

## **RFA # 17240**

**New York State Department of Health**  
*Office of Primary Care and Health Systems Management*  
*Center for Health Care Policy and Resource Development*  
*Division of Workforce Transformation*

### **Request for Applications**

### ***Doctors Across New York*** ***Ambulatory Care Training Program***

## **QUESTIONS AND ANSWERS**

*Questions below were received by the deadline announced in the RFA. The NYSDOH is not responsible for any errors or misinterpretation of any questions received.*

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA # **17240**. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

### **GRANTS GATEWAY**

**Question 1:** How do I determine if my agency is pre-qualified through the Grants Gateway?

**Answer 1:** To be registered and prequalified through the Grants Gateway, an organization must have submitted a registration form, identified a grantee delegated administrator, entered required documents into the document vault, and submitted the document vault for review. Please note the documents in the vault must be submitted with sufficient time to be reviewed and approved - waiting until the last minute is not advised. If your agency vault is in review status and not yet prequalified, please send an email to the mail log for this solicitation at [gme@health.ny.gov](mailto:gme@health.ny.gov) in order to request expedited handling of your document vault. Your organization's status can be viewed by accessing your document vault and observing the current status noted in the details panel at the top of your document vault main menu. The status can also be obtained by running the "State Prequalification Application Status Report" under the Management Screens section of your vault.

**Question 2:** Can an agency apply if they are not prequalified through the Grants Gateway?

**Answer 2:** Applicants must be prequalified (if not exempt) by the date and time applications are due. Exemptions for prequalification are limited to governmental organizations. If an

organization is not prequalified the application will be rejected. Please refer to Section II.B. “Minimum Application Requirements”, on page 4 of the RFA.

**Question 3:** What does the asterisk \* mean in the Grants Gateway on-line application?

**Answer 3:** The asterisk\* alerts applicants that a response is mandatory. Applicants will not be allowed to submit their application without completing all mandatory questions.

**Question 4:** I am trying to get a copy of the RFA. Can you advise me on how to get it?

**Answer 4:** The RFA is located in the Grants Gateway system. You can access the Grants Gateway through the following link:

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

Once you are in the Grants Gateway, you can access the RFA by clicking on Browse Opportunity. Select the Opportunity from the list of RFAs. Once in the Opportunity, click on View Grant Opportunity to view the RFA. Please note that you cannot be logged in as any of your grantee roles when viewing the opportunity.

#### APPLICATION FORMAT

**Question 5:** I have a question about what I should include as the Project Title in the Program Specific Questions section on the Grants Gateway online application. Should the Project Title be listed as the actual name of the RFA?

**Answer 5:** Yes, the Project Title should be listed as the actual name of the RFA. Applicants should enter “*Doctors Across New York Ambulatory Care Training Program*” as the Project Title.

**Question 6:** Are there page limits which apply to different sections of the application (Program Summary, Applicant Organization and Capacity, Program Design and Activities, Proposed Site Information, Work Plan and Performance Measures and Program Budget)?

**Answer 6:** Narrative sections of the application do not contain page limits, instead the New York State Grants Gateway online application provides character limits. When applicants are typing a response to the Program Specific Question, the number of characters allowed as a response is shown. As applicants type their response, the number of characters (including spaces) used will be displayed up to the maximum allowed.

**Question 7:** Are there character limits for Gateway fields?

**Answer 7:** Character limits are included in the Grants Gateway fields. As an applicant types their response; the number of characters allowed as a response is shown. As an applicant types a response, the number of characters (including spaces) used will be displayed up to the maximum allowed. Applicants will not be able to exceed the character limit allowed per question.

#### WHO MAY APPLY

**Question 8:** Can more than one application be submitted from the same sponsoring institution if there are two separate residency training programs?

**Answer 8:** No – however, a sponsoring institution can submit one application with more than one residency program (i.e. internal medicine and pediatrics).

**Question 9:** Requesting confirmation that a single site can submit two applications for completely different efforts.

**Answer 9:** No – a freestanding ambulatory site is not eligible to apply; only sponsoring institutions can apply. The sponsoring institution's application may support more than one residency program and training at more than one freestanding ambulatory care site.

