

**New York State Department of Health
Community Based Organization (CBO) Planning Grant RFA
RFA #1512160408 / Grants Gateway #DOH01-CBOPG-2016
Questions and Answers Posted 7/01/2016**

REVISED 8/3/16

The following has been updated/modified in this Q&A Document. Strike-through indicates deleted text; underlined/bolded text is new.

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 # **1512160408**. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

Question #	Corresponding RFA Section	Bidder's Question	Answer
1.	General	Will there be a list of agencies who submitted a Letter of Interest and those who signed up for the Applicant Conference Call made public? This may aid in Consortium consolidation within a given region.	<p>The Applicant Conference Call Attendee list is attached to the end of this Q&A document. Please note that Email addresses of Conferemce Call Attendees is only available upon request.</p> <p>A list of agencies who submitted a Letter of <u>Interest has been added to the end of this Q&A document.</u> will be released following the July 8th due date.</p>
2.	General	<p>Is it the "consortium" who completes the RFA ("the consortium lead") with the assist of the "consultant", and NOT the/an individual CBO?</p> <p>If, yes – is it up to the individual CBOs to develop/organize their own consortium based on the criteria provided, that would best meet the needs and goals of DSRIP</p>	<p>The application should be completed by the Consortium Lead authorized to apply on behalf of a CBO Consortium. It should not be an individual CBO. An individual CBO should be part of a larger consortium.</p>

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3.	General	Please advise whether the DSRIP Planning Grant applies to only non-Medicaid billing Community Based Organizations.	The CBO Planning Grant applies only to non-Medicaid billing CBO's.
4.	General	Can you please define consortium and "community based organization" and give examples of what you mean?	For this opportunity, the CBO Consortium and CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing community-based social and human service organizations that currently provide services to the targeted population. Please see Attachment 10 for a list of these services.
5.	General	Is there any chance that we can combine and expand CBO definitions?	The RFA CBO definitions will not be changed.
6.	General	How many organizations is considered a consortium?	There is no minimum or maximum number of organizations within a consortium. The consortium should reflect the geographic region for the application, and the range of service providers that can impact on social determinants of health for the region as detailed in the RFA.
7.	General	Regarding the consultant, is it possible to have other consultants selected from the CBOs to implement the activities since the consultant writing the grant may not be experienced in the actual implementation?	The primary role of the consultant(s) is to assist the CBO Consortium in developing a plan that will be implemented if awarded. It is possible to have other consultants involved in the project and the role and details should be articulated in the proposal application and the work plan.
8.	General	Since DSRIP goals are generally five-year goals, will there be a "look-back" outcomes evaluation for this specific project conducted once the five years of DSRIP are completed?	The Medicaid Redesign Team (MRT) amendment to the 1115 waiver provides for a number of programs including DSRIP and administrative funds which are subject to requirements prescribed by CMS. The RFA is being administered by NYSDOH and is separate from the DSRIP program under the MRT amendment.
9.	General	Can you provide a listing of all participants to the Applicant Conference?	Please see response to Question #1.
10.	General	What does PPS stand for?	PPS stands for Performing Provider System.
11.	General	Does the consortium (and/or Lead) already have to be engaged with (as a registered partner) a PPS, or can this partnership be started once the grant starts?	The partnership with a PPS may start during or after the grant begins.

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12.	General	How are the Consortiums created?	The Department is relying on the applicants to create the Consortium which would show potential successful collaboration and ability to implement and sustain activities. Each Consortium is responsible for setting up their own structure and governance and should be detailed as requested in the application.
13.	General	Could we get a list of all the PPS that you would like for us to work with?	A list of PPSs can be found on the DOH website under the "PPS Information" at the following link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/providers_professionals.htm
14.	General	How would a statewide organization go about applying for funding where they have individual chapters in each region?	The grant will be given to 3 regions: (1) Long Island & Mid-Hudson, (2) New York City, and (3) Rest of state. If the statewide organization has chapters that meet CBO eligibility criteria, it would be part of a consortium in a region.
15.	General	Can consortiums apply collaboratively across Regional Economic Development Councils?	Yes, the Rest of State awardee is required to include and collaborate across the remaining Regional Economic Development Council (REDC) regions. Please see Attachment 9: NYS Economic Development Regional Map (Page 33 of RFA) for this Map.
16.	General	Does the consortium already have to be in existence, or can it be created in response to this grant proposal?	The consortium does not already have to be in existence in order to respond to this RFA. Please see response to Question #13.
17.	General	If the CBO is part of a larger organization can we submit based upon services?	The CBO must be a single entity. It is not based upon services within a larger organization. The larger organization would not be eligible. Please see RFA Section II: Who May Apply and Addendum #3 for additional information on eligibility.
18.	General	What is best resource to find CBOs in a region?	We encourage you to check the various Community Resource Directories that may be maintained at a variety of local levels such as local government agencies and others.

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19.	General	What will be the relationship with NYS Department Of Health AND THE Project Approval and Oversight Panel?	The NYS Department of Health will manage this RFA opportunity and its award process. It is a grant activity under the State Medicaid Office. See answer to Question #10.
20.	General	Is it best for a small budget NFP to partner with a Consortium as you have named it?	Yes. Any not-for-profit (NFP) must partner with a Consortium in order to apply, and the Consortium Lead will submit the application.
21.	General	To what extent can the grant support infrastructure needs of the members---developed through planning? It is allowable and demonstrated in proposal.	It is allowable for the grant to support the infrastructure needs of its members as long as it is clearly demonstrated in the proposal and work plan. Please note non-allowable costs on page 6 of the RFA.
22.	General	Even if we are not a lead CBO we would like to be involved on some level. How do we find out what other CBOs are interested in being part of the consortium?	<p>We encourage you to check your Community Resource Directories that exists at a variety of local levels, and contact local government units and agencies for resources.</p> <p>Also, see response to Question #1.</p>
23.	General	Where do we solicit for a qualified consultant who possesses the experience and skills to meet the requirements under this RFA?	<p>The Department is relying on applicants to research and subcontract with such a consultant to meet the requirements of this RFA.</p> <p>The Department suggests researching and beginning conversations with various organizations to investigate and identify potential consultants and contacts within your relevant region.</p>
24.	General	Our agency is a non-Medicaid billing Community Based Organization, who could benefit from this initiative. Do we need to become a part of a CBO Consortium now or do we wait for the RFA to be awarded?	Eligible CBO's should join a CBO Consortium early in the process in order to be included in the application and to be included in the planning and implementation. This is not mandatory, as the RFA requests the awardee(s) to identify a plan and recruitment for additional CBO's who are not part of the original application. It is encouraged, however, for for CBO's to join a consortium before an award is made.
25.	General	Does a CBO have to be part of a PPS' to participate in this funding?	No, a CBO does not need to be part of a PPS to participate. Please see response to Question #13.

