

**RFA # 1604061136**  
**Grants Gateway # DOH01-LTCTD-2016**

**New York State Department of Health**  
*Division of Long Term Care*  
*Bureau of Managed Long Term Care*

**Request for Applications**

**Managed Long Term Care Technology Demonstration**

**In order to apply for this solicitation, eligible applicants must submit an application via the New York State Grants Gateway.**

*KEY DATES*

<b>Release Date:</b>	<b>May 10, 2016</b>
<b>Letter of Intent Due: (optional)</b>	<b>May 17, 2016</b>
<b>Questions Due:</b>	<b>May 24, 2016 by 4:00 P.M. EST</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>June 7, 2016</b>
<b>Applications Due:</b>	<b>June 22, 2016 by 4:00 P.M. EST</b>
<b>DOH Contact Name &amp; Address:</b>	Margaret Willard Office of Health Insurance Programs Division of Long Term Care New York State Department of Health Email: MLTCTechDemo@health.ny.gov



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# **I. Introduction**

## **A. Background**

With issuance of Executive Order #5, Governor Andrew M. Cuomo established the Medicaid Redesign Team (MRT) in January 2011, bringing together a group of health care stakeholders, experts and advocates from throughout New York State. The goals of the MRT were to improve overall health system quality and efficiency, streamline and focus health care administrative and financial structures, and reduce Medicaid costs while emphasizing the delivery of well-managed, cost effective quality health services.

The New York State Department of Health (the Department), Office of Health Insurance Programs (OHIP), Division of Long Term Care (DLTC), announces the availability of up to \$1 million in state funds for a twenty-four month Managed Long Term Care (MLTC) Technology Demonstration. Through the demonstration, MLTC plans will propose the use of various technologies to enhance community based long term care for participating MLTC plan enrollees. The funds will be used for the purchase, lease, or rental of select emerging technologies. A limited portion of the funding may be designated for administrative costs (start up and consumer education), and collection of data required by the Department. The demonstration will provide opportunities to decrease safety risks in the home and increase enrollee independence.

As the over sixty-five (65) population continues to increase at a rapid rate, the need for technology to better meet their needs also increases. The primary goal of the MLTC Technology Demonstration is to determine if existing home and community based technologies - that are currently not covered under Medicaid - may contribute to allowing individuals to remain in the least restrictive setting as long as appropriate. Many MLTC plan enrollees face an increased risk for hospitalizations, institutionalization, and emergency department (ED) visits. For example, some enrollees face a greater risk of falling, wandering, skipping medication doses, and loneliness. While it is also known that providing long term care needs in a community based setting can be extremely beneficial to the individual, it can take tremendous coordination of various caregivers to ensure that individual's safety and well-being. In the United States, forty-four (44) million individuals serve as informal and unpaid caregivers<sup>1</sup>. It is essential that we continue to examine new opportunities to save caregiving costs, offer caregiver support and increase overall independence of the individual living in the community.

Research shows emerging home and community based technology may provide an opportunity to mitigate such risks and help avoid unnecessary ED visits, hospitalizations, and institutionalization. A recent State University of New York at Buffalo study has demonstrated home and community based technology allows the older population to adapt their changing physical and cognitive functions while staying in a familiar home or community based setting<sup>2</sup>. Home and community based technologies have the potential to assist the individual as well as their caregivers.

In June, 2015, MLTC plans were surveyed to gauge their interest in demonstrating existing home and community based technologies. The response rate was 90% and many plans indicated they would be interested in demonstrating technology in home and community based settings. The Department analyzed the survey responses and found not only were many MLTC plans interested, but they were interested in

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<sup>1</sup> M. Tomita, Ph.D., L.S. Russ, Ph.D. "Smart home with healthcare technologies for community-dwelling older adults", February 2010 (University at Buffalo, State University of New York, Buffalo), 149.

<sup>2</sup> Ibid.



demonstrating more than one technology in the home and community based settings of their enrollees. Further, the Department was able to identify and group the technology information provided in the survey responses into four main categories:

- In Home Monitoring;
- Communication;
- Telemedicine; and
- Pill Dispensing and Reminding.

These categories have been summarized in the following chart.

