

ADDENDUM # 5

7/20/16

RFA # 1512160408/ Grants Gateway # DOH01-CBOPG-2016
New York State Department of Health
Office of Health Insurance Programs
DSRIP Program

Community Based Organization (CBO) Planning Grant

Extension of Application Due Date

RFA Document, Page 1, Key Dates

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

Release Date:	May 16, 2016
Applicant Conference Call Registration Deadline:	June 6, 2016 by 4:00 PM
Applicant Conference Call	June 8, 2016 at 12:00 PM
Questions Due:	June 17, 2016
Questions, Answers and Updates Posted (on or about):	June 30, 2016
Letter of Interest/Intent Due:	July 8, 2016
Applications Due:	August 16, 2016 by 4:00 PM August 18, 2016 by 4:00 PM

ADDENDUM #4
6/21/16

RFA # 1512160408/ Grants Gateway # DOH01-CBOPG-2016
New York State Department of Health
Office of Health Insurance Programs
DSRIP Program

Community Based Organization (CBO) Planning Grant

**Revisions to Minority & Woman-Owned Business Enterprise Requirements and
Revisions to Instructions for Attachment 10**

**RFA, Pages 16 & 17, IV. Administrative Requirements, Section I. Minority & Woman-Owned
Business Enterprise Requirements**

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

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **030% as follows:** ~~on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation.~~

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

The goal on the eligible portion of this contract will be **015%** for Minority-Owned Business Enterprises (“MBE”) participation and **015%** for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

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

directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

~~This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan is optional (Attachment 7 located under Pre-Submission Uploads). Funded applicants are encouraged to engage with firms found in the directory for the acquisition of required product(s) and/or service(s) associated with this grant.)~~

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in Attachment 7 of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

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

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

Revisions to Instructions for Attachment 10: CBO Consortium Grid (Excel Format)

Attachment 10: CBO Consortium Grid (Excel Format), Pre Submission Upload section of the Grants Gateway on line application

Please note that, due to the issuance of Addendum #3 dated 6/8/16 which revised RFA Section II. Who May Apply, the last column entitled "Health & Healthcare (HHC)" does not need to be completed. All applicants should LEAVE THIS COLUMN BLANK.

ADDENDUM #3
6/8/16

RFA # 1512160408/ Grants Gateway # DOH01-CBOPG-2016
New York State Department of Health
Office of Health Insurance Programs
DSRIP Program

Community Based Organization (CBO) Planning Grant

Revisions to Minimum Eligibility Criteria

RFA Document, Page 7, II. Who May Apply

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

Applicants **must** meet the following eligibility requirements:

- A Consortium Lead authorized to apply on behalf of a CBO Consortium whose members provide key services that directly impact the social determinants of health:
 - The CBO Consortium and CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing health ***community-based social and human service*** organizations that currently provides comprehensive health services to the targeted population; ~~community-based social and human service organizations.~~ For example: housing, social services, religious or faith based organizations, food banks, etc.;
- The Consortium lead and ***each*** 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;
- Endorsement by PPSs whose region they are located in;
- The Consortium Lead should have engagement or participation in PPS projects or in PPS committees;
- The Consortium Lead and members **must** have three (3) years of experience in:
 - Working with the targeted population; **OR**
 - Past regional collaboration on other social determinants or health care projects or programs; and
- The Consortium Lead should have demonstrated successful leadership experience.

ADDENDUM # 2

6/3/16

RFA # 1512160408/ Grants Gateway # DOH01-CBOPG-2016
New York State Department of Health
Office of Health Insurance Programs
DSRIP Program

Community Based Organization (CBO) Planning Grant

Revisions to Applicant Conference Call - WebEx Dial-In and Registration

RFA Document, Page 12, D. Applicant Conference

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

D. Applicant Conference

An Applicant Conference Call / **WebEx** WILL be held for this project. This conference call will be held on the date and time posted on the cover sheet of this RFA. The Department requests that potential applicants register for this conference by ~~sending an e-mail to OHIPContracts@health.ny.gov~~ **following the instructions to register at this address:**
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e01d273374ecb74a6a1ea1dba436fe063>.

Once registered, click the link sent to your confirmation email and follow the on-screen instructions to join the call.

~~to~~ **This will** insure that adequate accommodations be made for the number of prospective attendees. Applicants are directed to call: 1-518-549-0500, **or 1-844-633-8697**, then press the Profile ID: ~~40913670~~ **645953462**, then # to participate in this call. A maximum number of two representatives from each prospective applicant will be permitted to ~~attend~~ **participate in** the applicant conference, if calling from separate phones. Failure to attend the Applicant Conference will not preclude the submission of an application. Deadline for reservations is posted on the cover page of this RFA. **Applicants that have already registered through email, will need to complete their registration by following the instructions provided above.**

ADDENDUM # 1
5/27/16

RFA # 1512160408/ Grants Gateway # DOH01-CBOPG-2016
New York State Department of Health
Office of Health Insurance Programs
DSRIP Program

Community Based Organization (CBO) Planning Grant

Revision to Applicant Conference Call Registration Deadline

RFA Document, Page 1, Key Dates

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

AMENDED TO:

Release Date:	May 16, 2016
Applicant Conference Call Registration Deadline:	June 2, 2016 by 4:00 PM <u>June 6, 2016 by 4:00 PM</u>
Applicant Conference Call	June 8, 2016 at 12:00 PM
Questions Due:	June 17, 2016
Questions, Answers and Updates Posted (on or about):	June 30, 2016
Letter of Interest/Intent Due:	July 8, 2016
Applications Due:	August 16, 2016 by 4:00 PM

RFA # 1512160408 / Grants Gateway # DOH01-CBOPG-2016
(Insert numbers provided by BOC/Grants Unit)

New York State Department of Health
Office of Health Insurance Programs
DSRIP Program

Request for Applications

Community Based Organization (CBO) Planning Grant

KEY DATES

Release Date:	May 16, 2016
Applicant Conference Call Registration Deadline:	June 2, 2016 by 4:00 PM
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Questions Due:	June 17, 2016
Questions, Answers and Updates Posted (on or about):	June 30, 2016
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Applications Due:	August 16, 2016 by 4:00 PM
DOH Contact Name & Address:	Michael Lewandowski New York State Department of Health Office of Health Insurance Programs Division of Employee and Program Support One Commerce Plaza - Room 1460 Albany, NY 12237 OHIPContracts@health.ny.gov 518-473-1474

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I. Introduction

Program Background

In 2011, Governor Andrew M. Cuomo created the Medicaid Redesign Team (MRT) which was asked to investigate and address underlying issues related to increasing health care costs and health care quality in New York State's Medicaid program. The Governor invited key Medicaid stakeholders to collectively identify ways to improve quality of care for Medicaid members, while also reducing the amount of Medicaid spending for an increasingly growing number of Medicaid members. The stakeholders assigned to this MRT task represented a broad membership including: state officials and employees, legislators, healthcare leaders, business representatives and consumer leaders.

