

## ADDENDUM #1

February 13, 2024

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

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

##### Request for Applications

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

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

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

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

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

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

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

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

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

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

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

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

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

**Request for Applications**

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

*KEY DATES:*

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

## Table of Contents

I. Introduction .....	3
II. Who May Apply.....	5
III. Project Narrative/Workplan Outcomes .....	7
IV. Administrative Requirements .....	10
A. Issuing Agency.....	10
B. Question and Answer Phase.....	10
C. Letter of Interest.....	12
D. Applicant Conference.....	12
E. How to file an application .....	12
F. Department of Health’s Reserved Rights.....	14
G. Term of Contract.....	15
H. Payment & Reporting Requirements of Grant Awardees .....	15
I. Minority & Woman-Owned Business Enterprise Requirements .....	16
J. Participation Opportunities For New York State Certified Service-Disabled Veteran Owned Businesses 18	
K. Vendor Identification Number .....	20
L. Vendor Responsibility Questionnaire .....	21
M. Vendor Prequalification for Not-for-Profits.....	21
V. Completing the Application .....	24
A. Application Format/Content.....	24
B. Freedom of Information Law .....	33
C. Review & Award Process .....	33
VI. Attachments .....	36

# I. Introduction

The New York State Department of Health (NYSDOH) and the Dormitory Authority of the State of New York (DASNY) announce the availability of funds to support technological and telehealth projects that facilitate health care transformation activities. Funding will be made available in the form of grants and can include capital, non-capital, and working capital expenses.

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

## 1. Electronic Health Records

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

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

## 2. Cybersecurity

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

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

## 3. Health Management Tools

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

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

## 4. Telehealth

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

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

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

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

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

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

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

The Delivery System Reform Incentive Payment (DSRIP) Program ended as of March 31, 2020. Health care services developed as a result of the Eligible Project should still be consistent with DSRIP and Medicaid 1115 waiver program principles of improving core population health, patient outcomes and patient experience, as well as incorporate, as part of a sustainable business model, a transition to a payment system which emphasizes cost efficiency and quality outcomes (value) over service volume.

***Applicants are hereby advised that, in accordance with Public Health Law 2825-g and Chapter 54 of the Laws of 2022 and Public Health Law 2825-h and Chapter 54 of the Laws of 2023, awards made under this RFA are determined on a non-competitive, discretionary basis. Funding will be awarded at the discretion of the Commissioner of Health for purposes described in this RFA. Without limitation to this authorization, the Commissioner of Health may consult with the NYSDOH and DASNY professional staff, and any other internal or external experts or local health care constituents as appropriate from time to time and/or at any time in the evaluation of applications received pursuant to this RFA. The decision to award, or not to award, or to award a grant at a funding level that is less than the amount requested by the applicant, is discretionary and cannot be appealed.***

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

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

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

## **II. Who May Apply**

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

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

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

Additional notes:

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

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

- A passive hospital parent is not an Eligible Provider. A passive hospital parent is not legally



established by the NYS Public Health and Health Planning Council and is not fully accountable for actions by its subsidiary. For purposes of this RFA, a passive hospital parent is not eligible to apply on behalf of a subsidiary.

- An active hospital parent is legally established by the NYS Public Health and Health Planning Council and is fully accountable for the actions of its subsidiary. For purposes of this RFA, an active hospital parent is an Eligible Applicant and can apply on behalf of a subsidiary.

### **III. Project Narrative/Workplan Outcomes**

Awards will be made to multiple Eligible Applicants.

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

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

#### **A. Eligible Projects**

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

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

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

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

If applicable, Certificate of Need (CON) approval of the Eligible Project is not needed at the time of application submission.

#### **B. Eligible and Excluded Expenses and Disallowed Costs**

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

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

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

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

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

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

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

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

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

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

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

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

Only expenses determined allowable under the contract budget and workplan and incurred on or after the start date of the contract, may be vouchered for reimbursement. Any obligations assumed by the contractor prior to execution of the contract are assumed at risk.

