

**RFA # 17643 / Grants Gateway # DOH01-HHSHP-2018**

**New York State Department of Health**  
*Division of Program Development and Management*  
*Bureau of Social Determinants of Health*

**Request for Applications**

*Medicaid Redesign Team*  
*Health Home Supportive Housing Program*

**KEY DATES:**

|   |  |
|---|--|
| <b>Release Date:</b>  | <b>2/9/2018</b>  |
| <b>Applicant Conference Registration<br/>Deadline:</b>          | <b>2/20/2018</b>   |
| <b>Applicant Conference:</b>                                    | <b>2/21/2018, 11:00AM – 1:00PM</b>   |
| <b>Questions Due:</b>   | <b>2/23/2018</b>   |
| <b>Questions, Answers and<br/>Updates Posted (on or about):</b> | <b>2/28/2018</b>   |
| <b>Applications Due:</b>  | <b>3/16/2018 by 4:00PM</b>   |
| <b>DOH Contact Name &amp; Address:</b>                          | <b>Sara Morales-Digges<br/>Division of Program Development and<br/>Management<br/>99 Washington Ave, 1620<br/>Albany, NY 12210<br/>mrtssupportivehousing@health.ny.gov</b> |

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## **I. Introduction**

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

The Affordable Housing Work Group was created by the MRT and charged with developing recommendations for changes to housing programs for high-need Medicaid beneficiaries, such as the homeless, precariously housed or those living in institutional settings, which would reduce the growth in Medicaid spending in New York, while maintaining or improving health outcomes for Medicaid beneficiaries.

One recommendation of the MRT Affordable Housing Work Group was to provide funding for the housing needs of Medicaid members enrolled in New York's Health Home program. In furtherance of that recommendation, the New York State Department of Health's (DOH) Medicaid Redesign Team launched the Health Home Supportive Housing Program and is issuing this Request for Application (RFA) for re-procurement to continue aiding the participants currently being served, and expand the program to new participants. The Health Home Supportive Housing Program is a prior program that was in effect from 10/1/2014-9/30/2018.

The New York State Department of Health (DOH) is issuing this Request for Application (RFA) to seek applications from Providers (also referred to as the provider or as the applicant) for funds to be used to provide rental subsidies and non-medical services to provide housing for homeless or unstably housed Medicaid members who are enrolled in New York State's Health Home Program. The rental subsidies and services provided under the Health Home Supportive Housing Program are intended to be a means to provide affordable and stable housing and services, to thereby improve access to health services and the health status of Health Home members who are high-cost, high-utilizers of Medicaid services. This program will serve participants that are already enrolled in the program and single individuals who are enrolled in Health Home and may include a certain number of families with minors under the age of 18 years old.

## **II. Who May Apply**

### Minimum Eligibility Requirements

Eligible applicants must be a not-for-profit organization authorized to do business, and available to provide services, in New York State. A qualified applicant should have at least three years of experience in the following areas:

- Housing for chronically homeless individuals;
- Housing of individuals who have the health conditions of those members eligible for Health Homes; and
- Providing services and supports to help individuals who have health conditions which meet the criteria for Health Home services, to become and remain stably housed.

In addition, as part of the application requirements, applicants must identify and submit at least one commitment letter from a Health Home partner who has agreed to collaborate with the housing provider to implement the terms and procedures of the RFA, as included in the provider's application. Eligible Health Home partners include designated New York State Health Homes. A list of all designated Health Homes is listed here:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_map/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm).

Applicants must also:

- Provide rental subsidies. Applicants that are not proposing to provide rental subsidies will not be considered for an award.
- It is expected that at least 50% of funds will be used for rental subsidy. Applicants that are not proposing at least 50% of funds will not be considered for an award.

### **III. Project Narrative/Work Plan Outcomes**

The intent of the program is for supportive housing providers to collaborate with Health Homes to:

- Identify and locate chronically homeless Health Home members or eligible members that are in the enrollment process;
- Leverage partnerships with Health Home and a health plan and/or hospital to target high-utilizers;
- Provide housing at Fair Market Rate (FMR) to facilitate access to health services and improve the health status of Health Home members; coordinate the efforts of the Health Home Care Manager and the Housing Specialist to implement the Health Home Member's Plan of Care; and
- Provide an opportunity for providers and Health Homes to develop methods to ensure that Health Home members remain stably housed.