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			However, each application is required to upload 3 letters of endorsement from their local PPS as part of their application.
26.	General	Can the lead financially incentivize agencies to participate?	The DOH does not endorse that a financial incentive would be provided to the agencies for participation in the application or implementation process. The strategic planning activities should be a benefit for CBOs in positioning themselves for engagement in DSRIP and financial sustainability.
27.	General	What services does the Lead have to provide to Consortium members? (Are meetings and trainings required, or can the Lead provide more technical support, including IT and marketing?) Or do funds have to be passed directly to Consortium members?	The Department is relying on the Consortium to assess and determine the particular services and/or infrastructure needed by the Consortium members and to develop an implementation plan for the optimal way to effectively meet the needs as part of the scope of this grant. Applicants should outline such services in their work plan section of their proposal. This is not a grant program where funding flows directly to members of the Consortium.
28.	Section I: Introduction (Page 4)	On page 4 of the RFA, in the first paragraph, you list social determinants of health that are not listed in the categories on the consortium spreadsheet- what is the complete list of social determinants of health that a consortium should address or represent?	Please see Attachment 10 (CBO Consortium Grid) for the full list of Social Determinants of Health that should be represented in the Consortium. Additionally, please see Addendum #4, notifying Applicants to leave the last column in the excel document blank.
29.	Section I: Introduction (Page 4)	The last paragraph, it mentions values-based payment and contracting. Can you please explain the criteria for these?	Please visit the DSRIP website. More information on this topic can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform.htm Further, more information can be found on VBP and social determinants at: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/social_determinants_of_health_and_cbos.htm

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30.	Section I: Introduction (Page 4-5)	On the bottom of page 4 continuing to page 5, it states (I am paraphrasing): A requirement of the consortium is to identify and retain a consultant... This is seen as an initial investment by the CBO Consortium... If funding is not awarded, will the consortium be reimbursed?	No, the consortium that is not selected will not be reimbursed for this cost.
31.	Section I: Introduction (Page 5)	What are the critical business requirements described in the Successful Applicant Section on Page 5? Are they legal, IT, financial business terms, administrative and training workforce- or are there others?	These requirements should be part of the analysis that the CBO consortium presents as part of their application and will not be provided to applicants by the Department.
32.	Section I: Introduction (Page 5)	What is a "letter of PPS endorsement"?	A letter of endorsement from the PPS stating that the Consortium has contacted and discussed with the PPS the Consortium's application for the RFA. Three (3) letters of PPS endorsements are required to be uploaded as part of the application.
33.	Section I: Introduction (Page 5)	The application calls for letters of endorsement from a PPS (3) but some of the "rest of state" Regional Economic Development Councils only have one PPS. How is a consortium supposed to collect three letters without collaborating with CBOs across multiple RED-C areas?	The Rest of State region encompasses ALL of the REDC regions not included in the other areas: as Long Island, Mid-Hudson & New York City.
34.	Section I: Introduction (Page 5)	Would it not seem contradictory that a sub \$5 million dollar/non Medicaid billing agency would easily be able to obtain letters from 3 PPSs? Some small agencies are already finding it difficult to partner with a PPS in their own region, per this RFA.	Only the Consortium Lead applicant (the application as a whole) needs to secure and upload letters of endorsement from the 3 PPSs that would support the entire Consortium application.
35.	Section I: Introduction (Page 5)	How many letters of endorsements are needed from PPS?	Three different PPS Letters of Endorsement are required per Consortium application. Letters of PPS endorsements are a required uploaded as part of applicants' proposals.
36.	Section I: Introduction (Page 5)	To confirm: in order to apply, an applicant must obtain a letter of support from AT LEAST 3 PPSs?	In order to apply, the CBO Consortium Lead (applicant), must secure a Letter of Endorsements from at least 3 PPSs for the Consortium application.
37.	Section I: Introduction (Page 5)	Can you elaborate on the Letters of Endorsement?	Please see response to Question #s 35-39 for additional information.

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38.	Section I: Introduction (Page 5)	The application calls for letters of endorsement from a PPS (3) but some of the "rest of state" Regional Economic Development Councils only have one PPS. How is a consortium supposed to collect three letters?	Please see response to Question # 36.
39.	Section I: Introduction (Page 5)	Does the technical assistance/training have to be provided by the consultant?	No. The Consortium may choose to further subcontract for specific services they identify services to be provided in addition to the initial consultant. Strategies and roles should be described in the application regarding the services, provision and the qualifications for those who may deliver services. The award should not be used to supplant funding for current positions among the organizations that are not related to the scope of the RFA. Please also see answer to #53.
40.	Section I: Introduction (Page 6)	In your Grant Annoucement-DOH01-CBOPG-2016 it states "It is the Department's intent to award one award for each of the three regions outlined in the RFA. The three regions consist of New York City, Long Island and Mid-Hudson, and Rest of State". When you say, the rest of the state, does it mean the Western New York region (Buffalo) can apply?	The Rest of State region includes all regions excluding New York City, Long Island and Mid-Hudson. Please see Attachment 9 - NYS Regional Economic Development Councils Map.
41.	Section I: Introduction (Page 6)	So, in NYC one lead agency will receive an award for one (mega) consortium of CBOs serving millions upon millions of a Medicaid eligible New Yorkers across all five boroughs working with all NYC-based PPSs?	One award will be granted to the New York City region for at least \$833,333.00 or up to \$2,500,000.00.
42.	Section I: Introduction (Page 6)	Is it anticipated that a single award will be made per region or will there be multiple awards per region?	One award will be made per region, for a total of three (3) awards across the state.
43.	Section I: Introduction (Page 6)	How would we determine if a CBO consortium already exists in our area (Mid-Hudson)?	It is up to the CBO Consortium to identify partners. Please see response to Questions #1 and #25.
44.	Section I: Introduction (Page 6)	Does the regional contract awarded need to include CBOs from all counties in the region???	Due to statewide geography, the Consortium is expected to procure representation from each county. However, if the consortium lead is unable to obtain this

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			representation at the time of application, they should acknowledge this and describe how they would seek to recruit these counties moving forward if they receive the award or how they will serve the county.
45.	Section I: Introduction (Page 6)	RFA Pg 6, "Use of Funds" 2nd bullet, "staff for Consortium planning activities", In addition to the Lead Agency, does this include CBO staff who will be working on Consortium planning activities as well?	Yes, this includes CBO staff.
46.	Section I: Introduction (Page 6)	Since the PHIPs are all pre-approved via grants gateway and they have already established extensive partnerships with CBOs of all sorts, could this entity not serve as the consultant to help the CBOs get up and running? Promotes efficiency, synergy?	Yes, a regional PHIP (Population Health Improvement Program) could serve as the consultant.
47.	Section I: Introduction (Page 6)	Please confirm- lead applicant must contract with a consultant, to assist with the grant application and implementation activities, but only a winning applicant will have state resources to pay for the consultants work in the application process?	Only the awardees will receive the RFA grant funding that can be used to pay for the consultant's work. Those applicants who are not successful will NOT receive any funding for consultant services or any other costs incurred.
48.	Section I: Introduction (Page 6)	What are the requirements to be a consultant? Can they be a government agency, or do they have to be an individual or non-profit organization? Does the consultant also need to have an operating budget of less than \$5million as well?	The professional consultant cannot be the contractor or subcontractor to NYS DOH for the NYS DSRIP Independent Assessor, DSRIP Account Support Team, and/or be the primary DSRIP Evaluator. The consultant(s) to the CBO Consortium are not subject to the same eligibility criteria for the CBOs applying for the RFA. Their qualifications for being the consultant for the strategic planning activities under the RFA need to be detailed in the application as noted on page 5.
49.	Section I: Introduction (Page 6)	How do CBOs identify an appropriate consultant? Is there some type of list of qualified consultants?	Please see response to Question #26.
50.	Section I: Introduction (Page 6)	What if there is expertise within the consortium, can the requirement surrounding the consultant contractor be forgone?	No. We are providing the funding as an opportunity for CBOs to recruit additional expert resources that understand current and future market conditions and to assist in how CBOs may participate and be financially sustainable. It is expected that Consortium members