In order to advance the implementation of the recommendations of the MRT, New York State (NYS) submitted a plan to the federal Centers for Medicare and Medicaid Services (CMS), asking for waivers of certain rules and regulations on how the Medicaid program operates in NYS. The NYS Medicaid waiver plan describes how recommendations for reform would reduce costs and generate savings. These savings could then be reinvested in specific change services delivered to Medicaid members and in specific health program focus areas.

See the MRT website for more information: http://www.health.ny.gov/health_care/medicaid/redesign/.

In April 2014, Governor Cuomo announced that New York had finalized Special Terms and Conditions with CMS for this groundbreaking plan. This is known as the Medicaid 1115 waiver amendment, or the Partnership Plan. This waiver allows NYS to reinvest \$8 billion of \$17.1 billion in federal savings generated by the CMS-accepted MRT reforms with \$6.42 billion specifically allocated for the Delivery System Reform Incentive Payment (DSRIP) program.

The key goals of DSRIP are to:

- Transform the health care safety net at both the system and state level by promoting integrated delivery systems across different care settings including community-based services.
- Reduce avoidable hospital use and improve other health and public health measures at both the system and state level.
- Ensure delivery system transformation continues beyond the waiver period through leveraging payment reform focused on performance and outcomes.

To accomplish the goals of DSRIP, the operational objectives are met through newly organized Performing Provider Systems (PPS). The PPS are collaborative networks across a continuum of care, including hospitals, clinics, and primary and specialty care providers including community-based organizations (CBOs). The health system transformation will involve shifting care to more ambulatory and community-based settings. Each PPS chose specific DSRIP projects designed to build capacities for population health management and care coordination that are necessary for integrated delivery systems.

The partners for these projects include other community-based agencies who can assist in coordinating the health care and support for a Medicaid member. One specific DSRIP goal is to achieve a 25 percent reduction in avoidable emergency room and hospital admissions over the next 5 years. The PPSs are starting the project implementation phase to specifically address individual Medicaid

members and community health needs.

DSRIP acknowledges that social determinants of health are key factors to address in order to improve a member's health and significantly impact avoidable emergency department (ED) and hospital admissions. Community-based services that address the social determinants of health include, but are not limited to, housing, nutrition, transportation, language access services, and legal-aid. These social needs are often best addressed by local community-based service organizations. CBOs typically have originated to serve specific community needs and incorporate the cultural, linguistic aspects and priorities in their service delivery programs. As local providers, they are more likely to be seen as trusted resources to assist the Medicaid members. CBOs who provide many of the social services do not bill Medicaid, since these are not Medicaid services but their participation is critical to the achievement of DSRIP goals. Such organizations need to be engaged in the DSRIP program and included in the PPS project teams to address Medicaid member needs. DOH is simultaneously exploring how such services may fit into Value Based Payment models that incentivize providers for patient outcomes.

DOH has developed this RFA to provide planning grant dollars to support CBOs who do not bill Medicaid to participate in DSRIP projects and PPS networks. Final grant awards will be issued to three regional consortiums of CBOs in the State. The CBO consortium applicant will be required to have identified a qualified consultant that will have assisted the consortium applicant in developing the RFA response. If the application is successful, the identified consultant will work as a subcontractor upon award in order to facilitate the CBO consortiums planning activities and deliverables. By taking this approach, the implementation of the planning activities will commence more quickly.

RFA Request: *CBO Consortium*

With major initiatives such as DSRIP, smaller community organizations are often challenged in how to engage and contract with larger, lead organizations, such as the PPS in DSRIP. These organizations tend to be administratively lean, have fewer resources and also compete with other CBOs for similar funding grants. Additionally, it may be challenging to analyze and present their service mission and enterprise in a business framework for contract arrangements. The administrative time and resources required for such engagements often exceed what individual CBOs have available to analyze the business requirements, and to successfully formulate a business strategy and proposition. Further, such demands may burden the CBO and undermine the resources needed for the CBO to continue to deliver its core services.

The New York State Department of Health (DOH), Office of Health Insurance Programs is issuing this Request for Applications (RFA) to announce the availability of funds for the support of Community Based Organizations in specific targeted areas that remain un-served/underserved as part of the DSRIP Program.

This RFA is intended to solicit applications for grants to assist CBO Consortiums in planning activities to identify business requirements and formulate strategies for short-term needs as well as longer term plans that the CBO consortium may envision in system transformation. This will allow them to better position themselves for continuing engagement with PPSs in DSRIP projects, and consequently, value-based payment and contracting. **A requirement of the application is for the CBO Consortium to identify and retain a consultant who will not only help the CBO Consortium Lead apply for this funding, but further develop and implement the planning activities once an award is made. This**

is seen as an initial investment by the CBO Consortium and the consultant in order to assure that the planning activities outlined in the application proposal will commence as soon as possible upon award.

The subcontracted consultant will coordinate and conduct these planning activities in concert with the Consortium. The consultant will provide business structure and technical/expertise support to the Consortium members in navigating new business and revenue opportunities under DSRIP and other initiatives, while permitting the individual CBO members to continue to perform their core service function. While this grant will provide initial funding support to help CBOs prepare to partake in DSRIP, it is critical that the CBO Consortium position itself to pursue additional resources to further explore a financially sustainable infrastructure to meet ongoing and longer term engagement in system transformation.