**Question 10:** Podiatric Medicine and Surgery Residency: Page 4 of the RFA states all applicant programs must be ACGME or AOA approved, which we are not, and cannot be. Will we be automatically excluded from consideration based on this?

**Answer 10:** An addendum to the RFA has been issued and posted to the Grants Gateway on June 2, 2017, allowing sponsoring institutions that train podiatry and dental residents to submit an application. Such residency programs must be accredited by the Council on Podiatric Medical Education (CPME) or the American Dental Association (ADA). A copy of Addendum #1 dated June 2, 2017 is attached at the end of this Q&A document.

**Question 11:** We are currently in the process of accreditation as a sponsoring institution, are we eligible?

**Answer 11:** The sponsoring institution must be accredited and must upload an accreditation document at the time the application is submitted, which is no later than June 22, 2017 at 4 P.M.

**Question 12:** Our sponsoring institution has an ACGME accredited residency program. However, our newly accredited fellowship program is currently being reviewed by the ACGME, and accreditation is expected in spring 2018. Are we eligible for application to this program?

**Answer 12:** Your application can include both programs if they are accredited prior to submitting the application, no later than June 22, 2017 at 4 P.M.

**Question 13:** Under what circumstances can an Article 28 hospital apply?

**Answer 13:** Article 28 hospitals may apply only if they are sponsoring institutions. Such sponsoring institutions must seek to train at freestanding ambulatory care sites that are not included on the hospital's operating certificate.

#### MINIMUM AND PREFERRED APPLICATION REQUIREMENTS

**Question 14:** This question is regarding sponsor "Applicant" eligibility (pages 3 and 4). A GME family medicine residency program, located in New York State, will train residents at a new D&T location also in New York State, in a proposed DANY Ambulatory Services Program grant project. To meet eligibility requirements, can this same GME residency partner with a medical school, located outside New York State, to train 3<sup>rd</sup> year medical students at this same D&T site and be funded by the NYS DOH DANY Ambulatory Services Program Grant?

**Answer 14:** As noted in the "Minimum Application Requirements", both the sponsoring institution and freestanding ambulatory care site(s) must be located in New York State. Sponsoring institutions must propose to train residents in a residency program located in New York State. Applicants may also train medical students from schools located in or outside of New York State.

**Question 15:** If sponsoring institution is in neighboring state, but training program is in NYS, would we be eligible to apply?

**Answer 15:** As noted in "Minimum Application Requirements", both the sponsoring institution and freestanding ambulatory care site(s) must be in New York State.

**Question 16:** Hudson Headwaters is well into discussions regarding a potential expansion of our Longitudinal Integrated Clerkship for third year med students with the University of Vermont Health Network (UVMHN) out of Burlington. As you might know, UVMHN now owns many acute care hospitals in NYS including CVPH.

Could we work with UVMHN to expand the clerkship even though UVMHN's accredited teaching program is based out of Burlington VT given the importance and role of UVMHN in NE NY?

**Answer 16:** As noted in the "Minimum Application Requirements", both the sponsoring institution and freestanding ambulatory care site(s) must be located in New York State. Sponsoring institutions must propose to train residents in a residency program located in New York State. Applicants may also train medical students from schools located in or outside of New York State.

**Question 17:** Could you please let us know whether Medical Graduates (before getting into residency) are also qualified under this section? Does this apply to for-profits?

**Answer 17A:** Only medical students currently enrolled in a medical school and residents currently participating in a residency program may train in projects funded through this RFA.

**Answer 17 B:** Sites are eligible to participate in this RFA if they are freestanding D&TCs or individual or group physician practices, regardless of profit status.

**Question 18:** The sites under HPSA or MUA could train Medical Graduates not from NYS (but out of state). Do they qualify? Does this apply to for-profit as well?

**Answer 18A:** As noted in the "Minimum Application Requirements", both the sponsoring institution and freestanding ambulatory care site(s) must be located in New York State. Sponsoring institutions must propose to train residents in a residency program located in New York State. Applicants may also train medical students from schools located in or outside of New York State.

**Answer 18B:** Sites are eligible to participate in this RFA if they are freestanding D&TCs or individual or group physician practices, regardless of profit status.

**Question 19:** Are training sites that are "free clinics" and not incorporated as a private practice or D&TC eligible training sites?