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			would be fully participating in the planning and implementation processes. The consultant provides additional resources for facilitation and expertise to contribute to the strategic planning activities. This should allow the CBOs to continue to do their core services while engaging additional resources for project management and expertise.
51.	Section I: Introduction (Page 6)	2nd bullet, "staff for Consortium planning activities", In addition to the Lead Agency, does this include CBO staff who will be working on Consortium planning activities as well?	Yes, this includes CBO staff who will be working on planning activities as well.
52.	Section I: Introduction (Page 6)	Can the sub-contracted consultant be a PPS? May the lead agency contract with a PPS for the services of a staff member(s) who contributed to a previously successful PPS application, to help prepare this application?	No, the sub-contracted consultant cannot be a PPS.
53.	Section I: Introduction (Page 6)	Can you clarify exactly who can be a consultant? Does it have to be an individual, or an organization with less than \$5M operating budget as well?	See answer to Question #51.
54.	Section I: Introduction (Page 6)	Are there minimum requirements for the required consultant, or a recommended list of consultants to choose from?	Please see response to Question #51.
55.	Section I: Introduction (Page 6)	Since there is a requirement for having a consultant on board for the project, what are the MWBE requirements?	<p>The MWBE requirements have been amended. Please see Addendum #4 located at the following link: https://www.health.ny.gov/funding/rfa/1512160408/addendum_4.pdf</p> <p>This MWBE Goal for Non-Personal Services is 30%, consistent with the agency goal.</p>
56.	Section I: Introduction (Page 6)	Can a health care provider system, such as a PPS itself, be involved in providing the consulting services?	Please see response to Question #55. The PPS may contribute to and otherwise support the Consortium activities but would not qualify as a consultant or subcontractor for the RFA.
57.	Section I: Introduction (Page 6)	Please describe the State's vision regarding the type of consulting support, technical assistance, infrastructure development etc. that might be planned by a Consortium.	The State envisions the Consortium (with consultant assistance) would support its members with understanding current and future market conditions,

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			business opportunities for their services, business and contracting models for engaging in DSRIP projects and other activities to promote financial sustainability going forward.
58.	Section I: Introduction (Page 6)	With having only one consortium lead being awarded per region, each region's total would then be \$2.5 million divided by 3?	Please refer to Page 6 of the RFA, Section I. Introduction, Available Funding and Anticipated Awards where it states: Each of the three regional contracts will be valued for up to \$2,500,000. They will be subject to state appropriation authority, acceptable performance, and compliance with all contract requirements."
59.	Section I: Introduction (Page 6)	How were the 3 regions determined?	The three regions were determined based on population and geographic characteristics.
60.	Section I: Introduction (Page 6)	Is it anticipated that a single award will be made per region or will there be multiple awards per region.	There will be a single award per region, for a total of three awards.
61.	Section I: Introduction (Page 6)	Is the expectation that the "rest of state" consortium will serve as a statewide initiate (excluding other 2 regions) or can one region such as capital region be considered for award	The "rest of state" consortium must include the entire rest of state excluding New York City, Long Island & Mid-Hudson. Please see the map on Attachment 8: NYS Public Health Law §240 Minority Areas (page 32) for a breakdown of the regions that are considered.
62.	Section I: Introduction (Page 6)	Can a consortium use a hub model that splits into two regional components to complete aspects of the work plan and report back to the entire Consortium or Lead?	Yes, as long as the Consortium governance and organizational structure are described in the application.
63.	Section I: Introduction (Page 6)	New York City is a fairly large area. Does the Consortium provide services to the entire given region if it is award the grant?	Yes, the consortium should serve the entire New York City area.
64.	Section I: Introduction (Page 6)	Will the State consider an application that does not cover the entire upstate "rest of state" region, and/or a sub-regional approach presented in a single application	The "rest of state" area must represent all of the remaining REDC regions. Please also see response to Question # 65.
65.	Section I: Introduction (Page 6)	Can you provide more information on why the Hudson Valley and Long Island regions are established as a single-consortium unit for the purposes of this grant; given that there are few organizations with budgets of less than \$5 million that serve both?	A hub model can be applied for this region.

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66.	Section I: Introduction (Page 6)	Does DOH anticipate that the three regions would interact or coordinate with each other in any way?	It would be beneficial for the three regions to collaborate and share ideas as activities move forward, but it is not a requirement of the RFA.
67.	Section I: Introduction (Page 6)	Can planning grant funds be used to support infrastructure development such as HIT, legal services to support new governance models, on-line training and web presence, etc.?	Yes. Please refer to the RFA, the "Use of Funds" section on page 6 for a detailed list of what funds may be used for.
68.	Section II: Who May Apply (Page 7)	In the RFP it states that the consultant cannot be the DSRIP evaluator. Does that apply only to the prime contractor or to sub-contractors as well?	This only applies to the prime contractor. Sub-contractors to these entities are eligible as long as they have the qualifications for such activities.
69.	Section II: Who May Apply (Page 7)	In the RFA (page 7) it states "the professional consultant cannot be the contractor for the NYS DSRIP Independent Assessor, Support Team, and/or evaluator" but can the professional consultant be involved with a local PPS?	Yes.
70.	Section II: Who May Apply (Page 7)	Does the population served by the CBOs have to be a Medicaid (and/or) dual population, or uninsured? Or can the CBO also serve other populations (Medicare, low-income but not necessarily Medicaid, etc.)?	The CBO's must predominantly serve the Medicaid and low-income populations.
71.	Section II: Who May Apply (Page 7)	On page 7, in the first bullet - is an 'or' missing between the words targeted population and the word community-based social...?	For clarification on "Who May Apply" please refer to Addendum #3 which was issued on 6/8/16.
72.	Section II: Who May Apply (Page 7)	Our organization does not currently bill Medicaid; however, we may bill in the future. Does this disqualify our agency?	If the organization does not bill Medicaid, they are eligible to apply. However if you are a HCBS provider who will be billing in the future, you are not eligible. Support activities were previously provided through MCTAC.
73.	Section II: Who May Apply (Page 7)	Many agencies have operating budgets that are under \$5 million but have very small stand along programs that are reimbursed with Medicaid dollars- can these agencies participate in the consortium?	Any organization that bills Medicaid is ineligible to apply. Grants using Medicaid funds are not considered Medicaid billable services.
74.	Section II: Who May Apply (Page 7)	Our organization currently has less than \$5 million in revenue, and today does not bill Medicaid. We have been approved to provide Adult BH HCBS to Medicaid HARP clients effective 10/1/2016. We are working on a plan to bill. Is our organization eligible as a CBO?	If the organization does not bill Medicaid, they are eligible to apply. However if you are a HCBS qualified entity who will be billing in the future, you are not eligible. Support activities were previously provided through MCTAC.