This program will serve single individuals who are enrolled in Health Home and may include a certain number of families with minors under the age of 18 years old. Potential clients of the program must be enrolled in Medicaid, be chronically homeless, be health home enrolled or the provider must work with the Health Home to enroll the eligible member, and have one of the following within the past 12 months:

- Have two or more inpatient stays;
- Have five or more emergency department visits;
- Have four or more emergency department visits and one or more inpatient stay;
- Have base period Medicaid spending above the top 20% of Medicaid recipients' relative to the county of fiscal responsibility and target population parameters (for example, an SMI recipient in Westchester would have to have base period spending more than 80% of the SMI population in that county).

In addition to a Health Home partner, applicants should be in collaboration with a health plan organization or hospital to identify high-utilizers.

Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization

(contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the DOH. All subcontractors should be approved by the Department of Health.

**A. Available Funds**

1. The total anticipated amount available for this procurement is up to \$500,000 annually, for up to approximately 16 awards for a total allocation of \$8 Million per year for this project.
2. A minimum of one award will be made in the counties listed in Table 1 to ensure that the program continues to serve current participants. Once the below locations are awarded to ensure current participants are covered (to the top scoring applications), all other applications will be considered for awards as well as additional awards in counties mentioned in Table 1 below. There will be up to five awards in the NYC region and no more than two awards in each county (rest of state). If there is more than one award in an area that has current participants, the following methodology will apply when considering the assignment of current participants to the awarded provider: 1. Current participants will be served by the provider that covers the area in which participants live, or 2. Participants will be divided between the awardees if the geographical area overlaps. In the event acceptable applications (scoring 70 or above) are not received from a region, an additional award to another region may be considered. Additional awards would be made to the next highest scoring applications (scoring 70 or above). Selected providers must have a transition plan in place to accept and serve any existing health home members housed under this program. If there is no award made from this RFA in a currently served county or area, DOH may offer additional funding to a nearby awardee to ensure that rental subsidies are not discontinued for current participants.
3. It is anticipated that the contracts resulting from this RFA will be in effect during the following five-year period: 10/1/2018—9/30/2023. Continued funding throughout this period is contingent upon satisfactory contract performance and availability of funding and state appropriations. DOH reserves the right to revise the award amounts as necessary, due to changes in the availability of funding or lack of applications scoring 70 or above as described above. Applicants may serve more than one borough and/or county.

**Table 1 - Current Rental Subsidies Provided**

| <b>Borough/County</b>         | <b>Current Number of Participants Served*</b> |
|-------------------------------|---|
| Brooklyn                      | 23  |
| Staten Island                 | 38  |
| Bronx                         | 28  |
| Queens (Far Rockaway)         | 2   |
| Cayuga, Madison, and Onondaga | 26  |
| Niagara                       | 40  |
| Broome and Tompkins           | 27  |
| Albany and Rensselaer         | 31  |
|                               | <b>225</b>                                    |

*\*Numbers are approximate and may fluctuate.*

Any funds awarded to applicants must be used for the purposes of providing housing and services that facilitate the provision of housing to a Health Home member and their ability to remain stably housed. It is expected that at least 50% of funds will be used for rental subsidy. Applicants that are not proposing to provide rental subsidy will not be considered for an award.

Any funds awarded to applicants shall not be used to duplicate care management services available under the Health Home program payment schedule. Further, funds should not be used to supplement other available resources.

## **B. Permissible use of Funds**

Any funds awarded to applicants must be used for the purposes of providing housing and non-medical services that facilitate the provision of housing to a Health Home member, and their ability to remain stably housed. Rental subsidies and housing units must follow HUD guidelines. Permissible uses of funds that meet such purposes include, but are not limited to, providing support for:

- Rental subsidies at or below HUD Fair Market Value, security deposit, one time furnishing and personal supplies;
- Services or staff that help the Health Home member remain stably housed, including program supervision, housing counselors or specialists, and employment counseling;
- Services or staff to identify and locate the Health Home members who need housing; or
- Services or staff to assist Health Homes in navigating the range of available housing options, identifying available housing opportunities, and completing housing applications.
- Non-medical activities that address participants social determinants of health.

Any funds awarded to applicants shall not be used to duplicate care management services available under the Health Home program payment schedule. Items and services that are provided by Medicaid are not eligible to be paid for by DOH grant funds. DOH grant funds should be last resort of funding.