### **C. Evaluation Criteria**

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

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

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

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the New York State Department of Health (NYSDOH), Office of Primary Care and Health Systems Management, Center for Facility Planning, Licensure and Finance. Pursuant to PHL Section 2825-g and 2825-h, Statewide Health Care Facility Transformation Program IV and V grants may be awarded by the Commissioner of NYSDOH. The Department is responsible for the requirements specified herein and for the evaluation of all applications. In addition to the above-mentioned evaluation criteria, please see Section V.C. (Review and Award Process).

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

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

nature related to formatting or other minor details related to preparation of an application may also be addressed in writing to the email address noted above. Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the Application.

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

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

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

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

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

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

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

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

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

A letter of interest is not requested for this RFA.

### **D. Applicant Conference**

An Applicant Conference WILL NOT be held for this project.

### **E. How to file an application**

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA under the heading “Key Dates”.

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

To apply for this opportunity (that is, to submit an Application):

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

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

**PLEASE NOTE:** Although NYSDOH and the Grants Gateway staff will do their best to address

concerns that are identified less than 48 hours prior to the due date and time for the submission of an Application, there is no guarantee that they will be resolved in time for the Application to be submitted on time and, therefore, considered for funding.

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

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

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

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

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

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

**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

**F. Department of Health's Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any Applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications, in the Department's sole discretion.
6. Use Application information obtained through site visits, management interviews, and the state's investigation of an Applicant's qualifications, experience, ability, or financial standing, and any material or information submitted by the Applicant in response to the Department's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to Application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to Application opening, direct Applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State.
13. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with the selected Applicant.
14. Utilize any and all ideas submitted with the Applications received, at the Department's sole discretion.
15. Unless otherwise specified in the RFA, every offer in an Applicant's Application is firm and not revocable for a period of 60 days from the Application opening.
16. Waive or modify minor irregularities in Applications received after prior notification to the Applicant.



17. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an Applicant's Application and/or to determine an Applicant's compliance with the requirements of the RFA.
18. Eliminate any term of this RFA that cannot be complied with by any of the Applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the State.

## **G. Term of Contract**

Any contract resulting from this RFA will be at the discretion of the Commissioner of Health for purposes described in this RFA. However, certain contracts resulting from this RFA may only be effective upon approval by the New York State Office of the State Comptroller.

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

Only expenses determined allowable under the contract budget and workplan and incurred **on or after the start date of the contract** (expected no earlier than October 1, 2024), may be vouchered for reimbursement. Any obligations assumed by the contractor prior to execution of the contract are assumed at risk.

Continued funding throughout this five year period is contingent upon availability of funding and state budget appropriations and the Grantee's continued satisfactory performance of its obligations under the Contract. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

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

1. No advances will be allowed for contracts resulting from this procurement.
2. The Grantee will be required to submit invoices and required reports of expenditures based upon the terms for payment set forth in Attachment A-1 to its Grant Contract to the State's designated payment office (below) or, if requested by the Department, through the Grants Gateway:

Grants Management Bureau  
NYS Department of Health  
ESP, Corning Tower, Room 2863  
Albany, NY 12237  
Email: [Grants.Management@health.ny.gov](mailto:Grants.Management@health.ny.gov)

A Grantee must provide complete and accurate billing invoices to receive payment of the grant funding provided for under the terms of its Grant Contract. Invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the

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

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

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

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

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

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

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

State Certified minority- and women-owned business enterprises (“M/WBE”) and the employment of minority groups members and women in the performance of New York State contracts.

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

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

- 1) For Not-for-Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the total amount of the Budget provided for the Work Plan in the Grant Contract entered into pursuant to this RFA.

The goal on the Eligible Expenditures portion of a Grant Contract awarded pursuant to this RFA will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms). A Grantee awarded a Grant Contract pursuant to this RFA must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Grant Contract and Grantee will agree under the terms of its Grant Contract that NYSDOH may withhold payment pending receipt of the required M/WBE documentation required by the Department or the OSC. For guidance on how NYSDOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found on this page under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented by a Grantee to evidence its good faith efforts to encourage M/WBE participation in the performance of its obligations under its Grant Contract.