Successful applications will:

- Successfully file the Consortium Lead application through the Grants Gateway;
- Describe the Consortium Lead, mission, history, governance (provide listing of board of directors), organization, qualifications, experience and membership agreement to act as and be supported as a lead entity in the development of this application.
 - This shall also include description of the experience and expertise that qualify it for the implementation of planning activities outlined in the application;
- Describe, in detail, the Consortium Lead's activities as part of its own organizational Cultural Competency plan and adherence to recent Culturally and Linguistically Appropriate Services (CLAS) National Standards (see Attachment 3);
- Identify and describe the experience and qualifications of the subcontracted consultant in development and implementation of the workplan;
- Describe the oversight activities of the subcontractor by the Consortium Lead entity to ensure compliance to RFA deliverables;
- Describe the criteria for the participating CBOs in the Consortium, the strategy for balanced representation within consortium and any rules or regulations established to support its function;
- Describe if and how the CBO Consortium will include other CBOs in its planning and other activities for CBO's who may not have been part of the original Consortium membership and application;
- Provide an outline of the governance model and organizational vehicle for the collaboration of members in the consortium. Include all steps necessary to meet the common identified needs;
- Clearly identify the membership of the CBO Consortium members using the template provided (Attachment 11 under Pre-Submission Uploads), identifying CBO name, address, county, and select their relevant impact on social determinant of health. (These social determinants of health are identified in grid-format in Attachment 11).
 - Include letters of PPS endorsements
- Outline the process by which the Consortium will identify and address common needs and interests of its wide-ranging members and other CBOs related to DSRIP program;
- Describe the CBO Consortium's current understanding of critical business requirements and which of those the consortium would seek to further explore for future PPS engagement;
- Discuss current challenges that CBO Consortium members face in contracting with PPSs (legal, IT, financial business terms, administrative, and training workforce);

- Discuss how the Consortium will pursue sustainability once the funding has expired;
- Assessment and Outreach strategies to ensure that the CBO Consortium is comprehensive and reflective of all critical partners; this includes other applicants that were not successful in receiving the CBO Planning Award; and
- Provide a timeline for overall planning activities.

Available Funding and Anticipated Awards

A minimum of \$2,500,000 is allocated and potentially up to \$7,500,000 may be available to support this initiative. The three regions consist of New York City, Long Island and Mid-Hudson, and Rest of State. The anticipated contract term is December 1, 2016 through November 30, 2017. 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. Awards will be made to the three highest scoring applicants: one in each region. Please see Attachment 9 for a detailed map of each region and regional breakdown.

The DOH reserves the right to revise the funding amounts for awards as necessary due to changes in the availability of funding. A reduction in appropriations may result in reduced awards. CBO Planning Grant dollars must not supplant existing activities.

Use of Funds

*These funds **may be** used for costs associated with:*

- subcontracted consultant(s) including those costs in formulating the successful application;
- staff for Consortium planning activities;
- administration to organize the consortium;
- professional fees (financial and legal);
- data analysis and other activities to support planning;
- technical assistance/training;
- meetings;
- equipment and supplies; and
- engagement activities with the PPS.

*These funds **may NOT** be or be used for:*

- Capital and construction costs;
- Workforce development; or
- Supplant existing activities that are part of the CBOs’ program and service model.

Once a contract is approved and signed, an advance payment equal to 25% of the total contract award amount may be, at the Department’s discretion, be made within the first month to begin Consortium and consultant activities.

II. Who May Apply

Minimum Eligibility Criteria:

Eligible applicants **must be** an organization authorized to apply on behalf of a consortium of public or private not-for-profit (501(c)3) CBO’s, located in and conducting business in, high need areas of New

York State Applicants **must be** pre-qualified through the Grants Gateway. Eligible applicants must also demonstrate the utilization of a professional consultant to develop the application and clearly identify the consultant and their role throughout the duration of the contract.

The professional consultant **cannot be** the contractor for the NYS DSRIP Independent Assessor, Support Team, and/or Evaluator.

Applicants **must** meet the following eligibility requirements:

- A Consortium Lead authorized to apply on behalf of a CBO Consortium whose members provide key services that directly impact the social determinants of health:
 - The CBO Consortium and CBO Consortium Lead must be a not-for-profit 501(c)3, non-Medicaid billing health organization that currently provides comprehensive health services to the targeted population, community-based social and human service organizations. For example: housing, social services, religious or faith based organizations, food banks, etc.;
- 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;
- Endorsement by PPSs whose region they are located in;
- The Consortium Lead should have engagement or participation in PPS projects or in PPS committees;
- The Consortium Lead and members **must** have three (3) years of experience in:
 - Working with the targeted population; **OR**
 - Past regional collaboration on other social determinants or health care projects or programs; and
- The Consortium Lead should have demonstrated successful leadership experience.

Applicants may not include: for-profits; hospitals; health care providers; health care provider associations; research centers; academic institutions that are part of hospitals or health systems.

Applicants (referred to as "Consortium Lead") are required to apply as a consortium of CBO's with the express purpose of pooling resources to achieve the goals of this RFA. Applicants will be evaluated, in part, on the ability to describe previous successful collaborative relationships and provide a plan to establish a strong collaborative relationship with other organizations and institutions to implement the objectives of this RFA.

Only one application will be allowed per Consortium Lead.

The applicant must identify each organization within its consortium on the Application Cover Sheet (Attachment # 1 located under Pre-Submission Uploads) and upload a Letter of Commitment Sample (see Attachment 2 located under Pre-Submission Uploads) executed by both the applicant and each member organization. Failure to upload a completed Application Cover Sheet will result in disqualification and the application will not be reviewed.

The Letter of Commitment must describe the nature of the collaboration within the Consortium, the DSRIP activities that will be undertaken by the Consortium, and the commitment of the collaborating organizations within the Consortium to participate in the collaboration for the duration of the contract.

In the event of an award, a contract will be established with the Consortium Lead, and not with the entire consortium or the consultant. It is the responsibility of the Consortium Lead to ensure that consortium members and the consultant uphold their contract or Letter of Commitments, and any compensation that is to be provided to consortium members or consultant.

