

RFA # 1402140135

New York State Department of Health
Office of Health Insurance Programs
Division of Long Term Care

The New York State
Balancing Incentive Program
Innovation Fund

Modifications, Questions and Answers

RFA Modifications

The following has been updated/modified in the RFA. Strikethrough indicates deleted text; underlined text is new.

Page 5 – F. Available Funds

There is \$45 million in available funds to be distributed among the final selected applicants to this RFA. All awards will be financed by the New York State BIP Innovation Fund. Awards will be selected contingent upon the quality of the applications received as well as the size and scope of the proposed projects. A range of funding amounts will be considered. ~~Awards will be made until funds are exhausted.~~

Page 5 – II. Who May Apply

~~Collaborations will require Letters of Agreement specifying services, fees and responsibilities which comprise of the partnership(s) to be formed in completing the project. Subcontracting and collaborating organizations may include public and not for profit entities within New York State. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. 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.~~

Letters of Agreement specifying services, fees and responsibilities which comprise of the partnership(s) to be formed in completing the project, must be submitted when an application is submitted. Collaborating organizations may include public and not-for-profit entities. The applicant and lead organization may subcontract portions of the project to public, not-for-profit or for-profit entities. 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.

Page 6 – III Project Narrative/Work Plan Outcomes, A. General Expectations

A successful application will:

- Explain how the project will be sustained in the future (post award) if desired (this is optional, but up to 3 extra points will be awarded to those applications that provide a brief summary); and

Page 9 – G. Payment & Reporting Requirements of Grant Awardees, #1

The Department may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 25 percent.

Page 10 & 11 - H. Minority & Woman-Owned Business Enterprise Requirements

Business Participation Opportunities for MWBEs

~~For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of 0% on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation. The goal on the eligible portion of this contract will be 0% for Minority Owned Business Enterprises (“MBE”) participation and 0% for Women Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.~~

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE 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.

This BIP Innovation Fund RFA does not establish minimum goals for participation of minority or women owned business. Therefore, completion of the MWBE Utilization plan is optional (Attachment 6). If an applicant chooses to submit an MWBE Utilization Plan, DOH will review it.

~~By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 6** of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH 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. DOH may disqualify a Grantee as being non-responsive under the following circumstances:~~

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

Page 14 – 2. Applicant Organization, last bullet

- Provide ~~three~~ two letters of support attesting to your organization’s ability to carry out proposed activities.

Page 16 – C. Review & Award Process – first paragraph

Applications must meet the guidelines as set forth in this RFA and will be reviewed/evaluated competitively by the New York State Department of Health, Office of Health Insurance Programs, Division of Long Term Care; the Office of Mental Health; the Office for People with Developmental Disabilities; and the State Office for the Aging.

Page 16 – C. Review & Award Process, last paragraph

The reviewers will consider the clarity of the objectives and priorities of each application and responsiveness to the RFA criteria when making the final selection. Applications that meet the 60-point threshold will be grouped based on similarity of services provided to further refine selection that will best reflect an array of creative solutions. ~~Awards will be made until funds are exhausted.~~

Page 18 – second paragraph

The review process will evaluate applications on the merits of proposed activities in their entirety. The Department ~~will not make~~ may consider making partial awards.

Attachment 3A – Instructions for Completion of Budget Forms for Solicitations, page 1

Complete budget forms as directed for a ~~15-month~~ 16-month period. Please complete all required Budget Pages.

Answers to Questions received through 11:00 a.m. April 8, 2014 are shown below

Definitions

The definitions below are in response to questions involving the meaning of words/expressions used in the BIP Innovation Funds RFA.

Long Term Services and Supports (LTSS) LTSS refers to a broad range of health and health-related services and supports needed by individuals who lack the capacity for self-care due to a physical, cognitive, or mental disability or condition.