By submitting an Application, each Applicant and potential Grantee agrees to complete an M/WBE Utilization plan as directed in **Attachment 4** of this RFA. NYSDOH will review the M/WBE Utilization Plan submitted by each Grantee. If a Grantee’s M/WBE Utilization Plan is not accepted, NYSDOH may issue a Notice of Deficiency. If a Notice of Deficiency is issued, Grantee agrees that it shall respond to the Notice of Deficiency within seven (7) business days of receipt. NYSDOH may disqualify a Grantee as being **non-responsive** under the following circumstances:

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

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

## **J. Participation Opportunities For New York State Certified Service-Disabled Veteran Owned Businesses**

Article 3 of the New York State Veterans' Services Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses ("SDVOB"), thereby further integrating such businesses into New York State's economy. NYSDOH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of NYSDOH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

### **I. Contract Goals**

A. NYSDOH hereby establishes an overall goal of **6%** for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Bidder/Contractor should reference the directory of New York State Certified SDVOBs found at: <https://ogs.ny.gov/veterans/>. Questions regarding compliance with SDVOB participation goals should be directed to the NYSDOH Designated Contacts. Additionally, following Contract execution, Contractor is encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development at 518-474-2015 or [VeteransDevelopment@ogs.ny.gov](mailto:VeteransDevelopment@ogs.ny.gov) to discuss additional methods of maximizing participation by SDVOBs on the Contract.

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

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

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

B. The Utilization Plan shall list the SDVOBs that the Bidder intends to use to perform the Contract, a description of the work that the Bidder intends the SDVOB to perform to meet the goals on the Contract, the estimated dollar amounts to be paid to an SDVOB, or, if not known, an estimate of the percentage of Contract work the SDVOB will perform. By signing the Utilization Plan, the Bidder acknowledges that making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Any modifications or changes to the agreed participation by SDVOBs after the Contract award and during the term of the Contract must be reported on a revised SDVOB Utilization Plan and submitted to NYSDOH.

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

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

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

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

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

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

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

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

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

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

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

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

Waiver requests should be sent to NYSDOH.

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

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

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

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

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

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

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

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

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

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

#### **K. Vendor Identification Number**

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award of a grant to a successful Applicant pursuant to the terms of this RFA and in order to initiate a Grant Contract with the New York State Department of



Health, a Grantee must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

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

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

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

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

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

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

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

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

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

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

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

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

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Management Website details the requirements and an [online tutorial](#) are available to walk users through the process. Please see Section M.4, below, for SFS related Grantee User Manual and SFS related prequalification steps.

### 1) Register for the Grants Gateway

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

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

### 2) Complete your Prequalification Application

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

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

### 3) Submit Your Prequalification Application

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



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

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

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

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

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

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

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Grantees will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of any Contract awarded pursuant to this RFA will possess the qualifications, training, licenses, and permits as may be required within such jurisdiction.
3. Submission of an Application indicates the Applicant's acceptance of all terms and conditions contained in this RFA, including the terms and conditions of the Master Contract for Grants. Any exceptions the Applicant would like considered by the Department relating to the terms and conditions of this RFA and/or Master Contract for Grants must have been raised during the Question and Answer Phase of this RFA (See, Section IV.B.).
4. An Applicant may be disqualified from receiving an award if such Applicant or any subsidiary, affiliate, partner, officer, agent, or principal thereof, or anyone in its employ, has previously failed

to perform satisfactorily in connection with public bidding or contracts, in the State of New York or otherwise.

## 5. Provisions Upon Default

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

## V. Completing the Application

### A. Application Format/Content

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

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

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

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

- Pre-Submission Uploads

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

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

- Program Specific Questions

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

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

- 1. Previous Funding Applications**

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

- 2. Applicant Organization Type**

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

- Home Care Providers;
  - Primary Care Providers;
  - Hospices;
  - Community-Based Programs funded under the office of mental health, the office of addiction services and supports, the office for people with developmental disabilities, or through local governments;
  - Independent Practice Associations or Organizations;
  - Residential Facilities
  - Day Programs; or
  - Midwifery Birth Centers.
- b. Provide proof that the applicant meets the minimum eligibility requirements under Section II. Who May Apply (b). Proof of eligibility includes an uploaded copy of a New York State Operating Certificate for an Article 7, 16, 28, 31, 32, 36 or 40 provider organization, or an uploaded copy of a New York State Medical License for a primary care provider. An Eligible Applicant must meet these minimum eligibility requirements at the time the application is submitted. An application must have one Eligible Applicant and the project as proposed in the application must primarily benefit the Eligible Applicant. The proposed project should align with the licensure the applicant is using to demonstrate eligibility for this grant funding. (All documents must be combined into a single PDF no larger than 10MB and uploaded to this program specific question)