The chart outlines each category and defines a purpose, outcome and provides examples of the technology. Applicants may choose to demonstrate a technology from these four main categories, but other technologies not included in the examples on this chart will also be considered. This chart is intended to serve only as a guide. **However, please note that demonstrating multiple technologies in the same category will not be permitted.**

Technology Category	Purpose	Outcome	Examples
In Home Monitoring	A tool to assist in monitoring MLTC plan enrollees in their home and community based settings.	Support enrollees' ability to maintain their independence longer by improving safety levels within their home.	Safety alarms, home monitoring, and motion sensors.
Communication	A tool to increase communication between MLTC plan enrollees and their families and community supports.	Support enrollees' independence by increasing their ability to connect and share information with their caregivers and other community supports.	Interfacing platforms like tablets that are user friendly for the intended population.
Telemedicine	A tool to increase care management for MLTC plan enrollees.	Provide opportunity for enrollees to receive direct care oversight in their home and community based settings.	Care management systems.
Pill Dispensing and Reminding	A tool to support in correctively adhering to their medication regimes.	Provide opportunities to help enrollees remain independent in their home and community based settings longer to avoid institutionalization through compliance with medication regimes.	Automatic pill dispensing and reminding.



## **B. Goals of the MLTC Technology Demonstration**

Through this demonstration the Department intends to examine whether the availability of technology in a home and community based setting can play an important role in keeping individuals in their desired setting. Specifically, the Department is looking to see whether or not the increased use of technology will help to decrease unnecessary institutionalization. Many of these technologies are not yet widely available, so this demonstration provides a new method for MLTC plans to help maintain an enrollee's quality of life while improving care in their familiar home and community based setting. The findings may provide the Department with a baseline for future policy direction relating to the use of new technologies.

Applications must meet this three part test:

- Will the applicant increase the technology available to MLTC plan enrollees?
- Does the applicant explain how the following will be achieved for MLTC plan enrollees:
  - Decrease safety risks in the home;
  - Increase enrollees' independence;
  - Promote enrollees' ability to remain in a community based setting; and
  - Help avoid unnecessary institutionalization.
- Has the applicant proposed the means to track the impact of the four sets of criteria on the intended population?

Successful applicants will be approved by the Department as part of this procurement. In order to accomplish the goals of this procurement it is expected MLTC plans will monitor and maintain data related to implementation of the technology and its impact. Plans will be expected to provide baseline data on hospitalizations from a year prior to the demonstration of their enrollees participating in the demonstration. They will also be expected to track four sets of criteria using their own tracking tool.

The four criteria include:

- Hospitalizations (enrollee admitted to a hospital);
- Number of enrollees institutionalized in a nursing home (NH);
- Change in care plans related to technologies; and
- Emergency Department (ED) visits.

Tracking reports will be expected on a quarterly basis. Applicants will be expected to provide a tool to measure the four criteria to report to the Department.

## **C. Objectives of the MLTC Technology Demonstration**

The MLTC Technology Demonstration offers a unique opportunity to explore the role technology can play in maintaining an individual's health, safety and independence in the community while preventing or delaying institutionalization. Specifically, this demonstration will examine if the increased use of technology in a home and community based setting will decrease rates of institutionalization and/or ED visits for those receiving long term care services and supports through MLTC plans. Applicants must clearly outline their approach to meet this objective and the steps needed to measure the relevant outcomes.



## D. Use of Funds

Approximately \$1 million in State funds will be available for this demonstration, and the contract period is expected to be December 1, 2016 through November 30, 2018. Funds may be used, as appropriate, to support the following:

- Purchase, lease, or rental of emerging technologies for use in home and community based settings by identified Plan enrollees
- Supplies for the equipment
- Training-related expenses (for staff and participating Enrollees)
- Salaries and fringe benefits for staff engaged in demonstration implementation and evaluation activities
- Contractual services
- Travel
- Operating expenses
- Other

Applicants may subcontract components of the scope of work (up to **20%**). 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. 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 Department. In addition, all subcontractors should be approved by the Department.

Contractual funds will support infrastructure costs (personal and non personal services) to operate the program and implement all required activities listed in the Scope of Work, throughout the twenty-four (24) month contract period.

## II. Who May Apply

The Department is seeking to fund a minimum of two Technology Demonstration projects in upstate, rural counties, with at least two MLTC plans. For the purposes of the MLTC Technology Demonstration, a county that has no metropolitan areas within its geographic scope is considered to be a rural county. Listed below are the counties the Department considers rural based on this criteria.

