- h. Number of admissions, patient visits and/or virtual services during the most recent 12-month cost reporting year.
- i. Provide the payer composition of populations served by the Eligible Applicant: 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.
- j. 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.
- k. 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).
- l. 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.
- m. Summarize the capacity of the applicant to implement health information technology and telehealth transformation projects including history of such projects under way or recently completed and staffing capacity.

#### **4. Identified Community Need –**

(NOTE: For questions that mention "if applicable" response is still required, if the question is not applicable to your application, please indicate "not applicable" as the response)

- 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 healthcare 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 healthcare services are needed to address the health status, disparities, and service needs of the community served and how those services will be enhanced by telehealth or health IT transformation activities. If healthcare services are proposed to be eliminated or consolidated, provide the rationale.
- c. Describe the relationship between the proposed Eligible Project and identified community need for healthcare 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 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.
- e. For each Eligible Project, if applicable, describe how it will advance health equity for populations in the community or communities served by the Eligible Applicant.

For this purpose, New York State Public Health Law, Article 2-F definition is used such that “health equity” shall mean achieving the highest level of health for all people and shall entail focused efforts to address avoidable inequalities by equalizing those conditions for health for those that have experienced injustices, socioeconomic disadvantages, and systemic disadvantages, especially for medically underserved groups. Medically underserved groups include low-income people, racial and ethnic minorities, immigrants, women, lesbian, gay, bisexual, transgender, or other-than-cisgender people, people with disabilities, and older adults, among other groups.

- i. If applicable, provide a description of the unintended positive and unintended negative impacts the Eligible Project may have on health equity and medically underserved groups in the community or communities served by the Eligible Applicant. Explain how the Eligible Project could positively or negatively affect medically underserved groups in their ability to access high quality, timely, comprehensive, culturally competent, and accessible service or care.
- ii. If applicable, describe the extent to which the Eligible Project reduces or mitigates existing architectural barriers for patients or residents with mobility impairments. If the Eligible Project newly creates or exacerbates existing architectural barriers for people with mobility impairments, describe how construction changes to the facility will help eliminate or mitigate the architectural barriers. If not applicable to the project, write N/A and provide justification.
- iii. If applicable, how does the Eligible Applicant intend to convey what is going to happen at the facility to patients/residents and the communities it serves? How will the communication be tailored (or the outreach be unique) to individuals with Limited English Proficiency and/or individuals with speech, hearing, or visual impairments?
- iv. If applicable, list existing and potential evidence-based measures and mechanisms (i.e. policies, procedures, internal controls, systems, or accountability measures) that can be put



in place with respect to the Eligible Project to help mitigate the unintended negative impacts to medically underserved groups as identified in question 4ei.

## 5. **Eligible Applicant Financial Stability** –

(NOTE: For questions that mention "if applicable" response is still required, if the question is not applicable to your application, please indicate "not applicable" as the response)

- 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.
  - 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.**
  - Applicants should submit new financial forms to the [Statewide4HIT@health.ny.gov](mailto:Statewide4HIT@health.ny.gov) email address if their financial situation significantly changes after application submission. A significant financial change is defined as a situation that may jeopardize the long-term sustainability of the applicant.
- 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. If this question is not applicable, indicate "not applicable".
- 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.

## 6. **The Project**

Describe the Eligible Project Selected in 6a below for the following questions. Applicants are encouraged to provide a robust, detailed description of the Eligible Project to be funded by this RFA so that it may be fairly evaluated. The description should address the components outlined in questions 6.a. through 6.n. Please answer all questions that are applicable to the Eligible Project selected. If a specific question is not applicable to the Eligible Project selected, indicate "Not Applicable."

- a. Select the project category from Section I of the RFA that this Eligible Project proposal best aligns with:

Electronic Health Records

Cybersecurity

## Population Health Management Tools

### Telehealth

- b. A concise summary of the Eligible Project.
- c. The purpose of the Eligible Project.
- d. For the Eligible Project:
  - i. How it will contribute to transforming and strengthening the quality of health care services, specifically to advancing health information technology that enables the implementation of federal and state interoperability standards, such as the United States Core Data for Interoperability and standards recognized in regulation by the Office of the National Coordinator for Health IT or advancing telehealth services in New York.
  - ii. How it will contribute to increasing access to healthcare, improved health outcomes, reduced costs, and increased quality of patient experience.
  - iii. How it will contribute to the integration of healthcare services.
  - iv. How it will contribute to the long-term sustainability of the Eligible Applicant.
  - v. How it will contribute to the preservation or expansion of essential health services in the community or communities served by the Eligible Applicant.
- e. How will this Eligible Project further information exchange in primary care, acute care and post-acute care facilities and other outpatient services with the bi-directional exchange of health information with other healthcare providers through the Statewide Health Information Network for New York (SHIN-NY) and aligns with federal standards for codes and interoperability.
- f. How will this Eligible Project benefit Medicaid enrollees and uninsured individuals and how it will ensure accessibility by all regardless of personal technology limits. 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.
- g. As applicable, how will this Eligible Project support the transition to allow participation in a payment system which emphasizes cost efficiency and quality outcomes (value) over service volume.
- h. As applicable, how will this Eligible Project improve the security of health-related data and the applicant's ability to minimize loss of information or function due to cyber events.
  - i. As applicable, for residential care facilities, how will this Eligible Project increase the quality of resident care or experience or improve the security of health-related information and support bi-directional exchange.
- i. As applicable, how will this Eligible Project improve health information technology infrastructure, including telehealth, to strengthen the acute, post-acute and long-term care continuum.
- j. For the eligible project, how will it facilitate the bi-directional exchange of health information between providers, health care team members and collaborators supporting health and social care needs.