Institutional-based LTSS

For purposes of Balancing Incentive Program eligibility, CMS defines institutionally-based Medicaid LTSS as services provided in:

- Nursing facilities;
- Intermediate Care Facilities for individuals with intellectual disabilities (ICF/IID) ;
- Institutions for Mental Diseases (IMD) for people under age 21 or age 65 or older;
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- Disproportionate share hospital payments for IMDs;
- Psychiatric hospitals that are not IMDs; and
- Other institutional LTSS

No institutionally based services are allowable under BIP.

Disability

The inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment regardless of age (beneficiary does not have to be on SSI or SSD).

Allowable Medicaid expenses

For BIP purposes, allowable Medicaid expenses means LTSS covered by Medicaid in either the State Plan or waivers.

Links to the State plan and the 1115 waiver can be found on the MRT website at http://www.health.ny.gov/health_care/medicaid/redesign/?utm_source=doh&utm_medium=hp-button&utm_campaign=mrt.

Links to the TBI and NHTD waivers can be found on the Long Term Care website at http://www.health.ny.gov/facilities/long_term_care/.

Medicaid beneficiaries

Medicaid eligible population groups include individuals with mental illness, developmental disabilities, physical disabilities, and other conditions that warrant LTSS regardless of age.

Administrative costs

Costs incurred by an organization that are not directly due to specific activities of the proposed project. Administrative costs are generally associated with executive, organizational, and clerical costs associated with the general management of the organization. These expenses can also be referred to as indirect costs.

Capital costs

For the purposes of this RFA, the term refers to payments allocated to property acquisition, design, construction, enhancement, alteration, rehabilitation, refurbishment, replacement, renovation, maintenance or improvement to existing or proposed structures, buildings or facilities, except for environmental modifications as covered under the 1915 c waivers.

Duplication of services

Services currently being provided to the same population in the same region without specific enhancements, expansion or addition of new populations.

Conflict Free Case Management (CFCM)

CFCM is a separation of eligibility determination and assessment from service provision and a separation of case management from service provision. The goal of CFCM is to develop an independent system with protocols that identify and mitigate any potential risk of conflict in community LTSS processes for eligibility determination/enrollment, case management and service delivery.

Increasing capacity of existing community LTSS

Increasing access to and/or expanding community services as an alternative to institutional care.

Questions concerning specific program ideas and qualifications

DOH cannot answer specific question related to what does or does not qualify for funding opportunities without reviewing an entire proposal. Refer to Section D, Use of Funds (p. 4).

All applications must serve Medicaid beneficiaries, must be spent on community-based care that increases offerings, choice or access to non-institutional LTSS and must support an allowable Medicaid expense.

Proposed projects cannot use funds for any of the following:

- for brick and mortar projects;
- to duplicate existing LTSS (although increasing capacity of an existing LTSS is permissible);
- for LTSS in an institution (unless the proposal is to provide community LTSS – i.e. day program-in the institution);
- to increase institutional capacity;
- to match any other Federal funds;
- to provide services, equipment, or supports that are mandated by Federal or State law and are the legal responsibility of another party; or
- to supplant existing State, local or private funding.

Applications must address and demonstrate the need for the proposed project. Refer to Section V, Part A, 4) Statement of Need (p.14).

Technical Questions

1. Do local government entities or vendors with an OMH ID number need a confirmed NYS Vendor Identification Number?

Answer: All applicants must be registered as a qualified Vendor and have a confirmed NYS Vendor Identification Number. Refer to Innovation Fund RFA; Sections J. (Vendor Identification Number), K. (Vendor Responsibility Questionnaire), and L. (Vendor Pre-Qualification for Not-for-Profits), pp. 11-12.

2. How is the specified time frame for submission of proposals, announcement of awards, negotiation of contracts and completion of the project going to work?

Answer: DOH is required to expend CMS funds designated for BIP projects by 9/30/15 and must be accomplished within the specified time frame.

3. Will additional funding be available in the future to sustain successful programs?

Answer: Section 10202 of the Patient Protection and Affordable Care Act stipulates that the Balancing Incentive Program end not later than October 1, 2015.