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75.	Section II: Who May Apply (Page 7)	Can a public health agency or association of such members apply?	Local government units and municipalities do not qualify as 501(c)3 entities and therefore, are not eligible for the RFA. Please see RFA Section II: Who May Apply for additional information.
76.	Section II: Who May Apply (Page 7)	My organization has a larger than 5 million operating budget, but it is a multiple state entity... the regional NY approach is where we have local offices and implementation. Are we eligible to apply as per the RFA?	If the organization as a whole has an operating budget of larger than \$5 million, they are ineligible to apply. Further, it is intended for New York State Community Based Organizations. A multiple state entity is not an intended recipient under this RFA.
77.	Section II: Who May Apply (Page 7)	Is it correct that CBOs that do any Medicaid work are not eligible to attend?	Any CBO that currently bills Medicaid is not eligible to apply.
78.	Section II: Who May Apply (Page 7)	We are collaborating with many agencies and another organization on a large project. We are buying and renovating a building to house a men's shelter, health clinic, resource center and job skills program. Our mission covers part of 3 counties. Would we be eligible or does someone else have to apply for the grant with our project as part of it?	This organization would be eligible as long as they meet eligibility requirements as stated on page 7 of the RFA.
79.	Section II: Who May Apply (Page 7)	How much weight will be given to the \$5 million budget? CBOs have been encouraged to join networks with larger providers. Funding could be well used by larger providers who are still small compared to the PPSs.	Applicants MUST have a budget of \$5 million or less to apply for this opportunity. The DOH intent is to ensure that this grant reaches those CBO's who have less access to other resources.
80.	Section II: Who May Apply (Page 7)	I just wanted to confirm. Our organization's budget is over 5 million and while all that money is earmarked for other non DSRIP projects, I assume we are not compatible with this RFA.	Organizations whose budget is greater than 5 million would be ineligible to apply for this funding opportunity. The Consortium lead and members must have annual operating budgets of \$5 million or less to ensure that this grant reaches those CBO's who have less access to other resources.
81.	Section II: Who May Apply (Page 7)	Would a nonprofit membership association that serves community-based social and human services	No, the CBO Consortium and CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing community-based social and human service organizations

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		organizations, rather than providing direct services, be eligible to serve as a Consortium Lead?	that currently provides services to the targeted population
82.	Section II: Who May Apply (Page 7)	Can a small NFP partner with a CBO to share the responsibilities and, in effect be partners for a grant?	A not-for-profit (NFP) can be part of a CBO Consortium as long as they meet the minimum eligibility requirements on page 7 of the RFA.
83.	Section II: Who May Apply (Page 7)	Can a member of the consortium be a FOR-profit community based agency? Or do all members have to be non for profit?	The CBO Consortium members and CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing community-based social and human service organizations that currently provides services to the targeted population
84.	Section II: Who May Apply (Page 7)	Since, billing Medicaid and having members that are on the coalition are 2 separate issues, the RFA says that CBOs that may have programs that bill Medicaid cannot be a member of the existing coalition?	The Consortium cannot include any member CBO's who bill Medicaid.
85.	Section II: Who May Apply (Page 7)	On page 7, under the first bullet point, it reads..."non-Medicaid health organization...currently providing comprehensive health services..." Then under the bullets it says health care providers do not qualify. We are a nonprofit organization serving people with disabilities with advocacy, information and referral, housing advocacy, social supports and services, Social Security benefits advisement, peer counseling, etc. Do we qualify as the Consortium Lead? If not, would we qualify as a CBO?	The CBO Consortium and CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing community-based social and human service organizations that currently provides services to the targeted population. If you meet the eligibility criteria stated on page 7 of the RFA, you will be eligible to apply.
86.	Section II: Who May Apply (Page 7)	We note that on page 7, under Section II. Who May Apply, applicants may not include health care providers, and on page 8, the CBO must not be currently providing billable MA services; however, many CBOs – that also provide health services and may bill MA – provide social services to MA participants that are the target of this RFA, and these CBOs' social services are not billed to MA nor are they or they connected to PPSs, but should be. What provisions to connect these essential CBOs social services can be made in this RFA or in other State policy efforts?	Other resources have been identified in the Applicants' Conference presentation for those not eligible for this RFA. We hope you will make use of those resources to enhance your business capacities for financial sustainability.

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87.	Section II: Who May Apply (Page 7)	We are an umbrella agency with a total budget of approximately 7 million; however, once our largest program (which will NOT be billing Medicaid) we hover around 4 million. Are we eligible to apply?	<p>The Consortium lead and each members must have annual operating budgets of \$5 million or less.</p> <p>If your overall operating budget is over \$5 million you will not be eligible to apply.</p>
88.	Section II: Who May Apply (Page 7)	Many non-profit organizations in New York City have operating budgets that are higher than \$5 million annually. Though their budgets are larger, their funding is often restricted to use for specific purposes (i.e., from government sources for the provision of specific services), and they do not necessarily have easy access to the resources to be competitive under Medicaid redesign. Will the State consider adjusting the recommendations that a Consortium lead and members have an annual operating budget of less than \$5 million to a higher amount (page 7)? Community-based organizations with budgets over this size would also greatly benefit from participation in a CBO Consortium.	The Consortium lead and each members must have annual operating budgets of \$5 million or less to ensure that this grant reaches those CBO's who have less access to other resources.
89.	Section II: Who May Apply (Page 7)	Some community-based organizations bill Medicaid for certain behavioral health services, but this business operates separately from its other programs. For example, a community-based organization may operate a small Article 31 mental health clinic, but also offer programs separate from this that impact the social determinants of health. Can these organizations be included in the CBO Consortium, given their experiences of serving the community and addressing the social determinants of health? These organizations still struggle to connect with PPSs on DSRIP projects even if they bill Medicaid, and their non-Medicaid billable programs are just as crucial to DSRIP project success.	Please refer to page 7 of the RFA "Who May Apply". If an organization bills Medicaid they will not be eligible to apply.
90.	Section II: Who May Apply (Page 7)	On page 7 sub-bullet 2, the RFA states that a CBO Consortium and CBO Consortium Lead must be a "non-Medicaid billing health organization that currently provides comprehensive health services to the targeted	The language was amended for clarity and omits reference to comprehensive health services. Please refer to Addendum #3 issued on 6/8/16 for clarification of the language cited in this question. The CBO Consortium and

Question #	Corresponding RFA Section	Bidder's Question	Answer
		<p>population, community-based social and human service organizations." Later on the same page (paragraph 4), it states that applicants cannot be health care providers. Can you clarify the meaning of "comprehensive health services"? Additionally, can you clarify who the "targeted population" is?</p>	<p>CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing community-based social and human service organizations that currently provides services to the targeted population.</p> <p>The "targeted population" is the Medicaid population.</p>
91.	Section II: Who May Apply (Page 7)	<p>On page 7, it says that applicants may not include health care provider associations. Below is our mission statement, and I wanted to check if are eligible to apply as a consortium lead.</p> <p>"As the umbrella advocacy organization of behavioral health agencies in New York City and environs, the Coalition's mission is to advocate for, inform, and provide training and technical assistance for these agencies so that they may provide the best possible services with sufficient funding in a favorable regulatory environment. Taken together, these agencies serve more than 350,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood."</p>	<p>No. The CBO Consortium and CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing community-based social and human service organizations that currently provides services to the targeted population.</p>
92.	Section II: Who May Apply (Page 7)	<p>What happens if a consortium decides it cannot meet certain key needs without the involvement of an organization with a budget larger than \$5 million, even though it is led by a smaller organization?</p>	<p>This RFA is limited to CBO's with budgets of \$5 million or less at this time to ensure that this grant reaches those CBO's who have less access to other resources. This includes all members of the Consortium.</p> <p>This RFA requires the assistance from a subcontracted consultant to meet and strengthen key needs for the CBO Consortium.</p>
93.	Section II: Who May Apply (Page 7)	<p>Just to confirm, all member organizations of the Consortium, not only the Lead, need to be operating on a budget of less than 5 million?</p>	<p>All member organizations of the Consortium, not just the Lead, need an operating budget of \$5 million or less.</p>
94.	Section II: Who May Apply (Page 7)	<p>If our agency bills Medicaid for an unrelated service, are we still able to participate in a consortium applying for this RFA?</p>	<p>The CBO Consortium and CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing community-based social and human service organizations that currently provides services to the targeted population.</p>