The applicant must also include a Program Summary in their application. This Program Summary must summarize the applicant's proposed program and objectives to meet the specific goals of this RFA. Failure to include a Program Summary in the application, will result in disqualification and the application will not be reviewed.

Each CBO Consortium Lead must include in their application:

1. The number of CBOs by county;
2. The total number of people served annually, by the individual CBO members in the consortium by county;
3. A proposed strategy for a governance model and infrastructure to enable CBOs to improve their ability to engage and contract with PPSs, and other provider entities under a value-based payment arrangement; and
4. A commitment to engage and collaborate with PPSs to reach DSRIP Project goals.

Applicants are required to work with a subcontracted consultant to develop the proposed technical approach for this RFA submission. The same consultant must continue to work with the Consortium Lead for implementation. The consultant and qualifications must be identified in the RFA and be listed as a subcontractor if the grant is awarded. Failure to identify a subcontracted consultant will result in disqualification and the application will not be reviewed.

Consortium Leads are expected to state in the application the specific components of the scope of work to be performed by the consultant and other subcontractors.

The Consortium Lead will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact with the DOH. All subcontractors must be approved by the Department of Health.

DOH issues this RFA to New York State Community Based Organizations who can deliver comprehensive and coordinated community based services to low-income persons receiving and/or eligible for Medicaid. **The CBOs must not be currently providing billable Medicaid services.**

Preferred Eligibility Requirements:

Preference will be given to Consortiums which can demonstrate experience and capacity to:

1. Deliver high need services to low-income communities at priority sites, at times and locations convenient for Medicaid and low-income uninsured populations;
2. Deliver low-literacy, culturally appropriate, and bilingual health information;
3. Target services to residents of high need, NYS Public Health Law §240 Minority Areas (see Attachment 8) and/or rural areas to ensure the provision of services to high need

- populations;
4. Have five (5) years of experience working with the targeted population; and/or
 5. The ability to reach large populations through partnerships with local social services districts, local public health offices, Medicaid outreach providers, schools, faith organizations, and other agencies serving Medicaid and Medicaid-eligible populations.

III. Project Narrative/Work Plan Outcomes

A. Location

General Expectations:

Organizations will be expected to serve DSRIP eligible persons in one of the three regions of NYS listed below. These funds are expected to be awarded to the Consortium of non-billable Medicaid service providers serving:

1. New York City;
2. Long Island and Mid-Hudson; and
3. Rest of State
 - (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).

Please see Attachment 9 for map of the 3 aforementioned regions.

B. Meetings

Scheduled Meetings with PPS:

- PPS input and participation must be involved in regular meetings.

C. Workplan

Each applicant will be expected to submit a proposed Program Design/Work Plan (See Section V.A.6. (Program Design)). The application Work Plan must be used to demonstrate specific activities to be undertaken within specific time frames to accomplish the four efforts outlined below:

1. Establish a planning team;
2. Identify current baseline of understanding, steps to better engage and development of a long-range strategic plan to meet those engagement needs (opportunities, action plan and outcome measures);
3. Define goals and objectives; and
4. Launch activities for CBOs to begin/sustain/improve necessary infrastructure for engagement with PPS for collaboration on DSRIP projects.

While specific activities may vary from one region to another as appropriate for each region's unique circumstances, needs and priorities, the DOH expects the contractor responsibilities to include but are not limited to:

1. Convening stakeholders and CBO Consortium members to provide a neutral forum, open to the public, for identifying, sharing, and disseminating best practices and innovative strategies in relation to population and community health and the social determinants that influence health outcomes and access, with a particular focus on engaging CBO's and helping them prepare for their role in DSRIP. This should be consistent with the goals of the Statewide Prevention Agenda and the DSRIP Program.
2. Through the application of the SMART objectives below, utilize evidence-based or promising practices, as well as, patient and community engagement mechanisms, to ensure input from community members who can provide the value-added perspective of the various communities within the region.

SMART Objectives:

Applicants should take in consideration the SMART objectives described below when completing their Workplan.. Applicants should include at least three objectives that are specific, measurable, achievable, relevant, and time-bound (SMART).

Specific – Objectives should specify what Consortium wants to achieve.

Measurable – Consortium should be able to measure whether objectives are being accomplished or not.

Achievable – Are the Consortium's set objectives achievable and attainable?

Realistic – Can the Consortium realistically achieve the objectives with the available resources?

Time – Objectives, workplan steps, reports and cumulative engagement report must be completed by November 30, 2017.

D. Reporting Requirements:

Awarded organizations shall provide the Department with:

- Quarterly Reports based upon the agreed upon Workplan. These reports shall consist of:
 - Accomplished activities; and
 - Planned next steps.
- Final Cumulative and Concluding Report
 - Due at the same time as the 4th quarterly report.
 - Provide minutes and notes of all meetings attended with the State.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health, Office of Health Insurance Programs. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted in writing or via email to:

OHIPContracts@health.ny.gov

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

Questions of a technical nature can be addressed in writing or via telephone by e-mailing OHIPContracts@health.ny.gov with the Subject line “CBO Planning Grant.” Questions will be answered on a bi-weekly basis during the Q&A Phase. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

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

- www.grantsreform.ny.gov/grantees
- Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube: <http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(Technical questions)
- Grants Team Email: Grantsreform@budget.ny.gov
Phone: 518-474-5595
(Application Completion, Policy, and Registration questions)
- www.grantsgateway.ny.gov

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

This RFA has been posted on the NYS Grants Gateway website at:

https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: <http://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Interest

Prospective applicants may complete and submit a letter of interest (see Attachment 4 located

under Pre-Submission Uploads).

Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. A copy should also be *emailed to OHIPContracts@health.ny.gov*. Please ensure that the RFA number is noted in the subject line and are submitted by the date posted on the cover of the RFA.

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

D. Applicant Conference

An Applicant Conference Call WILL be held for this project. This conference call will be held on the date and time posted on the cover sheet of this RFA. The Department requests that potential applicants register for this conference by sending an e-mail to *OHIPContracts@health.ny.gov* to insure that adequate accommodations be made for the number of prospective attendees. Applicants are directed to call: 1-518-549-0500, then press the Profile ID: 40913670, then # to participate in this call. A maximum number of two representatives from each prospective applicant will be permitted to attend the applicant conference, if calling from separate phones. Failure to attend the Applicant Conference will not preclude the submission of an application. Deadline for reservations is posted on the cover page of this RFA.