4. How will awards be allocated regionally? What is the range of grant amount to be awarded? Are there minimum or maximum proposal amounts? Are there priorities and/or assumptions for these projects? Will partnership/collaborations and those covering multiple regions be rated more favorably?

Answer: Refer to Section F, p. 5, Available Funds. A range of funding amounts will be considered. Specifics of the program design rest within the creative boundaries of applicants and the 'Innovation Fund' RFA encourages out-of-the-box thinking.

5. What part of the proposal is counted in the 20 page maximum submission? Can information such as list of board members be submitted as an attachment?

Answer: The 20 page limit includes the description of the applicant organization, program summary/overview, and statement of need. Not included in the 20 page limit are the cover page, work plan, budget and any attachments (such as information about board members). Refer to Section V, B. Application Format (p. 15).

Substantive Questions

1. Can funds be used to increase institutional capacity?

Answer: No. Section 10202 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), titled the State Balancing Incentive Payments Program (BIP), provides financial incentives to States to increase access to non-institutionally based long-term services and supports. BIP funds can only be used for projects that increase offerings of or access to non-institutional long term services and supports that benefit Medicaid recipients and which are allowable under Medicaid funding regulations. The Innovation Grants are funded by the BIP program. Refer to Section I, D. Use of Funds (p. 4).

2. Can an applicant apply to serve more than one regions? If so, must they submit more than one application?

Answer: There is no stipulation within the RFA confining proposals to one region. If a single program spans multiple regions, only one proposal is required.

3. If services are allowable Medicaid services, but the services are free and no Medicaid eligibility is performed, can an application for Innovation Funds be made? Do we need to partner with a provider with a capacity to verify Medicaid eligibility?

Answer: Refer to Innovation Fund RFA Section V., 5) Project Components/Work Plan, Program Activities, pp. 14-15 and, Review & Award Process, p. 17, #12. Applicants must be able to demonstrate that proposed services are Medicaid allowable costs. Also refer to Section III, A. General Expectations, p. 6 "A successful application will: Include an explanation of how the applicant will identify, track and maintain a record of Medicaid beneficiaries served through the project".

4. Can funds be used for services that are not themselves Medicaid billable, but support or enhance Medicaid billable services?

Answer: Refer to Innovation Fund RFA: p. 15, Section V., 5), Project Components/Work Plan, 5th bullet – “Medicaid Eligibility” and C., Review & Award Process, p. 17, 12): Applicant must be able to demonstrate that proposed services are Medicaid allowable costs.

5. Are there MATCH requirements for the BIP Innovation Funds application?

Answer: There are no MATCH requirements in the BIP Innovation Funds RFA.

6. Does RFA #1402140135 the NYS Balancing Incentive Program Innovation Fund include the new NY Connects/Client Tracking System that we have heard will be put out to bid by the NYS Office for the Aging?

Answer: RFA #1402140135 is separate from any other RFA or RFP.

7. Is collaboration a requirement of BIP funding?

Answer: No.

8. Is an MWBE Utilization Plan required since the RFA state a goal of 0% for MWBE participation?

Answer: This BIP Innovation Fund RFA does not establish minimum goals for participation of minority or women owned business. Therefore completion of the MWBE Utilization Plan is optional. If an applicant chooses to submit an MWBE Utilization Plan, DOH will review it. Please refer to the RFA Modifications section at the beginning of this document.

9. Can an agency submit more than one proposal?

Answer: Yes.

10. How many Letters of support are required two or three?

Answer: Two Letters of Support are needed. This has been corrected. Please refer to the RFA Modifications section at the beginning of this document.

11. Can funding be used for marketing of current community based services? On page 4 it states that funds may be used for communication costs. Can these costs include television/newspaper marketing or website development?

Answer: Marketing, education and outreach are considered allowable communication costs.

12. Where can resources on the Balancing Incentive Program and the Innovation Fund be found (i.e. structural changes, NWD/SEP, conflict free case management)?