## **C. Project Requirements**

### **1. Experience of Applicant and Identification of Health Home Partner**

Applicants will be required to document that they meet the minimum eligibility requirements as described in Section II of this RFA and their experience in providing housing. Applicants will be required to identify one or more designated New York State Health Home(s) from which a commitment letter has been received to be the applicant's Health Home partner for the purposes of the RFA.

It is DOH's preference that housing providers be part of the network of its chosen Health Home partner at the time of application. In cases where the housing provider is not already part of the network of its chosen Health Home partner at the time of application, the housing provider must include in its application a signed Letter of Commitment from its chosen Health Home partner, indicating its intention to enroll the housing provider in its Health Home Network.

## **2. Collaborative Approaches Developed by Housing Provider and Health Homes**

Partner Applicants will be required to describe the approaches, methods, and/or procedures the housing provider/applicant and its Health Home partner have developed and agreed to employ, to address each of the following issues. To the extent applicable, explain why the agreed to approaches, methods or procedures are a best practice:

- Identify and locate the Health Home members who need housing or eligible members that are in process of enrollment;
- Maximize the use of funds awarded under this RFA by developing and documenting procedures for verifying the Health Home member is not eligible for other housing alternatives/programs, or if the member is eligible for other housing alternatives, such alternatives are not immediately available. All members should be signed up for Section 8 at enrollment;
- Maximize the use of funds awarded under this RFA by ensuring its proposal and approaches do not duplicate efforts of the Health Home care manager and housing specialists or other housing staff;
- Determine what type of housing is most appropriate for the Health Home member and how assessments of the member and the member's care plan inform that decision;
- Include the Health Home member's participation in housing and other decisions to help the member remain stably housed;
- Determine how the Health Home care manager and the housing program, including housing specialists and counselors, will collaborate to identify housing related and other support services that complement the member's care plan and increase the ability of the member to remain stably housed; and
- Determine how the Health Home care manager and the housing specialist/counselor will keep each other informed of the member's status, including if the member's housing or health status should become unstable.

## **3. Agreement to Meet Reporting Requirements**

Providers who receive funds under this RFA must agree to maintain accurate reports of the use of funds, both in the aggregate and by Health Home member. Please see "Section V. Completing the Application" for additional information required for reporting requirements of this RFA.

## **4. New York State's Health Home Program**

The Health Home Program is authorized by Section 2073 of the Affordable Care Act (ACA) as an optional Medicaid State Plan benefit to establish Health Homes to coordinate care for people with Medicaid who have chronic conditions. Through the efforts of New York's Medicaid Redesign Team (MRT) and approved State Plan Amendments by the Centers for Medicare and Medicaid Services (CMS), the New York State Health Home Program was launched on January 1, 2012.

Health Homes utilize a care management services model that uses a "care manager" to ensure all the professionals involved in a Health Home member's care communicate regularly. Health Home services are provided through networks and partnerships between physical and behavioral health care providers, health plans, and community based organizations. Because of this, all member's needs (medical, behavioral health and social services) are addressed in a comprehensive manner. Housing

providers are a critical component of the Health Home network.

### **Who is Eligible for Health Home Care Management Services?**

The Health Home care management model is designed to increase quality care and efficiency to improve the health of Medicaid members with chronic medical and behavioral conditions. To qualify for New York State Health Home care management services, Medicaid members must have two chronic conditions, or one single qualifying condition (HIV/AIDS or one serious, persistent mental health condition [SMI]).

Chronic conditions include, but are not limited to the following:

- Mental health condition
- Substance abuse disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight (BMI over 25)
- Hypertension

For more information about Health Home eligibility criteria, including chronic conditions, please see New York State Health Home State Plan Amendments at:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/09-23-2014\\_hh\\_eligibility\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/09-23-2014_hh_eligibility_policy.pdf).

### **Core Health Home Services**

Health Homes, through its care manager, are required to perform the following five core (exclusive of Health Information Technology requirements) services:

- **Comprehensive care management** (e.g., complete a comprehensive health assessment, inclusive of medical, behavioral, rehabilitative and social service needs; complete, update and revise as needed, an individualized patient centered plan of care with the patient to identify patient's needs and goals, and include family members and other social supports, as appropriate);
- **Care coordination and health promotion** (e.g., coordinate with service providers and health plans, crisis intervention, monitor, educate, support, and accompany the client to scheduled medical appointments);
- **Comprehensive transitional care** (e.g., facilitate discharge planning from an ER, hospital, residential and/or rehabilitative facility to ensure safe transition; link client with community supports to ensure that needed services are provided);
- **Individual and family support** (e.g., develop, review and revise individual's plan of care with client and family to ensure plan reflects individuals' preferences, education, and support for self-management; refer client and family to peer supports, support groups, social services, entitlement programs as needed); and
- **Referral to community and social support services** (e.g., collaborate and coordinate with community-based providers to support effective utilization of services based on client need).