E. How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available on this page as well. Training webinars are also provided by the Grants Reform Team. Dates and times for webinar instruction can be located at the following web address: <http://grantsreform.ny.gov/training-calendar>.

To apply for this opportunity:

1. Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.
2. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name Consumer Baed Organization (CBO) Planning Grant and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity form the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. Both DOH and Grants Reform staff are available to answer applicant’s technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Reform Team is available under Section IV. B. of this RFA.

PLEASE NOTE: Although DOH and the Grants Reform staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding

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

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also be aware of the restriction on file size (10 MB) when uploading documents.

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

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

Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

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

F. Department of Health’s Reserved Rights

The Department of Health reserves the right to:

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

days from the bid opening.

15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

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

It is expected that contracts resulting from this RFA will have the following 12 month (1 year) time period: **December 1, 2016 – November 30, 2017.**

Continued funding during this period is contingent upon availability of funding and state budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to the Consortium Lead (contractor) in an amount not to exceed 25 percent of the award amount.
2. The grant contractor will be required to submit quarterly invoices and required reports of expenditures through the Grants Gateway (in the future) to the State's designated payment office:

DSRIP@health.ny.gov

Attn: CBO Planning Grant Invoice (Lead Consortium Name)
New York State Department of Health
Office of Health Insurance Programs

Corning Tower (OCP 720)
Attn: Dianne Kiernan, MMHS, MST, DSRIP Deputy Director
Albany, NY 12237

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

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

3. The grant contractor will be required to submit through the Grants Gateway (in the future) the following periodic reports, identified in section III.D of this RFA:

If funded, applicant organizations agree to participate in data collection and evaluation of services and provide the NYSDOH with quarterly statistical and progress reports, and an end-of-project cumulative report in accordance with contract requirements. In addition, the Department of Health may conduct site visits and evaluations as necessary. All reports will be submitted in the format prescribed in Section III.D of this RFA.

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

I. Minority & Woman-Owned Business Enterprise Requirements

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

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing

and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

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

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan is optional (Attachment 7 located under Pre-Submission Uploads). Funded applicants are encouraged to engage with firms found in the directory for the acquisition of required product(s) and/or service(s) associated with this grant.)

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

J. Limits on Administrative Expenses and Executive Compensation

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

K. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

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

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

L. Vendor Responsibility Questionnaire

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

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

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

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 6 located under Pre-Submission Uploads).

M. Vendor Prequalification for Not-for-Profits

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

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

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

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

1) Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsreform@budget.ny.gov . If you do not know your Password, please click the Forgot Password link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

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

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.

- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

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

N. General Specifications

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

V. Completing the Application

A. Application Format/Content

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

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT/CONTENT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

Application Content:

1. Letter of Commitment from Consortium’s Executive Director or Chief Executive Officer
2. Application Cover Page
3. Program Summary
4. Statement of Need
5. Organizational Experience and Capacity
6. Program Design
7. Monitoring and Evaluation
8. Budget and Budget Justification
9. Attachments
10. Workplan

1. Letter of Commitment from Consortium’s Executive Director or Chief Executive Officer (Attachment 2)	Not Scored
2. Application Cover Page (Attachment 1)	Not Scored but is a minimum eligibility requirement
3. Program Summary	Not Scored but is a minimum eligibility requirement
<p>Summarize your proposed program and objectives to meet the specific goals of this RFA. Briefly describe the:</p> <ul style="list-style-type: none"> • Goal(s) and Objectives of proposed project • Targeted CBO membership, types and numbers to be engaged, and populations served • Existing linkages and collaborations • Monitoring and evaluation strategies • Anticipated goals and objectives toward successful DSRIP PPS engagement 	

4. Statement of Need:	Maximum Score: 10 points
<p>a) Describe the Consortium’s CBO membership in terms of their unique collective and individual value in influencing or addressing Medicaid member’s social determinants of health.</p> <p>b) Describe the experiences of the CBO membership in engaging with PPSs for partnership in projects or in stakeholder committees. Describe the CBO Consortiums current understanding of critical business requirements. Describe the common needs and interests of the CBOs related to DSRIP program and value-based payment arrangements that your planning proposal would seek to address.</p> <p>c) Describe the rules, regulations and/or criteria how the Consortium determined the CBO membership proposed in the application (include identified service gaps and barriers) and strategy for balanced representation. Include both qualitative and quantitative data to substantiate the description.</p> <p>d) Describe your working relationship history of Consortium’s membership, DSRIP stakeholders (hospitals, clinics, providers, and local government entities) and current PPS linkage in your catchment area(s). Provide a narrative of at least 3 PPS endorsements, whose geography Consortium’s CBO membership is in.</p> <p>e) Describe how representatives from the CBO membership were involved in the DSRIP PPS engagement workplan goals and objective processes.</p>	
5. Organizational Experience and Capacity	Maximum Score: 20 Points
<p>a) Describe the Consortium’s governance, organizational structure, collective mission, services provided and locations where services are provided. Include past regional collaboration on other social determinants or health care projects or programs. (Preference will be given to applicants that demonstrate five (5) years of such experience).</p> <p>b) Describe the criteria for how the Consortium determined the CBO membership proposed in the application (include identified service gaps and barriers) and strategy for balanced representation. Include both qualitative and quantitative data to substantiate the description.</p> <p>c) List and describe your Consortium’s CBO membership history in providing community based social and human services programs for economically disadvantaged and underrepresented populations. Include the CBO count by county and population size served. (Preference will be given to applicants that demonstrate five (5) years of such experience).</p> <p>d) Please describe the Consortium Lead, its qualifications and detail on governance structure. Upload a listing of the Board of Directors, executive staffing, roles and provide annual financial statements or Form 990 for the last 3 years. Describe and detail the Consortium Lead’s experience and activities for its own Cultural Competency plan and adherence to recent Culturally and Linguistically Appropriate Services (CLAS) National Standards (see Attachment 3).</p>	