<b>MLTC Technology Demonstration Rural Counties</b>		
Allegany	Delaware	Montgomery
Cattaraugus	Essex	Otsego
Cayuga	Franklin	Schuyler
Chautauqua	Fulton	Seneca
Chenango	Genesee	St. Lawrence
Clinton	Greene	Steuben
Columbia	Hamilton	Sullivan
Cortland	Lewis	Wyoming



## Minimum Eligibility Requirements:

Only those applicants that meet the following minimum eligibility requirements may participate in the demonstration:

- An applicant must be a not-for-profit MLTC plan, operating under Article 44 of the New York State Public Health Law.
- An applicant must have a minimum of six months experience in MLTC operations.
- Only Medicaid MLTC (Partially Capitated), Medicaid Advantage Plus (MAP), and Program for All-Inclusive Care for the Elderly (PACE) plans may apply to participate in the demonstration.
- An applicant's approved service area must include at least one (1) rural county in New York State.
- Applicants must be pre-qualified (if not exempt) in the Grants Gateway on the date applications are due.
- In order to participate in this opportunity, applicants must be registered as a qualified Vendor and have a confirmed NYS Vendor Identification Number (see Section IV, K of this RFA).

### PLEASE NOTE:

***Mainstream Managed Care Organizations (MMCOs) and Fully Integrated Duals Advantage (FIDA) plans are not eligible to participate in this demonstration. Additionally, contractors will not be funded to demonstrate technology in the following counties: Kings, Queens, Bronx, New York, Richmond, Westchester, Suffolk and Nassau.***

## III. Project Narrative/Work Plan Outcomes

**Successful applications will demonstrate the following seven (7) core activities:**

- A) Develop outreach services to identify enrollees who could benefit from home and community based technologies.  
**NOTE:** The Department must approve all written outreach, education and member selection materials to ensure that information is comprehensive, understandable, and accurate. The successful Contractor must submit all materials to the Department for approval a minimum of 30 days prior to their scheduled use.
- B) Develop a high quality system to match the most appropriate home and community based technology with each enrollee. Establish a system to also maintain that technology.
- C) Successful applicants will be required to collect baseline hospitalization data for demonstration participants. This should include data from 12 months immediately preceding the start date of the Demonstration.
- D) Provide consumer education and training for enrollees and caregivers on the assigned home and community based technologies.
- E) Establish a process to collect data and ongoing maintenance information on the home and community based technologies.
  - 1. The data collection system and procedures will meet requirements outlined by the Department and be finalized between the awardee and the Department during the contracting period. Applicants should discuss how they propose to capture data in their



- service delivery systems when completing the project narrative and work plan sections of the application.
2. The applicant will collect data on complaints from members, complaint resolution strategies and timeliness of responses to complaints.
- F) Successful applicants will be required to develop a member satisfaction survey to be administered to participating members every 6 months throughout the demonstration.
- G) Create a plan to manage home and community based technologies post demonstration.

## IV. Administrative Requirements

### A. Issuing Agency

This RFA is issued by the New York State Department of Health (Department), Division of Long Term Care. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

### B. Question and Answer Phase

All substantive questions must be submitted via email to:

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

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

Questions of a technical nature can be addressed in writing at the email address listed 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.**

**All questions submitted should state “Technology Demonstration RFA” in the subject line.**

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

- [www.grantsreform.ny.gov/grantees](http://www.grantsreform.ny.gov/grantees)
- Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube: <http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>
- Grants Gateway Help Desk  
Phone: 1-518-474-5595  
Hours: Monday thru Friday 8am to 4:30pm  
Email: [GrantsGateway@its.ny.gov](mailto:GrantsGateway@its.ny.gov)  
(Application Completion, Policy, Technical Support/Password questions)



- [www.grantsgateway.ny.gov](http://www.grantsgateway.ny.gov)

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

This RFA has been posted on the Department's public website at:

<http://www.health.ny.gov/funding/> and the NYS Grants Gateway website at:

[https://www.grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx).

Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted by the date identified on the cover of this RFA.

### **C. Letter of Intent (optional)**

NYS DOH MLTC encourages, but does not require, prospective applicants to submit a Letter of Intent to apply. Please refer to Attachment 1– Sample Letter of Intent. Letters of intent should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. A copy should also be *emailed* to [MLTCTechDemo@health.ny.gov](mailto:MLTCTechDemo@health.ny.gov). Please ensure that the RFA number is noted in the subject line and that letters are submitted by the date posted on the cover of the RFA.

Submission of a letter of intent is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of intent.