### 3. Organizational Capacity

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

- a. The Eligible Applicant's exact corporate name, board composition, ownership and affiliations, and number of employees.
- b. Provide the name, title, email, and phone number of the highest-ranking employee in the organization. For example, the Chief Executive Officer of the hospital, diagnostic and treatment center, or clinic; or the Administrator of the nursing home.
- c. Provide the name, title, email, and phone number of the primary contact for routine questions on the application.
- d. Provide the name, title and salary of all employees in nonclinical titles whose salaries are \$250,000 or more.
- e. A discussion of the Eligible Applicant's mission, including the size of the organization and scope of services provided.
- f. Is the Eligible Applicant a public hospital or acquiring a public hospital? Public hospital shall mean a general hospital operated by a county, municipality, or a public benefit corporation; a federally designated critical access hospital; or a federally designated sole community hospital.
- g. Is the Eligible Applicant a general hospital that is a Safety Net Hospital or acquiring a general

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

- h. Number of admissions, patient visits and/or virtual services during the most recent 12-month cost reporting year.
- i. Provide the payer composition of populations served by the Eligible Applicant: Describe the payer mix of the population served and indicate the percent of the population served that is (1) Medicaid, (2) Medicare, (3) uninsured, and (4) commercially insured. The Medicaid category should include both Medicaid Managed Care and Medicaid fee-for-services.
- j. Geographic region served by the Eligible Applicant's organization. The geographic region served is defined as the service area from which the provider draws at least 75 percent of its patients during the most recent 12-month cost reporting period.
- k. Applicant location in relation to like providers. Identify if the Eligible Applicant provides health care services that otherwise would not be available to the population of the geographic region due to transportation infrastructure, distance and/or travel times from other like providers. Specify by name(s) the next closest like provider(s) and the distance or travel time to this provider(s).
- l. Types of health care services provided. Identify if the Eligible Applicant provides any specialized health care services that otherwise would not be available to the population of the geographic region.
- m. Summarize the capacity of the applicant to implement health information technology and telehealth transformation projects including history of such projects under way or recently completed and staffing capacity.

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

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

- a. Describe how the needs of the residents of the community or communities that will be served by the Eligible Project were assessed. Eligible Applicants should provide thorough, concise information that demonstrates a comprehensive understanding of the healthcare needs of the community or communities served. The assessment should discuss:
  - i. The health status of the community served by the Eligible Applicant and any disparities noted. The assessment should be based on documented information, such as health status indicators, demographics, and insurance status of the population.
  - ii. The adequacy of service capacity in the community. The analysis of service capacity

should be based on data on service volume, occupancy, and utilization by existing providers.

- b. Based on the community needs assessment, identify what additional healthcare services are needed to address the health status, disparities, and service needs of the community served and how those services will be enhanced by telehealth or health IT transformation activities. If healthcare services are proposed to be eliminated or consolidated, provide the rationale.
- c. Describe the relationship between the proposed Eligible Project and identified community need for healthcare services.
- d. Demonstrate the extent to which the Eligible Applicant has engaged the community affected by the Eligible Project and the manner in which community engagement has shaped the Eligible Project. Identify the specific stakeholder, patient, family, or other community groups that were contacted and the manner in which they were engaged (meeting, town hall forum, etc.) and how their feedback was incorporated into the Eligible Project.
- e. For each Eligible Project, if applicable, describe how it will advance health equity for populations in the community or communities served by the Eligible Applicant.