- e) Describe your Consortium Lead’s ability and experience in the effective oversight of administrative, fiscal and programmatic management and implementation, data gathering and analysis ability, including timely and accurate submission of fiscal and well written program reports, and program evaluation capacity. (Preference will be given to applicants that demonstrate five (5) years of such experience).
- f) Describe the Consortium Lead’s experience and ability to manage the identified subcontracted consultant and compliance to ensure timeframe and RFA workplan deliverables are met.
- g) Describe how Consortium Lead and Consortium members will govern oversight of planning scope of activities and deliverables.
- h) Provide the Statement Scope of Work for the subcontracted consultant and identify the experience and qualifications of the such consultant in development and implementation of the CBO Planning Grant workplan.
- i) Describe how DSRIP CBO Planning resources and activities will be organized and fit into the Consortium Lead’s Governance and administrative organizational chart. The organizational chart should clearly show the management and staffing structure for the proposed program and staffing relationships.
- j) Please upload at least three (3) letters of endorsement from PPSs in your region.

6. Program Design

Maximum Score: 15 Points

- a) Discuss current challenges that CBO Consortium members face in contracting with PPSs (legal, IT, financial business terms, administrative, and training workforce) and how these needs may be addressed if your application is successful. Outline the process and structure by which the Consortium will further identify, validate and address common needs and interests of its CBO membership related to DSRIP and value-based payment.
- b) Describe the proposed strategy for a governance model and infrastructure to enable CBOs to improve their ability to engage and contract with PPSs, and other provider entities under a value-based payment arrangement.
- c) Describe the proposed staffing for the program, their qualifications and expertise and whether they are current or staff to be hired (Upload an organizational chart). Describe the specific role of the consultant(s) and how they will coordinate, assess, collaborate, maintain, support and conclude grant deliverables for the Consortium.
- d) Describe how the Consortium will focus, attract and retain CBO membership that provide services that are economically, culturally and linguistically relevant and support economically disadvantaged and underrepresented persons. Identify characteristics of membership that may positively influence the social determinants of health within the Consortium’s geographic area. Identify Assessment and Outreach strategies to ensure that the CBO Consortium is

comprehensive and reflective of all critical partners including other applicants that were not successful in receiving the CBO Planning Award.

- e) Complete the online Workplan template located in Pre-Submission Uploads outlining quarterly milestones and completion of activities within the one year of the grant program. This Workplan should incorporate SMART Objectives outlined in Section III of this RFA. Explain the actions the consortium will utilize toward longer term sustainability and collaboration with the PPS once the grant funding has expired.

7. Monitoring and Evaluation

Maximum Score: 15 Points

- a) Describe your Consortium’s and consultant’s capacity to collect, analyze and report CBO membership data using computer-based applications, as well as the long term strategy to transfer this capacity to the CBO Consortium for ownership and long-term use.
- b) Describe the staff, including qualifications, that will support the proposed program’s monitoring and evaluation activities such as data collection, input, analysis, report writing and feedback.
- c) Describe your Consortium’s overall plan for evaluating and meeting CBO membership needs and challenges in DSRIP PPS contracting engagement and patient centered community based care initiatives.
- d) Describe your Consortium’s overall plan for monitoring progress of the CBO Planning Grant workplan and identifying indicators and measures of success or improvement.
- e) Describe how the Consortium and its CBO membership will be monitored in the long term engagement with the geographically located PPS(s) activities or value based contracting initiatives.

8. Budget with Justification

Maximum Score: 20 Points

- a) Complete the on-line budget template. Assume and complete a twelve (12) month budget, with a December 1, 2016 start date. It is anticipated that up to \$2,500,000 will be available to each successful applicant to fund this project for a twelve month period. Do not exceed the grant award amount. All costs must relate directly to the provisions of this RFA, be consistent with the scope of services, reasonable, and be cost-effective.
- b) Provide a brief narrative justification for each budget item. List all proposed staffing for the program and subcontracted consultant services in the budget. Specify the source of financial support for each staff item. Include in the Budget Justification Template (Attachment 5 located in Pre-Submission Uploads), staff responsibilities in carrying out the proposed activities, and how in-kind personnel and non-personal services provide support to the proposed program. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to the proposed program has been determined.

Please note: THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES IN LINE WITH THE SCOPE OF THE RFA OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

- c) Describe in the Budget Justification how staff, subcontracted consultant and other than personal service items support the work plan.
- d) Provide as an upload, job descriptions and resumes of key personnel proposed to carry out the proposed activities.

Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH staff to be inadequately justified relative to the proposed work plan, or not fundable under existing state guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.

Funding may be requested under the administrative cost line to support a portion of the organization's overall organizational structure to the extent that it allows a funded applicant to implement program activities. This includes funding for administrative and fiscal staff, space, supplies, telephone, and other expenses indirectly associated with program implementation and service delivery. Administrative costs are limited to 15%.

Upload a Statement of Scope of Work for the subcontracted consultant and a Letter of Collaboration. Letter of Collaboration should be specific to each proposed subcontractor in the application. It should describe in not more than two (2) double spaced pages:

- Who the subcontracting organization(s) is/are;
- Why the collaboration is a necessary component of the program;
- What the consultant organization(s) proposes to do (i.e., what the consultant will contribute);
- When the collaborative activities will take place; and
- How the collaboration will be assessed.

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

9. Attachments – Not Scored

10. Workplan – Maximum Score: 20 Points

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

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

- Click on the Work Plan Overview Form and complete all the mandatory fields. All the fields on the Work Plan Overview form are mandatory. Be sure to Click on the SAVE button after all information is entered.
- Click on the Objectives link to enter an Objective for this project. Be sure to Click on the SAVE button after all information is entered.
- After you save the Objective, Hover over the Forms Menu and click on the Tasks link to enter task(s) for the Objective you created. Enter all the required information and click on the save button on the Tasks screen.
- Hover over the Forms Menu and click on the Performance Measure link to enter Performance Measure(s) for the Task(s) you created.
- Enter all the required information and click on the save button on the Performance Measure screen.
- Once one set of Objectives, Tasks, and Performance Measures are complete, you can add a second (or more) set. Click on the Add Button. Note: The system will allow adding more than one objective if not restricted by Funding Agency.