### **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. Tutorials (training videos) for use of the Grants Gateway are available at the following web address (and upon user log in):

[https://www.grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) .

To apply, log into the Grants Gateway and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name listed above and select the Department of Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located bottom left of the Main page of the Grant Opportunity.

In order to access the online application and other required documents such as the attachments, you **MUST** be registered and logged into the NYS Grants Gateway system in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

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

For further information on how to apply, please access the Grantee Quick Start Guide under the Pre-Submission Upload Properties for this opportunity.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide” from the menu. There is also a more detailed “Grantee User Guide” available on this page as well.

Applicants should submit their applications, **at a minimum**, one (1) hour prior to the submission deadline. The system will perform an application error check and all identified issues must be resolved before the application is successfully submitted. Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application. The Grants Gateway will notify applicants of successful submission.

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

#### **F. Department of Health’s Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFA.



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

#### **G. Term of Contract**

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

It is expected that contracts resulting from this RFA will have the following time period: **December 1, 2016 through November 30, 2018.** Continued funding throughout this twenty four month period is contingent upon availability of funding and state budget appropriations. The Department also reserves the right to revise the award amount as necessary due to changes in the availability of funding.



## **H. Payment & Reporting Requirements of Grant Awardees**

1. No advances will be allowed for contracts resulting from this procurement.
2. The grant contractor will be required to submit quarterly invoices and required reports of expenditures through the Grants Gateway to the State's designated payment office:

Managed Long Term Care  
NYS Department of Health  
One Commerce Plaza  
99 Washington Avenue, 16<sup>th</sup> Floor  
Albany, NY 12210

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

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

3. The grant contractor will be required to submit through the Grants Gateway the following periodic reports:

For all monitoring reviews, the contractor will be responsible to produce standardized and/or customized reports that utilize data gathered during the contract period, using formats approved by the Department.

The comprehensive monitoring reports are required from the contractor on a quarterly basis with a final report submitted at the conclusion of the contract period. Plans are expected to:

- Describe the monitoring process (plan may create their own reporting template);
- Identify the enrollees participating in the demonstration (provide enrollee's CIN and the technology associated with them);
- Identify how the enrollee was matched with the appropriate technology (required for Q1 comprehensive report only);
- Identify the set up and education process, if any, with the enrollee;



- Identify the costs (see budget for ideas) including but not limited to: start up with subcontractor fees, cost of technology procurement, ongoing maintenance fees, set up and removal of technology, travel costs for subcontractor;
- Number of ED visits by demonstration Enrollees;
- Number of hospital admissions among demonstration Enrollees;
- Identify any change in care plan subsequent to ER or hospital visit;
- Identify members transitioned into Nursing Home; and
- Conduct member satisfaction survey after 6 and 12 months of participation.

Final project evaluations will be expected to the Department on February 1, 2019.

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

4. The contractor will be required to submit financial reports and progress reports in accordance with the forms and formats provided by Department staff. Submission of detailed quarterly financial reports will be required. Additionally, the contractor will be required to submit written semi-annual progress reports that substantiate progress corresponding to the tasks and milestones outlined in the Work plan. All progress reports will require approval by Department staff prior to authorization of payments that correspond to the last quarter of the reporting period.

The contractor will participate in, and cooperate with, evaluation activities sponsored or conducted by Department staff, such as on-site monitoring visits.

The contractor will be required to submit separate requests for any budget modifications, key personnel changes and requests for carry-forward of funds that were not detailed in the application and its appendix.

## **I. Minority & Woman-Owned Business Enterprise Requirements**

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



members and women in the performance of New York State contracts.

### **Business Participation Opportunities for MWBEs**

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

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

The goal on the eligible portion of this contract will be **15%** for Minority-Owned Business Enterprises (“MBE”) participation and **15%** for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that 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.

By submitting an application, a grantee agrees to complete an **MWBE Utilization plan** as directed in **Attachment 7** 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.

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

### **J. Limits on Administrative Expenses and Executive Compensation**

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into



effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

#### **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 and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: [http://www.osc.state.ny.us/vendor\\_management/issues\\_guidance.htm](http://www.osc.state.ny.us/vendor_management/issues_guidance.htm).

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 New York State Department of Health recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at: [http://www.osc.state.ny.us/vendrep/forms\\_vendor.htm](http://www.osc.state.ny.us/vendrep/forms_vendor.htm) or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

Applicants should complete and submit the **Vendor Responsibility Attestation (Attachment 3)**.