Question #	Corresponding RFA Section	Bidder's Question	Answer
			Since your agency bills Medicaid, they will not be eligible to apply.
95.	Section II: Who May Apply (Page 7)	Can the foundation component of a healthcare provider association apply?	A foundation component that is part of a healthcare provider who is billing Medicaid is ineligible to apply.
96.	Section II: Who May Apply (Page 7)	It says that the annual operating budget of the consortium lead and consortium members *should* not exceed \$5M. Does it follow that the operating budget(s) of either the Lead or Consortium members could be greater than \$5M?	All member organizations of the Consortium, not just the Lead, need to be operating on a budget of \$5 million or less.
97.	Section II: Who May Apply (Page 7)	Please clarify "The Consortium lead and members should have annual operating budgets of LESS than \$5 million" - is this an aggregate amount or each member must be less than \$5 million.	All member organizations of the Consortium, not just the Lead, need to be operating on a budget of 5 million or less.
98.	Section II: Who May Apply (Page 7)	If a CBO has an agreement with a PPS to assist with a project, are they also considered ineligible to apply for this grant even though they are not a Medicaid provider? For example a CBO that is helping area PPS(s) implement patient activation surveys.	These CBO's are eligible to apply.
99.	Section II: Who May Apply (Page 7)	Can you clarify ..what is meant by "...to support CBOs who do not bill Medicaid.." Are you referring to those concrete, case management services that are expected when working with the Medicaid population, that is unserved/under-served, thus resulting in these "non-billable" services...? I'm sure you don't mean a CBO that does not bill Medicaid as I don't believe they exists...as how would a licensed OMH CBO turn away this population....one would have to bill Medicaid?	The CBO Consortium and CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing community-based social and human service organizations that currently provides services to the targeted population. OMH CBOs bill Medicaid and therefore are ineligible for this RFA.
100.	Section II: Who May Apply (Page 7)	I'm understanding that even if a consortium itself does not provide Medicaid reimbursable services, if its members do – the consortium is not eligible?	The Consortium or the Consortium Lead cannot be an entity that bills Medicaid. If any of the member CBOs or the Consortium Lead bill Medicaid for services, the application will be ineligible and rejected.

Question #	Corresponding RFA Section	Bidder's Question	Answer
101.	Section II: Who May Apply (Page 7)	Does every member of the consortium have to be a non-Medicaid billing organization or just the lead organization?	The CBO Consortium members and the CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing health organization.
102.	Section II: Who May Apply (Page 7)	What if the CBO only provides Medicaid transportation? Are they not eligible?	If this CBO is billing Medicaid for transportation services, they are not eligible.
103.	Section II: Who May Apply (Page 7)	<p>Can you clarify page 7 of the RFA. The eligibility requirements state that CBO consortium and lead provide health services but in the middle of the page under "applicants may not include" it states health care providers. Can you tell me of the following entities that are on our campus would be eligible To apply for this grant:</p> <p>Assisted living 24 hour memory care with all private pay residents. In other words not low income?</p> <p>An independent living facility with no health services provided?</p> <p>A Certified Home Health agency who has the capacity to bill Medicaid but only bills Medicare and is already part of a PPS DSRIP?</p>	These services make the entity asking the question ineligible because it is a health care provider that is not predominantly serving the Medicaid population. Please refer to Addendum #3 issued on 6/8/16 for clarification of the language cited in this question.
104.	Section II: Who May Apply (Page 7)	On page 7, can you clarify the seeming contradiction between the line that says the Consortium and Lead "must be a health organization that currently provides comprehensive health services" vs the line that say that Applicants may NOT include health care providers.	Please refer to Addendum #3 issued on 6/8/16 for clarification of the language cited in this question.
105.	Section II: Who May Apply (Page 7)	Since CBO engagement is already progressing, we presume that "billable Medicaid services" is traditional fee-for-service billing and does NOT include waiver-based DSRIP/PPS contractual payments for innovative contributions by CBOs. Is this correct?	The CBO must meet the requirements as stated in the RFA. The DSRIP/PPS contractual payments for services would not count as billable Medicaid services.

Question #	Corresponding RFA Section	Bidder's Question	Answer
106.	Section II: Who May Apply (Page 7)	Could you confirm if this RFA is open to all CBO's or specifically to CBO's that are not Medicaid billers such as a meals on wheels program.	This RFA is open to CBO's that are not Medicaid billers.
107.	Section II: Who May Apply (Page 7)	<p>Are HCBS providers eligible for the CBO planning grant?</p> <p>Currently, HCBS providers may not be billing yet, but when HCBS services comes on-line, they may bill Medicaid for these services only.</p>	Please see response to Question #75.
108.	Section II: Who May Apply (Page 7)	Based upon the description of CBO's, I believe that our program, does not qualify. While we are an OASAS licensed outpatient program, we also offer other grant funded programs so I wanted to be sure without assuming we were not eligible.	Your program does not qualify. This RFA is open to CBO's that are not Medicaid billers.
109.	Section II: Who May Apply (Page 7)	If you are a subcontractor with Medicaid Managed Long Term Care plans and DO NOT submit billing to Medicaid directly, does that disqualify you from this grant?	You may qualify as long as you meet the RFA eligibility criteria and the specific service you provide meets the social determinants of health criteria as identified in the excel spreadsheet Attachment 10.
110.	Section II: Who May Apply (Page 7)	<p>As a nonprofit not connected to a PPS and not billing for Medicaid services, we are very interested in joining a consortium in order to connect and work with a PPS to help us build our capacity for health management and care coordination.</p> <p>However, what concerns us about this RFA is the fact that there is a budget restriction on the agency that can apply as consortium lead as well as on the agencies that can be consortium members (page 7, second bullet of the RFA states they should have an annual operating budget of \$5 million or less). Since our annual budget is higher, does this exclude us from even joining a consortium? It seems that a lot of providers will be excluded based on budget size -- even though the issue of connecting and working with PPS networks most certainly also is an issue for mid-to larger-sized organizations, not only for small CBOs.</p>	<p>Other resources have been identified in the Applicants' Conference presentation for those not eligible for this RFA.</p> <p>We hope you will make use of those resources to enhance your business capacities for financial sustainability. This RFA is limited to CBO's with budgets of \$5 million or less at this time to ensure that this grant reaches those CBO's who have less access to other resources.</p>

Question #	Corresponding RFA Section	Bidder's Question	Answer
		Would the Department of Health consider a revision to remove this requirement on budget size so other agencies with budgets higher than \$5 million can also profit from joining a consortium?	
111.	Section II: Who May Apply (Page 7)	Are there any opportunities for agencies with larger budgets (over \$5 million) to collaborate or partner with a \$5 million budget or less agencies on this RFP?	This RFA is limited to CBO's with budgets of \$5 million or less.
112.	Section II: Who May Apply (Page 7)	All of the necessary CBOs to address key social determinants of health may not already be identified by some local PPSs. Can additional local CBOs be added to a Consortium if not already on the PPS's performance network list to fill these gaps?	Yes, additional CBO's can be added to a Consortium, whether or not they are in a PPS performance network.
113.	Section II: Who May Apply (Page 7)	Is it necessary for the Lead Consortium to be located in and conducting business in, high need areas of New York State?	Yes, it is necessary for the lead Consortium to be conducting business in high need areas of NYS serving the Medicaid and low-income population.
114.	Section II: Who May Apply (Page 7)	<p>On page 7, under 'Applicants must meet the following eligibility requirements: Second bullet...</p> <ul style="list-style-type: none"> •The Consortium lead and members should have annual operating budgets of LESS than \$5 million to ensure that this grant reaches those CBO's who have less access to other resources; <p>If we write this grant, our agency would be the Consortium 'lead'. Our annual budget is ~\$7.5m, HOWEVER, the bulk of that is dedicated to one large program administered by our agency. Our programs that provide the 'Community-based services that address the social determinants of health...' constitute a composite budget much LESS than \$5 million.</p> <p>Also, are all agencies included in the Consortium supposed to have annual budgets less than \$5 million also?</p>	This RFA is limited to CBO's with total budgets of \$5 million or less at this time.