Once a second set is created, you can toggle between the two to work on them by clicking the dropdown with the Go button (this will appear after the second set is created).

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

B. Freedom of Information Law

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

C. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the New York State Department of Health, Office of Health Insurance Programs, and the Office of Minority Health and Health Disparities Prevention, using an objective system reflective of the

required items specified for each section.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

Applications must receive a passing score of 65 to be considered for funding.

Applications will be evaluated on a 100 point scale as follows. In the event of a tie score, the scores on the individual application components will be compared in the following order: 1 (Statement of Need), 2 (Organizational Experience & Capacity), 3 (Program Design), 4 (Monitoring and Evaluation), and 5 (Budget and Justification). The applicant with the highest score on the first component where there is a difference will be considered the winner of the tie.

Letter of Commitment from Executive Director or Chief Executive Officer	Not Scored
Application Cover Page	Not Scored
Program Summary	Not Scored
Statement of Need	10 points
Organizational Experience and Capacity	20 points
Program Design	15 points
Monitoring and Evaluation	15 points
Budget Template including Narrative/Justification	20 points
Attachments	Not Scored
Workplan	20 points
Preference Points	10 points

Awards will be made to the highest scoring applicants. OHIP anticipates that there may be more passing applications than can be funded. Applications will be deemed to fall into one of three categories: (1) approved and funded, (2) approved but not funded, (3) not approved.

OHIP reserves the right to visit the proposed Consortium site or CBO membership organization submitting an application. The purpose of this visit would be to confirm that the Consortium or CBO membership organization has appropriate facilities to carry out the proposed program services, evaluation activities and administrative functions as described in the application.

Once an award has been made, applicants may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

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

VI. Attachments

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of an online application. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

- Attachment 1: Application Cover Sheet*
- Attachment 2: Letter of Commitment Sample*
- Attachment 3: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
- Attachment 4: Letter of Interest Format*
- Attachment 5: Budget Justification Template*
- Attachment 6: Vendor Responsibility Attestation*
- Attachment 7: Minority & Women-Owned Business Enterprise Requirement Forms*
- Attachment 8: NYS Public Health Law §240 Minority Areas
- Attachment 9: NYS Regional Economic Development Councils Map
- Attachment 10: CBO Consortium Grid (Excel Format)*

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

Attachment 3

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Bibliography:

Beach, M. C., Cooper, L. A., Robinson, K. A., Price, E. G., Gary, T. L., Jenckes, M. W., Powe, N.R. (2004). Strategies for improving minority healthcare quality. (AHRQ Publication No. 04-E008-02). Retrieved from the Agency of Healthcare Research and Quality website: <http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf>

Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: http://www.commonwealthfund.org/usr_doc/Goode_evidencebasecultlinguisticcomp_962.pdf

LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Retrieved from the Joint Center for Political and Economic Studies website: <http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf>

National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>

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U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020: Social determinants of health. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>

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World Health Organization. (2012). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/

Attachment 5: Application Budget Format and Instructions

General Information

All expenses for your project must be in line item detail in the on-line template provided in the Grants Gateway. New York State funded indirect costs may not exceed ten percent (10%) and must be fully itemized (i.e., space, utilities, etc.) and justified.

Complete all attached budget forms. Assume a twelve (12) month budget, with a December 1, 2016 start date. Complete the budget template for the one proposed year of the project.

Budget Narrative/Justification Form

Use Attachment 5 to justify/explain the expenses included in the Budget Request. The justification must show all items of expense and the associated cost that comprise the amount requested for each budget category (e.g., if the total travel cost is \$1,000, show how that amount was determined – conference, local travel, etc.) and, if appropriate, an explanation of how these expenses relate to the goals and objectives of the project.

Personnel Services

Include a description for each position and the annual salary or rate per hour if non-salaried or if hourly, percentage of time spent on various duties where appropriate, on this form. Contracted or per diem staff should not be included in personnel services. These expenses should be shown as consultant or contractual services under non-personnel services.

Fringe Benefit Rate

Specify the components (FICA, Health Insurance, Unemployment Insurance, etc.) and their percentages comprising the fringe benefit rate, then total the percentages to show the fringe benefit rate used in the budget calculations. If different rates are used for different positions, specify which positions are subject to which rate.

Non-Personnel Services

Any item of expense not applicable to the following categories must also be listed along with a justification of need.

Supplies and Materials – Delineate the items of expense and estimated cost of each item along with justification of their need.

Travel – Delineate the items of expense and estimated cost (i.e. travel costs associated with conferences, including transportation, meals, lodging, and registration fees) and estimated cost along with a justification need. Costs should be based on the agency's applicable travel reimbursement policy.