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

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

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to



register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

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

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

### **1) Register for the Grants Gateway**

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the 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 [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov). If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

### **2) Complete your Prequalification Application**

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov).

### **3) Submit Your Prequalification Application**

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.



- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

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

## **N. General Specifications**

1. By submitting the **Application Cover Page (Attachment 2)** each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
  - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
  - c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.



## V. Completing the Application

### A. Application Content

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at:

[www.grantsreform.ny.gov/Grantees](http://www.grantsreform.ny.gov/Grantees).

Applicants are directed to complete the application by addressing the following sections in the order in which they appear. All applications should conform to the format prescribed below and should contain all requested information. Please read each section carefully and be certain to respond to each item included in every section when completing the application.

#### 1) Application Cover Page (Attachment 2)

**Not Scored**

- Applicant name, address, Vendor Identification Number, not-for-profit status and charity number;
- Project title, project period and total funding requested;
- Project contact name, title, phone, fax and email information;
- Person authorized to obligate this agency, title, phone, fax and email information;
- Applicant's original signature.

#### 2) Applicant Organization

**Maximum Score: 10 points**

- 2a) Briefly describe your organization's mission and services;
- 2b) Identify your organization's service coverage area(s);
- 2c) Describe your organization's experience in the provision of LTSS in New York for older adults and persons with disabilities, including:
  - Types of Services provided
  - Length of time these services have been provided
  - Number of clients served annually
  - Demographics of population currently being served
  - Location(s) where these services are provided
  - Any past effort(s) to impact the long term care delivery system
- 2d) Describe your organization's experience in making technology available to MLTC enrollees.
- 2e) Include a current list of what technology the organization already provides for enrollees.
- 2f) Include information demonstrating that the organization has sufficient experience in providing a new service and has the capacity to do so. (Attachment 8)
- 2g) Include a current list of the organization's board of directors with names and affiliations (Attachment 9).
- 2h) Include a current list of names and required experience of project leadership team members, including curricula vitae (Attachment 9).

#### 3) Program Summary/Overview

**Maximum Score: 10 points**

- 3a) Define the scope of the project. This brief summary of the proposed project should include goals, objectives and desired outcomes related to the use of the specified technology under MLTC.
- 3b) Include corresponding timeframes for implementation, complete with corresponding activities and deadlines.



**4) Statement of Need****Maximum Score: 10 points**

- 4a) Provide a detailed description of the targeted population of MLTC plan enrollees to be served through the proposal.
- 4b) Describe the specific issues and barriers the targeted population face that may prevent them from remaining in their preferred home and community based setting.
- 4c) Specify the intended technology and the demonstration category or categories, and describe how the targeted population will benefit from the proposed technology.
- 4d) Describe how such technology will prevent unnecessary ED visits, hospitalizations and/or institutionalization.

**5) Project Narrative****Maximum Score: 30 points****Program Activities:**

- 5a) Describe the activities that will be conducted as a result of this funding.
- 5b) Describe how the activities will be implemented and provide an overview of the category (or categories) of technology intended to be used.
- 5c) Provide a description of how the demonstration population will be selected and how the technology will be assigned.
- 5d) Provide an organizational structure of your proposed program that includes milestones, essential staff (who will be assisting with consumer training, match technology with enrollees, and monitor progress) and their qualifications (Licensure, Certification and Curricula Vitae).

**Outcome Measurements and Evaluations:**

- 5e) Describe the quantitative outcome measures that will be used to track demonstration participants, their assigned technology and outcomes for reporting purposes.
- 5f) Describe methods to quantify the hospitalizations (enrollee admitted to a hospital), number of enrollees institutionalized in a nursing home (NH), change in care plans related to technology, and ED visits.

**Promotion and Outreach:**

- 5g) Describe strategies that will be used to conduct outreach to engage individuals in a using a home or community based technology.
- 5h) List and describe any community partners that will be instrumental in promoting the use of home and community based technology.

**Project Sustainability:**

- 5i) Describe how the proposed usage of technology can or will be sustained beyond the funding period.

**6) Work Plan****Maximum Score: 20 points**

Please refer to Section 6.2.10.2 – Grantee Defined Work Plan of the Grantee User Guide (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the Work Plan.