### **New York Designated Health Homes**

There are currently 34 Health Homes, with a presence in 62 counties in the state that serve both Adults and Children. Some Health Homes operate in more than one region of the state. For a complete list of designated Health Homes, the counties they serve and primary contact information please see DOH's web site for Health Homes at the address below:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_map/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm).

### **Linkage Between Health Home and Housing Provider**

Documentation of the collaboration and on-going communication between the Housing provider and Health Home (and designated care management agency) regarding the participant's goals and plan of care must be accurately reflected in the participant's record and updated regularly. The Housing Provider and its respective Health Home partner must have agreed upon strategies and approaches that include, but are not limited to, the following:

- Identify and locate the Health Home participant that needs housing;
- Provide housing as a means to improve access to health services, improve the health status of health home participants, and thereby reduce cost of high utilizers of Medicaid;
- Identify procedures for verifying the Health Home participants are not eligible for other housing alternatives;
- Ensure approaches do not duplicate efforts of the Health Home Care manager and Housing Specialists or other Housing staff;
- Determine what type of housing is most appropriate for the Health Home participant and how assessments of the participant and the participant's care plan inform the decision;
- Involve the Health Home participant in his/her housing and other decisions concerning remaining stably housed;
- Determine how the Health Home Care Manager and the housing program, including housing specialists and counselors, will collaborate to identify housing related and other support services that complement the participant's care plan and increase the ability of the participant to remain stably housed;
- Determine how the Health Home Care Manager and the housing specialist/counselor will keep each other informed of the participant's status, including if the participant's housing or health status should become unstable; and
- Identify best practices, procedures and methods for Supportive Housing Providers to collaborate with Health Homes.

## IV. Administrative Requirements

### A. Issuing Agency

This RFA is issued by the New York State Department of Health, Office of Health Insurance Programs, Division of Program Development and Management, MRT Supportive Housing Initiative. 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:  
[mrtsupportivehousing@health.ny.gov](mailto:mrtsupportivehousing@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 via email to [mrtsupportivehousing@health.ny.gov](mailto:mrtsupportivehousing@health.ny.gov). **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.

- <https://grantsreform.ny.gov/grantees>
- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: <https://grantsreform.ny.gov/youtube>
- Grants Gateway Team Email: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)  
Phone: 518-474-5595  
Hours: Monday thru Friday 8am to 4:30pm  
(Application Completion, Policy, and Registration questions)
- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(Technical questions)

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://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>. Questions and answers,

as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

### C. Applicant Conference

**An Applicant Conference will be held for this project.** This conference will be held through a webinar on the date and time posted on the cover sheet of this RFA. The Department requests that potential applicants register for this conference by clicking the following link: <https://meetny.webex.com/meetny/onstage/g.php?MTID=e86b1f7d410682bc44f6c9f2a681cb9b4> to insure that adequate accommodations be made for the number of prospective attendees. A maximum number 2 of representatives from each prospective applicant will be permitted to attend the applicant conference. 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.

### D. 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: <https://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 Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://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 “Medicaid Redesign Team Health Home Supportive Housing Program” 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 from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, 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. **Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application.** Both DOH and Grants Gateway 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 Gateway Team is available under Section IV. B. of this RFA.

**PLEASE NOTE:** Although DOH and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, 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 application. 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. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. 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. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

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

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

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

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

## **E. 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.

**F. 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 five-year time period: 10/1/2018 - 9/30/2023.

Continued funding throughout this five year 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 Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

**G. Payment & Reporting Requirements of Grant Awardees**

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

**Division of Program Development and Management  
Bureau of Social Determinants of Health  
NYS Department of Health  
One Commerce Plaza, Suite 1620  
Albany, NY 12210**

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

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Quarterly. 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 the following reports to the Department of Health at the address above or, in the future, through the Grants Gateway:
  - a) Medicaid Data Warehouse spreadsheet through Health Commerce System (monthly)
  - b) Rental Subsidy Tracking Spreadsheet (quarterly)
  - c) Narrative Reports (quarterly)

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

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

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

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

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

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

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

The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

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

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 2** 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.