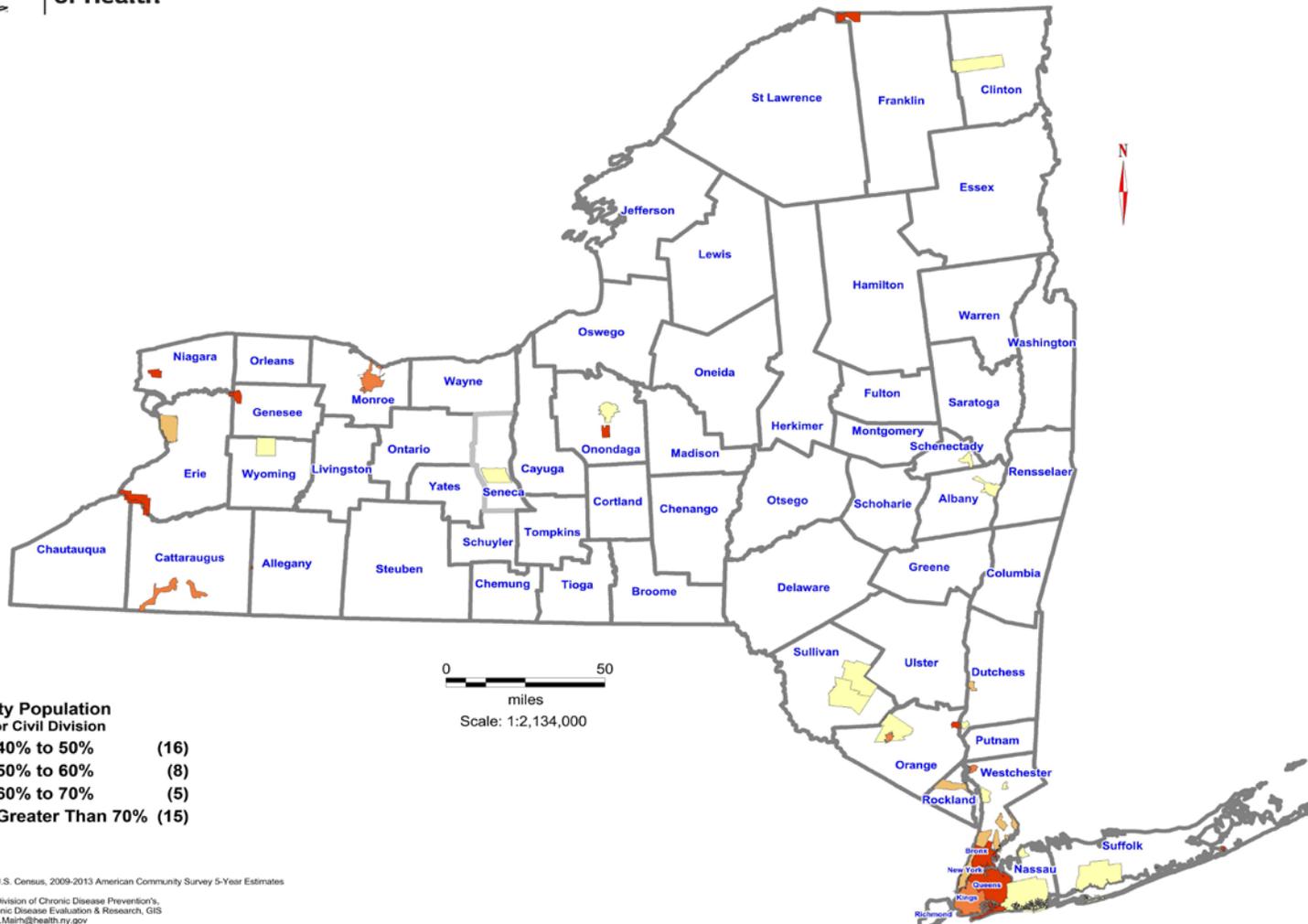
Consultants/Per Diem/Contractual Services – Provide a justification of why each service listed is needed. Justifications should include the name of the consultant or contractor, the specific service(s) to be provided, and the time frame for the delivery of services. The cost for each service should be fully justified.

Equipment – Specify each piece of equipment and estimated cost along with a justification of need. Equipment costing less than \$500 should be included in the Supplies and Materials category. Anticipated equipment purchases of \$500 or more should be included in the equipment line.

Attachment 8 – NYS Public Health Law Section 240 Minority Areas



NYS Counties with Section 240 Minority MCD's
(Minority Population Greater than 40%)



**Minority Population
By Minor Civil Division**

- 40% to 50% (16)
- 50% to 60% (8)
- 60% to 70% (5)
- Greater Than 70% (15)

Data Source: U.S. Census, 2009-2013 American Community Survey 5-Year Estimates
Produced by: Division of Chronic Disease Prevention's,
Bureau of Chronic Disease Evaluation & Research, GIS
Contact: Aaron.Maim@health.ny.gov

PHL-Title II-F § 240 "Minority Area"
Minor Civil Divisions (MCD's) NYC NTA's

Minor Civil Division w/in County	Percent Minority	MCD TOTAL_POP
Albany County		
Albany city	47%	97,892
Allegany County		
Oil Springs Reservation	100%	7
Bronx County		
Bronx borough	89%	1,386,364
Cattaraugus County		
Allegany Reservation	67%	1,060
Cattaraugus Reservation	98%	352
Chautauque County		
Cattaraugus Reservation	100%	10
Clinton County		
Dannemora town	49%	4,912
Columbia County		
Hudson city	43%	6,731
Dutchess County		
Beacon city	43%	15,488
Poughkeepsie city	59%	31,503
Erie County		
Buffalo city	53%	261,955
Cattaraugus Reservation	93%	1,911
Tonawanda Reservation	100%	14
Franklin County		
St. Regis Mohawk Reservation	93%	3,212
Genesee County		
Tonawanda Reservation	92%	543
Kings County		
Brooklyn borough	64%	2,512,740
Monroe County		
Rochester city	62%	210,967
Nassau County		
Glen Cove city	43%	26,918
Hempstead town	40%	759,197
New York County		
Manhattan borough	52%	1,596,735
Niagara County		
Tuscarora Nation Reservation	85%	1,104
Oranidaga County		
Oranidaga Nation Reservation	100%	158
Syracuse city	46%	144,703
Orange County		
Middletown city	62%	27,956
Newburgh city	80%	28,871
Walkill town	43%	27,537
Queens County		
Queens borough	72%	2,235,008
Rockland County		
Haverstraw town	58%	36,587
Schenectady County		
Schenectady city	42%	65,921
Seneca County		
Romulus town	42%	4,273
Suffolk County		
Islip town	43%	335,356
Poospatuck Reservation	89%	408
Shinnecock Reservation	95%	337
Sullivan County		
Fallsburg town	42%	12,910
Thompson town	45%	15,263
Westchester County		
Mount Kisco town	47%	10,855
Mount Vernon city	80%	67,434
New Rochelle city	51%	77,074
Ossining town	48%	37,704
Peekskill city	64%	23,568
Rye town	51%	45,897
White Plains city	52%	56,768
Yonkers city	58%	196,459
Wyoming County		
Attica town	42%	7,707
MCD Pop Est. Grand Total		10,378,439
NYS Population, 2012 est. Grand Total		19,576,125
MCD Pop Est. as a % of NYS Pop.		53%

Attachment 9 - NYS Economic Development Regional Map