Below is a quick summary on completing the on line Work Plan:

- Click on the Work Plan Overview Form and complete all the mandatory fields. All the fields on the Work Plan Overview form are mandatory. Be sure to Click on the SAVE button after all information is entered.
- Click on the Objectives link to enter an Objective for this project. Be sure to Click on the SAVE button after all information is entered.



- After you save the Objective, hover over the Forms Menu and click on the Tasks link to enter task(s) for the Objective you created. Enter all the required information and click on the save button on the Tasks screen.
- Hover over the Forms Menu and click on the Performance Measure link to enter Performance Measure(s) for the Task(s) you created.
- Enter all the required information and click on the save button on the Performance Measure screen.
- Once one set of Objectives, Tasks, and Performance Measures are complete, you can add a second (or more) set. Click on the Add Button. Note: The system will allow adding more than one objective if not restricted by Funding Agency.
- Once a second set is created, you can toggle between the two to work on them by clicking the dropdown with the Go button (this will appear after the second set is created).

Applicants are required to complete a one year work plan. Successful applicants will be required to complete a work plan for year two in subsequent year.

The work plan should include objectives, tasks, and performance measures which coincide with the program activities described in Section III. Project Narrative/Work Plan Outcomes.

Describe tasks related specifically to the program activities described in Section III. Completing the Application that will occur during the initial year in sufficient detail. This will enable the reviewers who score your application to gauge how well you understand what must be done to implement your project, and in what order you need to complete the tasks.

When constructing your work plan, please ensure that:

- The work plan includes goals, objectives; a description of activities to reach each objective; the specific quarter(s) in which each activity will be conducted; and the staff person/position who will be responsible for conducting it.
- All objectives are written in a SMART format: Specific; Measurable, Achievable; Realistic and Time-specific.
- The work plan addresses each of the seven (7) core activities listed in Section III. Project Narrative/Work Plan Outcomes.
- Each task includes the exact nature of the activity.
- Where appropriate, tasks should include community service organizations and other entities with whom the lead agency will collaborate in reaching the proposed objective.



## 7) Project Budget and Narrative

**Maximum Score: 20 points**

All costs must be related to the provision of the MLTC Technology Demonstration, as well as be consistent with the scope of services, reasonable, and cost effective.

### **Budget Narrative:**

- Provide justification for each budgeted cost. The Budget Justification must delineate how the percentage of staff time devoted to this initiative has been determined.
- Provide an estimate of administrative costs such as set up and consumer education, oversight of the technology, and data collection required by the Department.
- Provide a reasonable estimate of dollar savings from proposed activities and describe in narrative form, how the savings will be derived.
- Include a cost-benefit analysis that highlights project efficiency over institutionally-based long term care delivery.

### **Budget and Work Plan Templates**

Programs should refer to the template located in the NYS Master Grant Contract for the budget (Attachment B). Attachment B is the template and “fill-in” screen available in the NYS Grants Gateway.

For the first year’s budget, complete the online budget template (Attachment B) in its entirety. For year two, complete the excel budget template using the attached format found in the Pre-Submission Upload Section (Attachment 6).

**The budget for year one (December 1, 2016 – November 30, 2017) must be entered into the Grants Gateway.** Budget for year two should be uploaded as **Attachment 6 – Grant Year 2 Budget.** A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 5 – Guide for Completing Budget for Grant Year 2.**

For year two, please be sure to complete all required budget pages included in **Attachment 6.** The budget for year two should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway as Attachment 6.

Complete the budget forms as directed for each 12 month period.

Budget Year 2 – December 1, 2017 – November 30, 2018

All costs must be related to the provision of this RFA, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. **THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.**

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. Administrative costs will be limited to a maximum of 10% of total direct costs, fringe benefit limitations, etc.



In year one of the awarded agreement(s), start-up costs will be allowed subject to a 15% limit; these costs may include, but are not limited to, recruitment costs, supply and equipment purchases, and network expansion.

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure.

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.

## **B. Application Format**

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. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

## **C. Freedom of Information Law**

All applications may be disclosed or used by the Department to the extent permitted by law. The Department 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 the Department 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.

## **D. Review & Award Process**

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively using an objective rating system reflective of the required items specified for each section.

The review will be conducted as follows:

Step 1: Each application will be reviewed to confirm the eligibility of the Applicant and its status as a qualified Vendor with a confirmed New York State Vendor Identification Number and who is Prequalified (if not exempt) in the NYS Grants Gateway. Applicants that do not meet the eligibility requirements will be removed from consideration.