**Answer 19:** As stated in the RFA on page 4 "Minimum Application Requirements", only freestanding D&TCs or individual or group physician practices meet the eligibility criteria as training sites.

**Question 20:** Our question regards the minimum application requirements that appear on page four of the RFA, specifically the section that refers to “freestanding D&TCs” (Section II.B.) We need clarity on what exactly the DOH means by “not part of an inpatient hospital facility.” Does this clause mean that the D&TC simply must not be physically connected to the inpatient hospital facility? Or is the clause based on a regulatory classification, and, if so, what is it?

**Answer 20:** A D&TC site that is operated by a hospital, as reflected in the hospital’s operating certificate, does not meet the definition of “freestanding” and therefore, is not eligible as a training site.

**Question 21:** We have a question regarding our Article 28 space. As stated in the eligibility minimum application requirements:

*a. The site(s) are one or more of the following:*

*i. A freestanding D&TC licensed under PHL Article 28 that meets the following definition as set forth in 10 NYCRR 86-4.1(b): “A medical facility with one or more organized health services not part of an inpatient hospital facility or vocational rehabilitation center, which is primarily engaged in providing services to out-of-hospital or ambulatory patients by or under the supervision of a physician or dentist, for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition”; or*

Since all our Article 28 space is operated under the hospital license (though off-campus and not inpatient care), are we still eligible?

**Answer 21:** A D&TC site that is operated by a hospital, as reflected in the hospital’s operating certificate, does not meet the definition of “freestanding” and therefore, is not eligible as a training site.

**Question 22:** The residency program at the University at Buffalo has its ambulatory care sites among multiple satellite clinics that are operated by Kaleida Health (KH). Since they are operated by KH they are off site, but KH operates Women & Children’s Hospital. Does that mean they are eligible, or ineligible, under the grant proposal for expansion of teaching services?

**Answer 22:** A D&TC site that is operated by a hospital, as reflected in the hospital’s operating certificate, does not meet the definition of “freestanding” and therefore, is not eligible as a training site. Refer to Section III.A. “Contractor Expectations” on pages 5-6 of the RFA for further information on expansion of teaching services.

**Question 23:** Are Article 31 (Mental Health Clinics) sites eligible sites for this RFA?

**Answer 23:** Article 31 sites are not eligible sites. As stated in the RFA on page 4 “Minimum Application Requirements”, only freestanding D&TCs or individual or group physician practices meet the eligibility criteria as training sites.

#### CONTRACTOR EXPECTATIONS

**Question 24:** Can the grant proposal focus on implementing an innovative training project/curriculum for residents at an ambulatory site or does the grant require demonstrating expansion of number of residents?

**Answer 24:** This grant requires a demonstration of supplementing existing training as described on pages 5-6 in Section III.A. “Contractor Expectations” through at least one of the following:

- i. *Increasing the # of residents training at free standing ambulatory care site(s)*
- ii. *Increasing the # of hours in which residents will receive training at the site(s)*
- iii. *Extending the duration of training received by residents at the site(s)*
- iv. *Expanding the scope of training received by residents at the site(s) to include additional specialties.*

**Question 25:** Does the ambulatory site agreement need to be confirmed prior to submitting the application? Or is part of the grant outlining the process for securing a location?

**Answer 25:** The ambulatory site agreement does not need to be finalized prior to submitting the application. However, such agreements must be finalized prior to the start of training at that site through this RFA.

**Question 26:** On the bottom of page 5 of the RFA, it states: Supplement existing training through one or more of the following: a. Increasing the number of residents training at free standing ambulatory care site(s); b. Increasing the number of hours in which residents will receive training at the site(s). Can you clarify how many more hours you are looking for residents to receive training? Will applicants be scored on how many residents they increase by or by how many hours of training?

**Answer 26A:** There is no set number of hours; however, an applicant must expand upon the existing program as outlined on pages 5-6 “Contractor Expectations” of this RFA.

**Answer 26B:** Applicants will be awarded points as set forth in this RFA on page 20-21 “Training of Residents”. In addition, applicants can get additional preference points for training medical students as referenced on page 21 “Training of Medical Students”.