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

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

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

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

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

- a. Upload a copy of the prior three years' annual audited financial statements of the Eligible Applicant and any other evidence of financial stability. Entities whose financial statements have not been subjected to an audit should include any additional information available to satisfy this test and appropriate certifications.
  - Please note this question in the Grants Gateway will only allow one document to be uploaded. The reports must be combined into one PDF no larger than 10MB.  
**DO NOT PASSWORD PROTECT THE DOCUMENT. ENSURE ALL PASSWORDS ARE REMOVED PRIOR TO UPLOADING.**
  - Applicants should submit new financial forms to the [Statewide4HIT@health.ny.gov](mailto:Statewide4HIT@health.ny.gov) email address if their financial situation significantly changes after application submission. A significant financial change is defined as a situation that may jeopardize the long-term sustainability of the applicant.
- b. If the applicant has an active or passive parent organization or close related party, explain the financial relationship of the parent organization or close related party to the Eligible Project. If this question is not applicable, indicate "not applicable".
- c. If the applicant is a primary care provider and has no audited financial statements, include any other evidence of financial stability. In addition, if applicable, describe the applicant's related corporations and their ownership and the relationship of these entities to the Eligible Project.

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

## 6. **The Project**

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

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

Electronic Health Records

Cybersecurity

## Population Health Management Tools

### Telehealth

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



- k. For the Eligible project, how will it further the use of interoperability standards for health information exchange.
- l. For the eligible project, what is the estimate of the population that will be newly impacted by the project.
- m. As applicable, how will this Eligible Project create a patient-centered approach to achieve better quality of life outcomes for older adults (see description of 4M Age-Friendly Care Model<sup>1</sup>). The applicant should address the extent to which each Eligible Project, as applicable, will support the following:
  - i. Specific policies and procedures that reflect the 4M Age-Friendly Care Model.
  - ii. Programs that focus on the 4M Age-Friendly Care Model.
  - iii. Data that indicates shorter hospital stays, reduced rehospitalizations, and increased patient satisfaction will be realized from implementing new policies/procedures and/or workflow around the 4M Age-Friendly Care Model.
- n. As applicable, how will this Eligible Project support interoperability through bi-directional data exchange with participants in the Statewide Health Information Network for NY (SHIN-NY).

## 7. Project Budget

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

- a. A budget that includes cost estimates for all components of the Eligible Project must be submitted as part of the application in the Grants Gateway. Applicants are **also** instructed to complete Attachment 2: Projected Financial Information and follow the instructions provided in the attachment. Tab 1, Project Fund Sources, and Tab 2, Use of Funds, need to identify and describe sources of alternative funding for the Eligible Project (funds other than those available through this RFA or “Other Funds”), including cash, borrowed funds, governmental agencies or other

---

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

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

grant funds or other sources. Provide evidence of the commitment of these fund sources. A commitment that is contingent upon receipt of the Grant is acceptable. Only applications that request grant funding for Eligible Expenditures (as defined in Section III.B. of the RFA) will be funded. Attachment 2 can be found in the Pre-submission upload section of the Grants Gateway application and once completed, Applicants are instructed to upload there.

- b. For each Eligible Project, an estimate of the total cost, including the amount of funding requested from this RFA and any other sources and associated amounts of alternative funding necessary to fully fund the Eligible Project, if alternative funding is applicable.
- c. Provide a detailed narrative description of each budgeted item, including the factors used to determine the reasonableness of each budgeted item such as any standard or benchmark used to determine the expenditure, if available. These budget justifications should be specific enough to show what the Eligible Applicant means by each line item and how the line item supports the overall Eligible Project.

#### **8. Eligible Project Impact on Eligible Applicant Long-Term Financial Sustainability**

- a. Using Attachment 2: Projected Financial Information, Tab 3, Impact – Financial Viability, located in the Pre-Submission Uploads section of the Forms Menu, complete the financial feasibility projections for the Eligible Applicant. Attachment 2 can be found in the Pre-submission upload section of the Grants Gateway application and once completed, Applicants are instructed to upload there.
- b. Describe the financial impact or benefit of the Eligible Project on the Eligible Applicant. Include any assumptions used in projecting the incremental revenues and expenses associated with the Eligible Project and their impact on the Eligible Applicant.
- c. Provide a narrative detailing all financial projections including assumptions made for utilization, revenue and expense, balance sheet and cash uses and sources.

#### **9. Cost Savings**

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

#### **10. Project Timeline**

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

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

changes in governance, relocations, or capital construction that rises to the level of CON review.

## **11. Workplan**

In addition to completing the application questions outlined above, an online Workplan must be completed in the Grants Gateway. The online Workplan will be included in any awarded contract; therefore, it should be sufficiently detailed to allow monitoring of progress toward project goals. A minimum of 10 Objectives, 20 Tasks, and 30 Performance Measures is required for each Eligible Project.