Question #	Corresponding RFA Section	Bidder's Question	Answer
		<p>Since the inception of our local PPS (Finger Lakes PPS) we have been involved at a very high level. We feel positioned to submit a strong proposal and to deliver a sound product.</p>	
115.	Section II: Who May Apply (Page 7)	<p>On page 7, second bullet, the RFA states that the \$5 million cap is "to ensure that this grant reaches those CBO's who have less access to other resources."</p> <p>However, a recent report by the Human Services Council (HSC) of NYC, "New York Nonprofits in the Aftermath of FEGS: A Call to Action," states that "organizations with budgets from \$10 million to \$49 million are more likely to be in financial distress than those with budgets of less than \$1 million, and a significant portion—60 percent—are financially distressed, having no more than three months of cash reserves." (Page 3 of attached document).</p> <p>Also, in the same document, HSC states that the "transition to Medicaid Managed Care poses considerable risk for human service providers" (page 3). and that it is critically important to make sure "New York's transition to Medicaid Managed Care is a win for beneficiaries, taxpayers, and human services providers" (page 4 of HSC Report).</p> <p>Given that organizations with budgets in the \$10-\$49 million are the ones more likely facing financial distress than smaller organizations and given HSC's recommendation that a successful transition to Medicaid Managed Care is vital, is it possible to change the budget limitations?</p>	<p>Other resources have been identified in the Applicants' Conference presentation for those not eligible for this RFA.</p> <p>The Department hopes you will make use of those resources to enhance your business capacities for financial sustainability.</p> <p>This RFA opportunity is reserved for CBO's with an operating budget of \$5 million or less.</p>
116.	Section II: Who May Apply (Page 7)	Can municipalities apply for this grant or be part of a consortium?	Municipalities and other local government units are not qualified since they are not 501c3 organizations.

Question #	Corresponding RFA Section	Bidder's Question	Answer
117.	Section II: Who May Apply (Page 7)	<p>Are Westchester 202 housing facilities qualified for this grant?</p> <p>We just opened a new 202 housing facility so we don't have the 3 year experience requirement but we do have a 202 for profit facility that we have 15 years' experience with. Would we qualify for the grant with this experience?</p>	No. All consortium members must be 501c3 non-profit.
118.	Section II: Who May Apply (Page 7)	Does every member of the consortium have to have an annual operating budget less than \$5 million or just the lead organization?	All members of the consortium, including the lead, need to have an annual operating budget of \$5 million or less.
119.	Section II: Who May Apply (Page 7)	<p>1. There is a stated requirement that "The Consortium lead and members should have annual operating budgets of LESS than \$5 million to ensure that this grant reaches those CBO's who have less access to other resources".</p> <p>a. Given the large number of potential members in each Consortium, we presume that this means that EACH member must have a budget less than \$5 million. Adding the word "each" after "members" or after "million" would clarify this.</p>	You are correct. This RFA is limited to CBO's with budgets of \$5 million or less.
120.	Section II: Who May Apply (Page 7)	I have a question about the status of our organization in order to apply for the grant. My organization, Is a private business with a Sole Member which makes our organization a for-profit status organization. Please inform if any organization is eligible to apply for this grant.	Your organization is ineligible to apply. The organization must be 501c3 non-profit.
121.	Section II: Who May Apply (Page 7)	One of our PPS Partners is a Pharmacy who expressed interest in the RFA for the CBO Planning Grant but they have a question on if they would be eligible to apply. They bill 10% Medicaid and 45% Medicaid Managed Care. Are they eligible to apply?	Any consortium member who bills any percent Medicaid is ineligible to apply.

Question #	Corresponding RFA Section	Bidder's Question	Answer
122.	Section II: Who May Apply (Page 7)	RFA Pg 8, "Each CBO Consortium Lead must..." Item #1, The reference to, "The number of CBOs by county", Is this speaking specifically to the number of COB's which are included in the Consortium by County or total number of CBOs in the county?	This is speaking to the number of CBO's within the consortium grouped by county, not all of the CBO's in the county.
123.	Section II: Who May Apply (Page 7)	Can the proposed project target an under-served city within the region, or must services be provided to the entire region?	The Consortium should reflect representation across the regions and seek to assist the CBOs in the region.
124.	Section II: Who May Apply (Page 8)	Regarding the statement on Page 8 that the CBO must not be currently providing billable MA services, can we get a clarification that the wording should be interpreted to mean 'billing MA services', since it is the expectation that in the future social services will be eligible for value based payments through MA, and thus would be 'billable' services?	See answer to question #109. PPS and VBP payments would not constitute Medicaid billing under this RFA eligibility criteria.
125.	Section II: Who May Apply (Page 8)	RFA grant stated that CBOs should already be providing high-need services to a "Medicaid and low-income uninsured population." Does the population served by the CBOs have to be already on Medicaid or can they be Medicaid-eligible but not enrolled? If the CBO also primarily serves a Dual, Medicare, uninsured, and/or lower-income (but above Medicaid) population, are they eligible as well.	The CBO should be serving a low-income population that is Medicaid, Medicaid-eligible or similar in socio-economic characteristics.
126.	Section II: Who May Apply (Page 9)	"Each CBO Consortium Lead must..." Item #1, The reference to, "The number of CBOs by county", Is this speaking specifically to the number of COB's which are included in the Consortium by County or total number of CBOs in the county?	This is speaking to the number of CBO's within the consortium grouped by county, not all of the CBO's in the county
127.	Section III: Project Narrative/Work Plan Outcomes (Page 9)	On page 8, the RFA states that a CBO Consortium Lead must include in their application "The number of CBOs by county." Does this refer to the number of CBOs by county in the Consortium? It would be difficult to include a general estimate of all CBOs in a given county in New York State.	This is speaking to the number of CBO's within the consortium grouped by county, not all of the CBO's in the county

Question #	Corresponding RFA Section	Bidder's Question	Answer
128.	Section III: Project Narrative/Work Plan Outcomes (Page 9)	On page 8, 6th paragraph, it states all subcontractors must be approved by the DOH. Is there a list of potential qualified subcontractors?	Please see response to Question #26. The Department does not have a pre-qualified list of subcontractors.
129.	Section III: Project Narrative/Work Plan Outcomes, Subsection A: Location (Page 9)	Under Section IIIA. Location - does "Rest of State" mean that a given consortium will support the work of the entire upstate region outside of NYS and Long Island/Hudson, or may a consortium apply to serve one region located in the "Rest of State?"	"Rest of State" comprises the entire region outside of New York City, Long Island, and Mid-Hudson. (This includes the remaining 7 Regional Economic Development Council Regions: Capital Region, North Country, Mohawk Valley, Southern Tier, Central New York, Finger Lakes, and Western New York). A consortium must serve all regions in the "Rest of State".
130.	Section III: Project Narrative/Work Plan Outcomes, Subsection C: Workplan (Page 9)	Under the work plan efforts listed on page 9: what are examples of acceptable launch activities for CBOs to begin?	The Department is relying on Applicants to identify appropriate implementation plan and launch activities for CBOs to begin the strategic planning scope of work.
131.	Section IV: Administrative Requirements (Page 13)	Is the Grants Gateway 10Mb file size limit for EACH uploaded file, or TOTAL of ALL files uploaded?	The 10MB file size limit is for EACH uploaded file.
132.	Section IV: Administrative Requirements (Page 15)	If a consortium is awarded funding from this planning grant, can the consortium invoice for consulting services used to apply for the grant, even though this will be a retro-payment?	Yes, the consortium can invoice for consulting services as a retro-active payment as long as the consultant agrees to this set-up.
133.	Section IV: Administrative Requirements (Page 17)	On page 17, 2nd paragraph, is it meant that if we have a combined purchase of services and/or equipment greater than \$25, 000, we do not have to comply with any M/WBE requirements and further, do not have to fill out an M/WBE Utilization Plan? Do we still need to document good faith efforts in such a case?	Please refer to Addendum #4 issued on 6/21/16. This addendum adjusts the MWBE goal for this opportunity to the agency's goal of 30%. Applicants are now required to complete an MWBE Utilization Plan. If the applicant does not plan to meet the 30% goal, they are required to complete an MWBE