## USE OF FUNDS

**Question 27:** In terms of funding, can grant funds be used for faculty training to teach the residents in the ambulatory sites?

**Answer 27:** Yes - as set forth in this RFA on page 6 Section III.A. “Contractor Expectations” 2d funding may be used to: *Identify and train appropriate faculty that will train residents and, if applicable, medical students at the site(s).*

**Question 28:** Can grant funds be used toward resident training/conferences relevant to primary care at these sites?

**Answer 28:** Yes - as set forth in the RFA on page 23 “Program Budget” 6a. *The amount requested each year must be reasonable and cost effective, relate directly to the activities described in the application, and consistent with the scope of services outlined in the RFA. Budget items must be justified and fundable under state and federal guidelines.*

**Question 29:** Are resident’s salaries/stipends, for the time they spend working outside the sponsoring institution, eligible for funding?

**Answer 29:** No - however, residents may be entitled to housing and costs for travel as outlined in the RFA on page 24 “Program Budget” 6d.

**Question 30:** Can funds be used toward faculty development for the supervision of residents and medical students?

**Answer 30:** Yes - as set forth in this RFA on page 24 “Program Budget” 6d.

**Question 31:** Can funds be proposed to be used as stipends for supervising doctors?

**Answer 31:** Yes - as set forth in this RFA on page 24 “Program Budget” 6d.

**Question 32:** Can funds be proposed to be used to obtain and maintain medical malpractice insurance coverage for all residents and/or medical students?

**Answer 32:** Yes - for residents and medical students training at the sites, but only for the proportion of time spent at the sites as set forth in this RFA on page 6 Section III.A. “Contractor Expectations” 2g.



**Question 33:** On page 25, eligible costs include personal services for Grant/Fiscal/Legal Staff, what percentage of time would be appropriate to include?

**Answer 33:** Applicants should submit cost justifications in the budget for what is no more than reasonably expected to be incurred for these services pursuant to this RFA.

**Question 34:** On page 25, applicants can include indirect costs, does the organization need a NICRA to include indirect cost in the budget?

**Answer 34:** As set forth in the RFA on page 24 “Program Budget” 6e, indirect expenses are limited to 10% of total direct costs. A Negotiated Indirect Cost Rate Agreement (NICRA) is not required.

**Question 35:** Can a faculty member from the sponsoring institution be placed from the primary training site to the ambulatory care environment, and supported with an offset in salary to train residents at the site, if that site does not have a faculty member in the training specialty area? For example, already existing faculty at the ambulatory care site may not be board certified in the specialty needed to train residents, such as pediatrics or psychiatry. Can a board-certified faculty member from the training program (academic medical center) be placed at the site and reimbursed for time in training residents?

**Answer 35A:** A faculty member from the sponsoring institution can be placed in the ambulatory care site and funding can be used to support the salary of the faculty member for time spent training residents at the site provided that the site cannot identify an existing faculty member to provide training in the specialty area.

**Answer 35B:** A board-certified faculty member from the training program can be placed at the site and be reimbursed for time in training residents provided that the site cannot identify an existing physician that meets the necessary requirements.

**Question 36:** Can expenses to train residents in the ambulatory care environment include reimbursement to the Graduate Medical Education (GME) program, which is the funding source for residents, for residency time away from their primary training site?

**Answer 36:** Such expenses are not qualified reimbursable expenses under this RFA.

**Question 37:** Can funds be used for training residents in skills that will help them at their site (for example medical Spanish classes, or communication skills)?

**Answer 37:** Yes.

## PRE -SUBMISSION UPLOADS

**Question 38:** Part of the pre-submission paperwork includes an ACGME accreditation attachment. However, I am unable to access this. When I click “document template” a PDF opens that states the following:

*“Please note this document is intentionally left blank. Applicants are instructed to upload the ACGME/AOA Accreditation Verification as Attachment 7 in the Grants Gateway online application.”*

**Answer 38:** There is no attachment provided for you to complete. Instead your options are:

- If you received a letter of accreditation, scan and save it as a PDF file, then upload that letter as Attachment 7.
- If you did not receive a letter yet, log onto the accrediting body’s website and print a confirmation of your accreditation. Scan this document, save it as a PDF file, then upload it as Attachment 7.