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

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

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

## **B. Freedom of Information Law**

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

## **C. Review & Award Process**

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

### **Stage 1 Review: Pass/Fail**

- a. NYSDOH staff shall undertake an initial review of all Grant Applications submitted online via the Grants Gateway by the date and time posted on the cover of the RFA and determine:
  - i. If the applicant meets the criteria in Section II, Who May Apply, and is registered and pre-qualified in the Grants Gateway (if not exempt);
  - ii. Whether the Eligible Project clearly aligns with the Project Categories in Section I and are applicable to health information technology or telehealth technology advancements.

- iii. Whether the application contains all of the components required by the RFA. Applications missing material elements may be eliminated from further review. Applicants may be contacted by the NYSDOH if additional information is needed.

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

A list of applications proposed to be eliminated in Phase 1 due to not meeting the above requirements shall be compiled by NYSDOH and reviewed for determination of whether a disqualification or clarification letter should be sent to the applicant.

## **Stage 2 Review**

Applications with an Eligible Project passing Stage 1 review will be forwarded to Stage 2 for evaluation.

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

The evaluation of applications by the Review Team will be based on or supported by summaries, other factual analyses, and recommendations prepared for the Review Team by NYSDOH or other State agency staff, or in consultation with other internal or external sources. After receipt of the initial application summaries, other factual analyses, and recommendations, the Review Team may request that NYSDOH or other State agency staff perform additional review and analysis of selected applications to assist the Review Team in developing final award recommendations.

Concurrent with the evaluation of the Review team, DASNY shall undertake a review of those applications identified by NYSDOH and determine whether the application contains expenditures which may properly be reimbursed from Bond Proceeds.

## **Grant Award**

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

### **Overall Award Methodology:**

Stage 2.1: The Review Team will utilize a “Review Team Evaluation Tool” to assign an overall consensus rating of “Good”, “Acceptable”, “Poor”, or “Not Responsive” to each application that has advanced to Stage 2.

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

Stage 2.2: In the event that available funds are not sufficient to support all projects within the same

project category from similar applicant organization types assigned to the highest rating tier (e.g., “Good”), the Review Team will develop consensus recommendations for project awards in accordance with the following “Tie Breaker” criteria:

The extent to which:

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

Determination of the Final Award Amount:

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

- An evaluation of the scope of work presented; and
- The degree to which the Eligible Project meets the goals, priorities, objectives, and requirements of the RFA; and
- The appropriateness of the expenses to the Eligible Project; and
- The amount necessary to achieve the goals of the Eligible Applicant’s overall transformation activities; and

Other Information about Award Determinations:

- The amount of project requests may exceed available funds.
- This RFA does not require applicants to provide matching funds. However, if an applicant chooses to identify matching funds in support of the full project cost, and the Eligible Project receives an award, a condition of that award will be that all funding sources for the project are verified as available to fund the project.
- Given that an evaluation criterion is “the extent to which the Eligible Applicant has limited access to alternative financing” and recognizing that the value of all project requests may significantly exceed available funds, the capability of an applicant to access debt or institutional funds for all or a portion of the project costs will be an award consideration.

***Applicants are hereby advised that, in accordance with Public Health Law 2825-g and 2825-h, and Chapter 54 of the Laws of 2022 and 2023, awards made under this RFA are determined on a non-competitive, discretionary basis. Funding will be awarded at the discretion of the Commissioner of Health for purposes described in this RFA. Without limitation to this authorization, the Commissioner of Health may consult with NYSDOH and DASNY professional staff, and any other internal or external experts or local health care constituents as appropriate from time to time and/or at any time in the evaluation of applications received pursuant to this RFA. The decision to award, or not to award, or to award a grant at a funding level that is less than the amount requested by the applicant, is discretionary and cannot be appealed.***

***As these awards are discretionary, there is no right of appeal and the decision of the Commissioner of Health is final. As such, applicants are advised to put forward their best efforts in thoroughly completing and fulfilling all the requirements of the RFA. While the award is discretionary the***

*criteria listed in this RFA and in PHL 2825-g and 2825-h will be utilized to make the awards.*

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

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

## **V. Attachments**

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

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

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