Step 2: Each application will be reviewed for completeness. Applications missing required elements or failing to follow the prescribed format may be eliminated from consideration.

Step 3: Applications passing the first two steps as noted above will be forwarded to a review team for scoring.



A panel convened by the Division of Long Term Care (DLTC) will conduct a review of applications from eligible applicants. The reviewers will consider the following factors: (1) responsiveness to the Request for Applications, (2) agency capacity, (3) the comprehensiveness of the program design, (4) the appropriateness of the evaluation strategy, and (5) justification for costs included in the budget. The review process may be followed by a quality assurance review to ensure that all review standards were uniformly applied.

Applications will be scored based on a total available **100** points.

**All applications must score an overall minimum of 50 out of 100 points to be considered for funding.** Applications receiving a score of less than 50 will be removed from consideration. 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 50-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.

All applications will be ranked by score from highest to lowest, regardless of the proposed region to be served. Funding will be awarded to the highest scoring proposals in order of highest to lowest ranking, working down the list until funding is exhausted. In the event that there are unallocated funds but the next lowest ranking proposal requests more funding than is available, then the highest ranking proposal that can be funded at a percentage deemed sufficient to effectively run the program will be selected for funding. A minimum score of 50 must be earned in order to be eligible for an award.

The chart below outlines the maximum score for each required component of the application.

<b>Component</b>	<b>Maximum Score</b>
1. Grant Application Cover Sheet	<b>Not Scored</b>
2. Applicant Organization	<b>10</b>
3. Program Summary/ Overview	<b>10</b>
4. Statement of Need	<b>10</b>
5. Project Narrative	<b>30</b>
6. Work Plan	<b>20</b>
7. Project Budget/ Narrative	<b>20</b>
<b>Total</b>	<b>100</b>

In the event of a tie score, the applicant who scored the best on their Program Activities section will receive the award. Subsequent awards will be made according to score until available funding is exhausted. The Department reserves the right to award more than one grant per region or distribute the remaining funds to the other region depending upon which applicant has the next highest score.

The Department reserves the right to revise all award amounts as necessary, based upon the availability of continued funding.



The Department is seeking to fund at least two projects in upstate, rural counties, and we anticipate that two MLTC plans will be selected to participate in this demonstration. For the purposes of the MLTC Technology Demonstration, a county that has no metropolitan areas within its geographic scope is considered to be a rural county (for a listing of eligible rural counties, please refer to the table on page 6 of this RFA).

**Scoring of each application will be based on the following:**

- 1) The identification and explanation of project goals, objectives, and outcomes in quantifiable and measurable terms;
- 2) The evidence and degree to which the need for the project is documented with data;
- 3) The degree to which the project develops long term care structural reforms by assisting MLTC plan enrollees attempting to remain in a home and community based setting;
- 4) The evidence to which a specific barrier(s) to the least restrictive community-based services will be mitigated or removed;
- 5) The evidence and degree to which capacity and utilization of home and community based technology will be increased;
- 6) The evidence and degree to which the project will decrease hospitalizations, the number of nursing home admissions, changes in care plans related to technology, and ED visits;
- 7) The degree to which the project demonstrates the MRT goals and rebalancing Medicaid in NYS;
- 8) Demonstration of qualifications for decreasing safety risks in the home, increased enrollee independence, and promoting an individual's ability to remain in a community based setting.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

Once an award has been made, applicants may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from the date of award or non-award announcement.

To request a debriefing, please send an email to [MLTCTechDemo@health.ny.gov](mailto:MLTCTechDemo@health.ny.gov) with a copy to [Margaret.willard@health.ny.gov](mailto:Margaret.willard@health.ny.gov). In the subject line, please write: ***Debriefing request: Managed Long Term Care Technology Demonstration.***

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>.



## **VI. Attachments**

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of an online application. 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:	Sample Letter of Intent Format*
Attachment 2:	Application Cover Page*
Attachment 3	Vendor Responsibility Attestation*
Attachment 4:	Work Plan Instructions**
Attachment 5:	Guide for Completing Budget for Grant Year 2**
Attachment 6:	Expenditure-based Budget Template for Year 2 (Excel Format)*
Attachment 7:	Minority & Women-Owned Business Enterprise Requirement Forms*
Attachment 8:	Technology currently provided to Plan Enrollees*
Attachment 9:	Board of Directors & Project Leadership Team Members documents*

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

\*\*These attachments are attached to the RFA and are for applicant information only. These attachments do not need to be completed.