#### **I. 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>.

#### **J. 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 be sure the Vendor Identification number is included in your organization information. 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/forms.htm](http://www.osc.state.ny.us/vendor_management/forms.htm).

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

## **K. Vendor Responsibility Questionnaire**

The New York State Department of Health strongly encourages 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/index.htm> or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

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

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 1).

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

## 2) Complete your Prequalification Application

- 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 Gateway Team at [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov).

## 3) Submit Your Prequalification Application

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

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

## M. 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: <https://grantsreform.ny.gov/grantees>.

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

#### Pre-Submission Uploads

- Attachment 1- Vendor Responsibility Attestation

- Attachment 2- Minority & Women-Owned Business Enterprise Requirement Forms
- Attachment 3- Health Home Commitment Letter Template
- Attachment 6- Excel Budget Template for Years 2 through 5

Program Specific Questions

A complete application will consist of the following, in the order indicated:

**1. Program Summary**

**Not Scored**

Summarize your proposed program. Describe the purpose of your program, target populations, geographical area to be served, outreach strategy, proposed services and anticipated outcomes.

**2. Statement of Need**

**Maximum Score: 15 Points**

- Describe the target population(s) to be served by this funding. Include information such as demographics, homeless and housing statistics, as well as specific geographic area to be served.
- Describe how you have determined the need for housing-related financial assistance and housing retention services for the targeted population. Include any pertinent statistics and the source of data used to demonstrate need. Describe the availability of housing funded from the federal, state and local sources within the region you are applying for (i.e., Emergency Shelter Allowance, Section 8 or other subsidized program). Explain why these services do not meet current need and how your proposed financial assistance will not duplicate existing housing-related financial assistance programs.
- Describe how the need for the services proposed in the application was determined (including identified service gaps and needs and how this process is appropriate for assessing those gaps and needs).
- Identify and briefly describe other programs providing similar services in the target area. Describe the process for coordinating the proposed program with other supportive housing providers in the area. Describe how your proposed program will enhance services to the target population without duplicating current programs or services.

**3. Applicant Organization**

**Maximum Score: 5 Points**

- Briefly describe your agency, its overall mission, services, location and accessibility of services.
- Describe the populations(s) currently being served by the agency including age, gender, race, ethnicity, socioeconomic status, and other significant characteristics, as appropriate.
- Describe your agency's successes and challenges in providing services and implementing programs to the target population. Describe the extent to which your agency has provided housing retention and/or housing financial assistance services in the past.
- Describe your agency's capacity to provide administrative and executive support for program and rental subsidy implementation, fiscal management, grants management, and information systems.
- Describe your experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

#### **4. Program Design and Activities**

**Maximum Score: 40 Points**

- a) Describe the goal(s), specific objectives, performance measures and anticipated outcomes of your proposed program. Project the number of clients to be served and the services to be provided during Year 1 through 5 of the 5-year funding cycle. Please note that rental assistance must be at least 50% of the budget.
- b) Describe how prospective clients will be identified in conjunction with the Health Home and a health plan organization and/or hospital. Include specific methods and roles of your organization and the Health Home in the outreach process.
- c) Describe how your agency will assess client needs and determine program eligibility (within the parameters of the eligibility in Section II. Who May Apply in the RFA). Include a description of specific eligibility criteria for financial need determination (minimum requirements must meet HUD criteria for administering rental assistance programs guidelines). Include the projected number of days to move a client from initial assessment to eligibility determination and to the provision of rental assistance.
- d) Describe what services your organization will provide to clients and what the outcomes will be for your proposed services. Explain how this will cover gaps and needs that are not covered by the Health Home and Medicaid (i.e., wellness activities, relationship skills, crisis intervention, counseling techniques, best practices in employment services, financial management education, peer support, etc.)
- e) Describe how you will coordinate with your partnered Health Home and a health care organization or hospital. Explain other community resources that will be leveraged.
- f) Describe how you will ensure that your proposed program will enhance services to the targeted population without duplicating services.
- g) Explain how your organization will locate affordable housing for participants. List any resources or connections that your organization has with available housing.
- h) Describe how the agency will track the type and amount of financial assistance provided to each client and how eligibility for continued assistance will be monitored. Describe how rental assistance funding will be available throughout the contract period.