Answer: Information about the BIP structural changes can be found on the MRT/BIP website at: http://www.health.ny.gov/health_care/Medicaid/redesign/balancing_incentive_program.htm.

13. Is the sustainability plan an optional part of the application?

Answer: Inclusion of a sustainability plan is optional. If an applicant chooses to include a sustainability plan, DOH will evaluate the plan and award up to 3 extra points to an applicant's total score. Refer to RFA Section V., 5) Project Components/Work Plan, p. 15 (last bullet).

14. Do you need a firm commitment for the sustainability plan to be acceptable?

Answer: No.

15. Can an application propose to waive statutes or alter regulations?

Answer: No. The Innovation Fund is not a mechanism for waiving required statutes or regulations.

16. Can a provider of Licensed Home Care Services Agency (LHCSA) services that are currently billed to Medicaid apply for this RFA?

Answer: Any Medicaid allowable services provided in the community to Medicaid eligible individuals is a potentially acceptable proposal. The provider only needs to be a not-for-profit organization or government agency.

17. Is there a cure period if applications are submitted early?

Answer: No. But all applications are opened and tabulated after the due date of May 7, 2014 (by 5:00PM).

18. How much money constitutes a partial award?

Answer: Partial awards are not based on dollar amounts. They are dependent on which part of the proposal is allowable under the Innovation Fund RFA parameters.

19. Can the funds support program development that will have tangential benefits to other service recipients that are not Medicaid beneficiaries?

Answer: Although DOH needs to review the specific proposal, such an effort might qualify for partial funding.

20. Can enhanced community skills training program for people currently living in an ICF that helps prepare individuals for living in community qualify for funding?

Answer: No. This would be considered institutionally based LTSS and therefore not eligible for BIP funding. Refer to RFA, D. Use of Funds (p. 4).

21. Is the RTF considered an LTSS?

Answer: No, it is a setting not a service.

22. Would a person with a chronic illness be considered a person with a disability if they are at risk of entering institutional long term care?

Answer: Yes. Refer to the Definitions section provided at the beginning of this document.

23. Will an application be considered if it does not serve “all” Medicaid beneficiaries, only a subset (for example seniors only)?

Answer: Yes, proposals that support a targeted population are acceptable. All participants must be Medicaid beneficiaries, however not all Medicaid eligible populations need to be served by every program.

24. For clarification, we are not currently servicing institutional individuals – but do serve community based Medicaid Individuals. Will this hinder us??

Answer: No. The Innovation Fund is about transitioning individuals back into the community and/or preventing placement in an institution. Programs helping individuals remain in the community are potentially acceptable projects as long as they qualify for LTSS.

25. Is this a start-up grant or an enhanced reimbursement grant? Regarding sustainability, will programs need to be sustained using the “regular” Medicaid reimbursement rate after the grant period?

Answer: It is a funding opportunity to address barriers encountered when providing community LTSS across all populations of Medicaid beneficiaries in NYS.

26. Are Medicaid ALPS eligible Applicants?

Answer: Yes.

27. Can funds be used to move individuals out of an ICF into an IRA?

Answer: Yes.

28. If ACFS and ALPS are able to apply for this funding, must they as a condition adhere to the federal HCBS settings regulation??

Answer: Yes.

29. Does this include Managed Medicaid as well or only FFS Medicaid?

Answer: Both.

30. Page 3 of RFA, Section B under Background/Intent states that “New York State’s participation in BIP will require the State to increase the ratio of expenditures on community-based care versus institutional care.” This means that the applicant must have access to information on the current costs of Medicaid INSTITUTIONAL care services in Nassau County and the current cost of NON-INSTITUTIONAL care services in Nassau County. Can the grantor comment on the means/methods to obtain information on the existing costs? The applicant will need this information so that they can state what the ratio of the re-balance will be?

Answer: This RFA is one component of a larger statewide strategy to rebalance LTSS in New York. RFA applications will be evaluated and scored according to Section V, C. Review and Award Process, p. 16, and must include the information outlined in Section V, A. Application Content, p. 13.