Question #	Corresponding RFA Section	Bidder's Question	Answer
			Waiver Request. As part of the MWBE Waiver Request, applicants should document their good faith efforts to meet the 30% goal.
134.	Section IV: Administrative Requirements (Page 17)	We appreciate the recognition that many nonprofit CBOs are themselves already MWBEs; do we read correctly that on page 17, there is no obligation to otherwise utilize MWBEs?	Please refer to Addendum #4 issued on 6/21/16 to address this question. MWBE requirements apply to non-labor costs of the proposal where outside services such as consulting and other vendor costs are required. The CBO Consortium itself is outside of the MWBE requirement if it decides to hire any staff for this project – these would be labor costs not subject to MWBE requirement.
135.	Section V: Completing the Application (Page 21)	Is there a page or character limit for the application?	This is an Online Grants Gateway funding opportunity, therefore when completing the Online Application through Grants Gateway, applicants will be required to submit responses to criteria outlined in Section V: Completing the Application. The Character Limit Response to each section/criteria is limited to 4,000 characters.
136.	Section V: Completing the Application (Page 21)	Please indicate the preferred font and format and any page/word/character minimums or limitations for applications.	Please see response to Question #135 9.
137.	Section V: Completing the Application (Page 22)	Where asked for the number of community-based organizations by county, is that total number of CBOs or just the CBOs in the consortium?	This is speaking to the number of CBO's within the consortium grouped by county, not all of the CBO's in the county
138.	Section V: Completing the Application (Page 24)	On page 24, the RFA states "Specify the source of financial support for each staff item"; does this refer only to matching costs?	Any in-kind costs for existing personnel who will work on the project or other anticipated sources of funding in addition to positions that would be funded by the grant.
139.	Section V: Completing the Application (Page 25)	Can CBOs use this money to hire additional staff in order to implement program activities and interact with PPSs/MCOs etc? Or would additional staff be limited to the 15% spend for administrative costs?	The Consortium can use the award to hire additional staff for project activities. The consultant expenses and other direct costs of implementing would be considered Program Services.

Question #	Corresponding RFA Section	Bidder's Question	Answer
			<p>On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. EO38 defines Administrative Expenses as those expenses paid with State Funds or State Approved Payments that are incurred in connection with a Provider's management overhead, but which are not attributable directly to the provision of Program Services. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: http://executiveorder38.ny.gov. A worksheet to assist providers in determining their administrative expenses has also been provided there (http://executiveorder38.ny.gov/guidance/appse-calculation-worksheet).</p>
140.	Section V: Completing the Application (Page 25)	If administration costs are limited to 15% of total grant spending, does that include all personnel including the consultant and all staff?	No, the consultant expenses would be outside of the administrative expenses and would be considered Program Services.
141.	Section V: Completing the Application (Page 27)	On page 27, the "applications will be evaluated on a 100 point scale," but the total adds to 110 points. Are preference points considered bonus points in the application?	Preference points are considered bonus points totaling up to an additional 10 points for this application.
142.	Attachment 10: CBO Consortium Grid (Pre Submission Upload)	Do you expect the Consortium to have agency representation in all 20 social determinant categories listed on the consortium spreadsheet?	While it is not necessary, the broader the representation across regions and SD categories, it will be viewed positively regarding the Consortium's intended scope for organizations to benefit the strategic planning activities.

**New York State Department of Health
Community Based Organization (CBO) Planning Grant RFA
RFA #1512160408 / Grants Gateway #DOH01-CBOPG-2016**

CBO APPLICANT CONFERENCE CALL ATTENDEE LIST*

First Name	Last Name	Company
Albert	Alvarez	Bronx Partners for Healthy Communities/SBH Health System
Lori	Andrade	HWCLI
Heidi	Arthur	HMA
Lynn	Asvestas	Trinity Alliance
Linda	Austin	
Dennie	Beach	Go Africa Network Inc
Georgette	Beal	United Way of Long Island
Barbara	Beatus	
Vivian	Becker	Dominican Sisters Family Health Service
Elizabeth	Berka	
Brittani	Bilse	
Marianne	Bogannam	Dominican Sisters Family Health Service
Vanessa	Bongiorno	Ostroff Associates
Antonea	Bongo	Llobet Medical Group
Beth	Breslin	
Mary	Brite	Outreach/Quality Consortium
Geri	Brooks	United Hebrew
Humberto	Brown	arthur ashe institute for urban health
Kathy	Burch	Chautauqua County Health Network
Lisa	Burch	Family and Children's Association
Glenda	Cadwallader	P2 Collaborative of WNY
Doris	Carbonell-Medina	BCBSWNY
Christine	Casiano	Outreach
Carol	Cassell	ArchCare
Lisa	Chan	Transform Health LLC
Meredith	Chimento	United Way of the Greater Capital Region
Connie	Cho	Lawyers Alliance for New York
Jason	Chura	WMU
Andrew	Cleek	McSilver Institute for Poverty Policy & Research
Nolly	Climes	RSS/JMHCA
Beverly	Collier	JSPOA
Andrew	Coonin	N/A
John	Coppola	NY Association of Alcoholism and Substance Abuse Providers, Inc. (ASAP)
Kimberly	Corbett	
Ilene	Corina	PULSE of NY
Samantha	Corrigan	Regional Center for Independent Living
Chris	Covey	NACS
Mary	Craig	EN AHEC
Kylee	Criscione	OMH - WNYFO
Connor	Croston	
Art	Cusack	
Joe	Czajka	Pattern for Progress
Trilby	De Jung	FLHSA
Andrew	Dearing	Homeless Alliance of Western New York