## PROGRAM DESIGN & ACTIVITIES

**Question 39:** Project Structure: Do you want a description of the current program or of what the program will be once funding is obtained.

**Answer 39:** As set forth in the RFA on page 20 “Project Structure” 3a. provide details on the curriculum and structure of the training. Focus on the program changes that will be developed and how the existing program will be modified through funding provided by this RFA.

**Question 40:** Project Coordinator/Administrator: Must they be identified before the submission?

**Answer 40:** The Project Coordinator/Administrator does not need to be identified at the time of application, however, the applicant needs to provide the information asked for on page 20 “Project Coordinator/Administrator” 3d regarding their role in the day to day management of the program.

**Question 41:** Training of Residents: In the calculation of our FTE for training, we are anticipating a scale up over the three-year grant period. Should we include the FTE of only the first year or an explanation of the FTE for each year of the grant? If the scale up is appropriate, how should we anticipate this impacting our scoring?

**Answer 41A:** As set forth on page 20-21 “Training of Residents”, provide information on the total number of residents trained annually (each twelve-month period) for each of the three years.

**Answer 41B:** Scores will be based on an average over the three years.

**Question 42:** Affiliation Agreements: If we are a teaching hospital with affiliated physician practices, are you looking for us to develop affiliation agreements with these practices for this grant program? How should we respond if we are proposing to work with affiliated practices?

**Answer 42:** As set forth in the RFA on page 6 “Contract Expectations” 2b, applicants must develop affiliations or other formal agreements with all site(s) governing participation in this program prior to beginning any training through this project at such site(s). These provisions can be incorporated into existing agreements. .

#### MISCELLANEOUS

**Question 43:** If we apply for the grant, but later discover new information (e.g., regarding finances) that would make the grant untenable, is an awardee able to back out of the grant?

**Answer 43:** The expectation is that applicants have done their due diligence about their capacity to fulfill contractual obligations set forth in this RFA.

**Question 44:** Since these sites are freestanding, do you have any information regarding the likelihood of the GME sponsoring institution being able to collect the DME and IME for each resident they are now sending to the new freestanding site? We have been told that we could pay the preceptors, then claim the residents on our Medicare cost report, but there is no guarantee that we would be reimbursed for those residents by CMS.

**Answer 44:** The scope of this RFA is limited to the funding provided by the New York State Department of Health (DOH). DOH cannot make assurances on other alternate sources of funding.

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Grants Gateway # DOH01-DANYAC-2018

ADDENDUM #1  
June 2, 2017

**RFA Modifications:**

*The following has been updated/modified in the RFA. Strike-through indicates deleted text; underlined/bolded text is new.*

Page 3, “Introduction”, paragraph 2 revised as follows:

For purposes of this Request for Applications (RFA), a sponsoring institution is a teaching hospital, a medical school, a **graduate medical education** consortium [as set forth in PHL§ 2807-m(1)(d)] ~~of medical schools~~ or a diagnostic and treatment center (D&TC) that operates an accredited residency program.

Page 4, Section IIA, Number 2 revised as follows:

“As set forth in PHL § 2807-m(1)(o), applicants must be able to demonstrate that they have overall responsibility for a program of graduate medical education (also known as a residency program), meaning a post-graduate medical education residency in the United States which is accredited by a nationally recognized accreditation body. For purposes of this RFA, this means that the applicant’s residency program has been accredited by the Accreditation Council for Graduate Medical Education (ACGME), ~~or~~ the American Osteopathic Association (AOA), **the Council on Podiatric Medical Education (CPME) or the American Dental Association (ADA)**. Applicants will be required to upload documentation of ACGME/AOA/**CPME/ADA** accreditation verification (Refer to Attachment 7).”

“If an applicant does not meet the definition of “sponsoring institution” as set forth above, does not have overall responsibility for a residency program, or does not upload documentation of ACGME/AOA/**CPME/ADA** accreditation, the application will not be reviewed.”

Attachment 7 (which is only available on Grants Gateway) is revised and follows on the next page.

**ACGME/AOA Accreditation Verification**

Please note this document is intentionally left blank. Applicants are instructed to upload the ACGME/AOA/CPME/ADA Accreditation Verification as Attachment 7 in the Grants Gateway online application.