31. Page 9 of RFA, Section IV, Item G: How is the payment of award structured for local government entities? Is Payment primarily based on submission of invoices? Does 10 percent advanced payment apply to local government entities?

Answer: The payment of awards to all awardees, including local government entities, will follow the structure outlined in Section IV, G. Payment & Reporting Requirements of Grant Awardees (pp. 9-10). Please refer to the RFA modification from 10 percent advance payment to 25 percent advance payment at the beginning of this document.

32. Page 3, Sec. B. Background/Intent indicates that NYS DOH, OPWDD, SOFA and OMH collaborated to submit a BIP application to CMC. Where does OASAS, and where do individuals who use/abuse substances, fall within BIP?

Answer: Individuals served by OASAS may be eligible for BIP funding if they qualify for home and community-based Medicaid LTSS. Eligible population groups include individuals with physical disabilities, developmental disabilities, mental illness, and other conditions that warrant LTSS regardless of age.

33. Can providers serve individuals in supportive IRAs?

Answer: Yes, providing the individual is a Medicaid beneficiary and in need of LTSS.

34. Can clients served through this funding be dually enrolled in both Medicaid and Medicare?

Answer: Yes.

35. Are adult care facilities eligible to apply for this funding whether or not they hold a license for a limited LHCSA?

Answer: Licensure is not part of the RFA criteria.

36. For entities that want to form collaboration, are their Letters of Agreement specifying services, fees and responsibilities due with the application or just the identification of the collaborator? Can a for-profit LHCSA participate in a collaborative project with other service providers?

Answer: Letters of Agreement specifying services, fees and responsibilities which comprise of the partnership(s) to be formed in completing the project must be submitted when an application is submitted. Collaborating organizations may include public and not-for-profit entities. The applicant and lead organization may subcontract portions of the project to public, not-for-profit or for-profit entities. 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. Refer to the RFA Modifications to this requirement at the beginning of this document.

37. Would a local government sponsored home health agency be considered a local government entity for purposes of eligibility to apply?

Answer: Yes.

38. Please clarify after notification of a successful application how would one request an advance payment?

Answer: This would be specified in the contract which will be negotiated with each individual awardee.

39. Does the state intend to look at extending successful projects after the contract ends??

Answer: No.

40. Who comprises the RFA review committee?

Answer: Applications must meet the guidelines as set forth in this RFA and will be reviewed/evaluated competitively by the New York State Department of Health, Office of Health Insurance Programs, Division of Long Term Care; the Office of Mental Health; the Office for People with Developmental Disabilities; and the State Office for the Aging. Refer to the RFA Modifications at the beginning of this document.

41. Are adult care facilities and assisted living programs considered community-based services for the purpose of BIP?

Answer: Yes.

42. Can a Medicaid MLTC Plan, non-profit organization apply as the coordination of the project involving several of its provider?

Answer: Yes.

43. How is this related to FIDA and NHTD? Can a target population be potential FIDA or NHTD?

Answer: FIDA and NHTD are LTSS programs that serve those who qualify and are in need of LTSS.

44. Is it possible to use the funds to support individuals applying for Medicaid to Obtain LTSS services, thereby avoiding placement?

Answer: Yes.

45. Can you define “non-institutional” in terms of children’s behavioral health care? Does this equate to “out-of-home”? Juvenile Justice Placement? Foster care? State psych? Residential Treatment? Community Residence?

Answer: Non-institutional Medicaid LTSS include: 1915 c waivers, Personal Care Services, Home health care services, Rehabilitative Services (non-school-based) for mental health and substance abuse, Private Duty Nursing, Program for All-Inclusive Care for the Elderly, Home and community-based services state plan option (section 1915 i), self-directed personal assistance services, case management services authorized under Section 1915 (k), Health Home Services, Community First Choice services, Other home and community based services authorized under Sections 1115, 1915 (a), 1915 (b), 1915(d) and/or 1929 (a).