- k. For the Eligible project, how will it further the use of interoperability standards for health information exchange.
- l. For the eligible project, what is the estimate of the population that will be newly impacted by the project.
- m. As applicable, how will this Eligible Project create a patient-centered approach to achieve better quality of life outcomes for older adults (see description of 4M Age-Friendly Care Model<sup>1</sup>). The applicant should address the extent to which each Eligible Project, as applicable, 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 indicates 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.
- n. As applicable, how will this Eligible Project support interoperability through bi-directional data exchange with participants in the Statewide Health Information Network for NY (SHIN-NY).

## 7. Project Budget

All expenditures must be related to the categories described in Section I., as well as be consistent with the scope of services, reasonable and cost effective. Justification for each expenditure 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. Applicants are **also** instructed to complete Attachment 2: Projected Financial Information and follow the instructions provided in the attachment. Tab 1, Project Fund Sources, and Tab 2, Use of Funds, need to identify and describe sources of alternative funding for the Eligible Project (funds other than those available through this RFA or “Other Funds”), including cash, borrowed funds, governmental agencies or other

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<sup>1</sup> For the purpose of this RFA, healthcare 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.

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. Attachment 2 can be found in the Pre-submission upload section of the Grants Gateway application and once completed, Applicants are instructed to upload there.

- b. For each Eligible Project, an estimate of the total cost, including the amount of funding requested from this RFA and any other sources and associated amounts of alternative funding necessary to fully fund the Eligible Project, if alternative funding is 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.

#### **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, complete the financial feasibility projections for the Eligible Applicant. Attachment 2 can be found in the Pre-submission upload section of the Grants Gateway application and once completed, Applicants are instructed to upload there.
- b. Describe the financial impact or benefit of the Eligible Project on the Eligible Applicant. Include any assumptions used in projecting the incremental revenues and expenses associated with the Eligible Project 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 will result in savings to the healthcare system relative to the Eligible Project costs and quantify the proposed value or return of the state grant investment in the Eligible Project relative to the Eligible Project costs. Include a discussion of all means by which projected savings can be verified after the Eligible Project 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. A minimum of 10 Objectives, 20 Tasks, and 30 Performance Measures is required for each Eligible Project.

The online Workplan is essentially an outline/summary of the work associated with the Eligible Project 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 Workplan 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: Pass/Fail**

- a. 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 meets the criteria in Section II, Who May Apply, and is registered and pre-qualified in the Grants Gateway (if not exempt);
  - ii. Whether the Eligible Project clearly aligns with the Project Categories in Section I and are applicable to health information technology or telehealth technology advancements.

- iii. 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.

Applications passing Initial Review will be forwarded to the Review Teams for evaluation.

A list of applications proposed to be eliminated in Phase 1 due to not meeting the above requirements 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 with an Eligible Project passing Stage 1 review will be forwarded to Stage 2 for evaluation.

The final eligibility determinations and rating against the evaluation criteria will be conducted by a “Review Team”, which may include NYSDOH, and other State agency staff as determined by the Commissioner of Health.

The evaluation of applications by the Review Team will be based on or supported by summaries, other factual analyses, and recommendations prepared for the Review Team by NYSDOH or other State agency staff, or in consultation with other internal or external sources. After receipt of the initial application summaries, other factual analyses, and recommendations, 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 applications identified by NYSDOH and determine whether the application contains expenditures which may properly be reimbursed from Bond Proceeds.

## **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 within the same

project category from similar applicant organization types 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:

The extent to which:

- i. Applications are determined to be in the best financial interest of the State and/or provide the greatest impact to improve quality of care, patient outcomes and patient experience.

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, priorities, 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

Other Information about Award Determinations:

- The amount of project requests may exceed available funds.
- This RFA 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 an award, a condition of that award will be that all funding sources for the project are verified as available to fund the project.
- Given that an evaluation criterion is “the extent to which the Eligible Applicant has limited access to alternative financing” and recognizing that the value of all project requests may 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-g and 2825-h, and Chapter 54 of the Laws of 2022 and 2023, 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 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 this RFA and in PHL 2825-g and 2825-h 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.*

## **V. 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”.

- Attachment 1: Application Form\*
- Attachment 2: Projected Financial Information\*
- Attachment 3: Vendor Responsibility Attestation\*
- Attachment 4: Minority & Women-Owned Business Enterprise Requirement Forms\*
- Attachment 5: Service-Disabled Veteran Owned Business Requirement Forms\*
- Attachment 6: IT Questionnaire
- Attachment 7: Statewide Health Care Facility Transformation Program IV Statute (Section 2825-g of PHL)
- Attachment 8: Statewide Health Care Facility Transformation Program V Statute (Section 2825-h of PHL)

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