## **Work Plan Instructions**

A concise work plan is required to ensure that the Department and the contractor are both clear about what the expectations under the contract are. The following are required elements of this RFA designed to ensure that the minimum necessary information is obtained. NYSDOH may require additional information if deemed necessary. The seven (7) core activities that are outlined in this RFA, Section III. Project Narrative/Work Plan Outcomes will be part of the work plan and will be audited for payment.

1. Program Objectives- The seven (7) core activities that are outlined in this RFA, Section III. Project Narrative/Work Plan Outcomes defines the work of the project. The applicant is instructed to enter the seven (7) core activities as listed in the RFA, under the “Objective” column of the Work Plan in the Grants Gateway. **The applicant should not change these objectives.**
2. Tasks/ Action Steps - this section will include activities or specific tasks to meet the stated objectives and defined requirement for each objective for the Managed Long Term Technology Demonstration as stated in the Project Narrative/ Work Plan Outcomes section of the RFA. This section **must** be completed by the applicant.
3. Target Date/ Performance Measures/ Progress to Date- this section will include the dates for assessing progress. Timeframes should include regularly scheduled, periodic check-in points for assessing progress in addition to start and end dates. These established timeframes must be used to help organize activities. This section **must** be completed by the applicant.

The contractor’s bi-yearly reports detailing achievement of scheduled work plan benchmarks will form the basis by which submitted vouchers for contracted services are evaluated for payment.



### Guide for Completing Budget for Grant Year 2

Budget for Year two are to be completed using the excel budget forms in Attachment 6. Please be sure to complete all required budget pages for year two. The budget for year two should be labeled as instructed in the RFA and combined into one .pdf document, then uploaded to the Grants Gateway as Attachment 6.

#### Tab 1 - Summary Budget

- A. **Project Name** – Enter the Name of the Solicitation.
- B. **Contractor SFS Payee Name** - Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of agency.
- C. **Contract Period** – “From” is the Start date of the budget and “To” is the end date of the budget
- D. The **GRANT FUNDS** column will need to be populated based on the information entered in the major budget categories on Tabs 2 through 5 of the excel spreadsheet. These categories include:
  - Salaries
  - Fringe Benefits
  - Contractual Services
  - Travel
  - Equipment
  - Space, Property & Utilities
  - Operating Expenses
  - Other

#### Tab 2- Salaries

Please include all positions for which you are requesting reimbursement on this page. If you wish to show in-kind positions, they may also be included on this page. *Please include a written justification on Tab 6.*

**Position Title:** For each position, indicate the title along with the incumbent’s name. If a position is vacant, please indicate “TBD” (to be determined).

**Annualized Salary Per Position:** For each position, indicate the total annual salary regardless of funding source.

**Standard Work Week (Hours):** For each position, indicate the number of hours worked per week regardless of funding source.

**Percent of Effort Funded:** For each position, indicate the percent effort devoted to the proposed program/project.

**Number of Months Funded:** For each position, indicate the number of months funded on the proposed project.

**Total:** For each position, applicants will need to populate the total funding requested based on annualized salary, hours worked, percent effort and months funded for each position.



### **Tab 2 - Fringe Benefits**

On the bottom of Tab 2, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate requested for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification must be attached. *Please include a written justification on Tab 6.*

### **Tab 3 – Contractual Services**

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. *Please include a written justification on Tab 6.*

### **Tab 3 – Travel**

Please indicate estimated travel costs for the contract period. *Please include a written justification on Tab 6.*

### **Tab 4 – Equipment and Space**

Please indicate estimated equipment or space costs for the contract period. *Please include a written justification on Tab 6.*

### **Tab 5 – Operating Expenses / Other**

Please indicate any operating expenses for the contract period. *(Operating costs include may include Supplies and any other miscellaneous costs for the contract period). Please include a written justification on Tab 6.*

Please indicate the estimated other costs requested for the contract period. *(Other costs include indirect costs) Please note indirect costs are limited to 10% of direct costs. Please include a written justification on Tab 6. The justification for indirect costs needs to include the requested rate.*

### **Tab 6 - Narrative Budget Justification**

Please provide a brief narrative justification for budget year 2 in the **JUSTIFICATION** column in Tab 6 for each budgeted item. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project. Separate justifications should be included at the end of each budget year.

**Those MLTC agencies selected for funding will be required to provide a more detailed budget as part of the contract process.**