Young	Do	Hospitality House, TC, Inc.
Opal	Dunstan	Mount Vernon Neighborhood Health Center
Janine	Dykeman	Mental Health Association in Fulton and Montgomery Counties
John	Eichner	TLC Health Network
Erica	Eliason	
Rachel	Evans	MHVC
Rachael	Exon	
Maurine	Falkowski	Grant Builders
Barbara	Faron	federation
Todd	Faubel	Albany Medical Center
Ann	Feightner	
Elisa	Fisher	The New York Academy of Medicine
Marilyn	Fraser	Arthur Ashe Institute for Urban Health
Todd	French	Mental Health Empowerment Project
Anna	Gowdy	Senior Services of Albany
Breanna	Goyette	
Ian	Grant	Fort Drum Regional Health Planning Organization
Ari	Grinspan	Sans Souci Rehab
Jonathan	Gross	Primary Care Development Corporation
Doreen	Guma	Time To Play Foundation
Laura	Gustin	FLPPS
Max	Hadler	New York Immigration Coalition
Sanam	Hafeez	MADAD
Marcy	Handler	iSER Consulting
Andrea	Haradon	Human Service Development
Marcus	Harazin	New York StateWide Senior Action Council, Inc.
Cindy	Harrington	Shelters of Saratoga
Katherine	Heflin	CHCS
Mike	Helman	LDA of WNY
Lorraine	Horgan	cabrini of westchester
Nancy	Hunnicutt	Open Door Mission
Joyce	Infante	VNS Westchester
Eileen	Jamison	PPNC
Lillian	Jimenez	Westchester Medical Center Health PPS
Samuel	Jones	Go Africa Network Inc.
Jack	Kabariti	Pediatrics Care PC
Michael	Kahnowitz	
Mingie	Kang	
June	Keenan	WMC Health Network
Lynn	Keller	CP Rochester
Patrice	Kellett	Hudson River Housing
Hindy	Kohn	Community Svc Center of Greater Wmsbg
Maseba	Konneh	
Susan	Kopp	Albany Medical Center
Andrew	Koski	Home Care Association of NYS
Rachel	Laster	Millennium Collaborative Care
Estee	Lavitt	Washington Heights CORNER Project
Shannon	Lawler	Alzheimer's Association
Rebecca	Leahy	North Country Home Service, Inc.
Jonh	Lee	
Christopher	Leto	Ridgewood Bushwick Senior Citizens Council
Linda	Lewis	Unity House of Troy, Inc.

Catherine	Lewis	Millennium Collaborative Care
Jason	Lippman	The Coalition of Behavioral Health Agencies
Anne	Little	Asthma Coalition of Long Island/American Lung Association of the Northeast
Janine	Logan	Nassau-Suffolk Hospital Council
Fiona	Long	
Dennis	Lumbao	MS PPS
Nicole	Macfarland	Senior Hope Counseling, Inc.
Aileen	Martin	NRCIL Watertown
Bonnie	Maruchau	Gods Earth Angels Corp
Sarina	Master	Independence Care System
Elizabeth	Mazzucco	Putnam ARC
Christine	Mcintyre	
Kate	Mcally	NYCON
Jeffrey	Mcqueen	Mental health association of Nassau County
Thomas	Mehnert	Mehnert & Associates, LLC
Jeremy	Merrill	New Horizon Counseling Center
Edie	Mesick	
Francesca	Mesiti	Attentive Care
Marni	Millet	OASAS
Alan	Mitchell	PCDC
Jenelle	Moran	Mercy Haven, Inc.
Peg	Moran	WMCHealth PPS
Kimberly	Motekew	FREE
Kevin	Muir	CAMBA
Sana	Munshi	
Megan A	Murphy	AHI
Gail	Myers	NYStateWide Senior Action Council
Rose Anne	Nagy	YourCare Health Plan
Allison	Nidetz	Bay Ridge
Adesuwa	Obasohan	
N.	Ordover	ASCNYC
Gwen	O'Shea	Health & Welfare Council of Long Island
Bhavana	Pahwa	White Plains Youth Bureau
Claire	Parde	Healthcare Consortium
Ralph	Pasacrita	Student Assistance Services
Janeen	Pendergast	Community Medical and Dental Care Inc
Rachael	Peters	Peer Health Exchange
Paige	Pierce	Families Together in NYS
Beverly	Pierce	Student Assistance Services Corp
Rachael	Pine	Altman Foundation
Fay	Pinto	ELIZABETH SETON PEDIATRIC CENTER
Annette	Pisano-Higley	Family Service Society of Yonkers
Allison	Pool	CHRF/LHVPN
Charlene	Prismy	HealthFirst
Paulette	Purdy	LDACNY
Sarah	Ravenhall	
Andy	Rawdon	Compeer Rochester, Inc.
Carol	Ray	RCAL, inc.
Aron	Reiner	Bikur Cholim Inc.
Fred	Riccardi	Medicare Rights Center
Natalie	Richardson	The Sharing Community, Inc.
Donna	Robbins	Wayne County Action Program, Inc.

Irene	Rodgers	EPIC Long Island, Inc.
Ivelisse	Rodriguez	Restorative Management Corp.
Janet	Romeo	EPIC Long Island
Gregg	Rosen	Marquis Home Care
Jill	Rosen-Nikoloff	CDCLI
Sylvia	Rowlands	NY Foundling
Mark	Sasvary	Hudson Valley Mental Health, Inc.
Paul	Savage	Healthcare Intelligence, LLC
Lynne	Schaefer	NYS OMH
Madelyn	Schiering	
Samantha	Schuffenecker	
Joe	Scripa	Onondaga County Adult and Long Term Care Services
Natalia	Selezneva	Personal-Touch Home Care of NY, Inc
John	Shaw	Next Wave
Meghan	Shineman	NYC DFTA
Abbey	Simmons	Lifetime Assistance, Inc.
Randi	Sinnreich	Health + Hospitals
Priscilla	Smith	DOH
Mario	Smith	WMCHHealth PPS
Andrea	Smyth	A Smyth Advocacy
Anne	Snell	St. Lawrence County Health Initiative, Inc.
Darlene	Sovey	Upstate Cerebral Palsy
Kimberly	Spielberg	PARC
Kimberly	Staab	Suffolk County DSS Medicaid
Edith	Stowe	
Melissa	Thomas	The Coalition of Behavioral Health Agencies, Inc.
Jenna	Tine	Goodwill Industries of Greater New York and Northern New Jersey, Inc.
Ivy	Tran	Arthur Ashe Institute for Urban Health
Cindy	Trubisky	American Lung Association of the Northeast
Kim	Tucker	Federation of Organizations
Tammy	Umansky	PPNC
Jane	Vail	CNYHHN
Maria	Varon	CMS
Christina	Villanueva	United Hebrew
Sarah	Walton	Syracuse Northeast Community Center
Carol	Wanyo	Dutchess County LHD
Alissa	Wassung	God's Love We Deliver
Dona	Watkins	Medical Solutions, Inc.
Judy	Wessler	Communities Together for Health Equity
Denise	West	Brooklyn Perinatal Network
Lauren	Wetterhahn	Central New York Care Collaborative
Sara	Wexler	Community Resource Exchange
Victoria	White	United way of Long Island
Robert	Wingate	Catskill Hudson Area Health Education Center
Lynn	Winne	NYSDOH

*Attendee Contact E-Mail Addresses are available upon request. Please email your request to:

OHIPContracts@health.ny.gov

Addition: Answer to Question #1:

Letters of Interest Forms Submitted

<u>First Name</u>	<u>Last Name</u>	<u>Company</u>
<u>Caren</u>	<u>Fairweather</u>	<u>Maternal Infant Services Network of Orange, Sullivan and Ulster Counties, Inc.</u>
<u>Sarah</u>	<u>Walton</u>	<u>Syracuse Northeast Community Center</u>
<u>Gwen</u>	<u>O'Shea</u>	<u>Health and Welfare Council of Long Island</u>
<u>Ivy</u>	<u>Tran</u>	<u>The Arthur Ashe Institute for Urban Health</u>
<u>Andrea</u>	<u>Haradon</u>	<u>S2AY Rural Health Network, Inc.</u>
<u>Charles</u>	<u>Oduro</u>	<u>St. Catherine of Genoa Church</u>
<u>John</u>	<u>Craik</u>	<u>P2 Collaborative of Western New York</u>
<u>Dennie</u>	<u>Beach</u>	<u>Go Africa Network Inc.</u>
<u>Pastor A.</u>	<u>Singleton</u>	<u>Faith Outreach Ministries</u>
<u>Cheryl</u>	<u>Hunter-Grant</u>	<u>Lower Hudson Valley Perinatal Network</u>
<u>Greta</u>	<u>Niu</u>	<u>Planned Parenthood of Central and Western New York</u>