#### **5. Agreement & Collaborative Plans between Housing Provider & Health Home**

**Maximum Score: 10 Points**

- a) Identify one or more designated New York State Health Home(s) for which you have received a commitment to be your Health Home Partner for the purposes of the RFA. For each Health Home Partner, upload under Pre-Submission Uploads a Letter of Commitment between the housing provider/applicant and the Health Home Partner (using Attachment 3). This Letter of Commitment should declare that should the applicant be awarded funds pursuant to this RFA, the Health Home partner acknowledges the terms and procedures included in this RFA and have agreed, in good faith, to work collaboratively to follow and implement the terms and procedures included in the RFA. The Letter of Commitment must be dated and signed by the Designated Health Home.

It is DOH's preference that housing providers be part of the Network of its chosen Health Home partner at the time of application. In cases where the housing provider is not already part of the Network of its chosen Health Home Partner at the time of application, the housing provider must include in its application a Letter of Agreement from its chosen Health Home partner indicating its intention to enroll the housing provider in its Health Home Network. The department may withhold funds to applicants pending their enrollment in the Network of its chosen Health Home Partner.

- b) Describe the approaches, methods, and/or procedures the housing provider/applicant and its Health Home Partner have developed and agreed to employ, to address each of the following issues. To the extent applicable, explain why the agreed to approaches, methods or procedures are a best practice.
  - i) Identify and locate the Health Home members who need housing or eligible members that are in process of enrollment;
  - ii) Maximize the use of funds awarded under this RFA by developing and documenting procedures for verifying the Health Home member is not eligible for other housing alternatives/programs, or if the member is eligible for other housing alternatives, or if such alternatives are not immediately available;
  - iii) Maximize the use of funds awarded under this RFA by ensuring its proposal and approaches do not duplicate efforts of the Health Home care manager and Housing Specialists or other Housing staff;
  - iv) Determine what type of housing is most appropriate for the Health Home member and how assessments of the member and the member’s care plan inform that decision;
  - v) Include the Health Home member’s participation in housing and other decisions to help the member remain stably housed;
  - vi) Determine how the Health Home care manager and the housing program, including housing specialists and counselors, will collaborate to identify housing related and other support services that complement the member’s care plan and increase the ability of the member to remain stably housed; and
  - vii) Determine how the Health Home care manager and the housing specialist/counselor will keep each other informed of the member’s status, including if the member’s housing or health status should become unstable.

**6. Agreement to Meet Reporting Obligations**

**Maximum Score: 10 Points**

Providers who receive funds under this RFA must agree to maintain accurate reports of the use of funds, both in the aggregate and by the Health Home member. Such reports must be submitted quarterly to the Department of Health and its Health Home Partner. In addition, housing providers who receive funds under this RFA must provide the information included in Attachment 4 “Required Reporting Information for Health Home Supportive Housing Program.”

Please indicate in your application that you agree to meet the reporting obligations contained herein. The Letter of Commitment should indicate the Health Home Partner(s) agrees to provide data necessary to assist the housing provider in meeting its reporting obligations.

Applicants must either be part of the Network of its chosen Health Home Partner at the time of application or the provider must include in its application a signed Letter of Commitment from its chosen Health Home Partner indicating its intention to enroll the provider in its Health Home Network and execute a Data Exchange Application and Agreement (DEAA). Applicants should access Attachment 3 located under Pre-Submission Uploads, complete and upload under Pre-Submission Uploads.

## 7. Budget

**Maximum Score: 20 Points**

Applicants must complete Year 1 of the budget on line in the Grants Gateway and submit the Excel template spreadsheet with years 2 through 5 included. The Excel Spreadsheet is located under Pre-Submission Uploads as Attachment 6. It must be completed and uploaded under Attachment 6. See Attachment 5 located in the RFA document for Guidelines for Gateway Budget entry. All costs must be related to the provision of Health Home Supportive Housing Subsidy Program as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. **THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.**

Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

Administrative costs will be limited to a maximum of 10% of total direct costs.

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

### a) **Rental Subsidies**

- i) Budgets must include at least 50% of funding for rental subsidies;
- ii) The monthly and annual (monthly subsidy \* 12 months) cost of such subsidy per unit (at or below HUD Fair Market Rent);
- iii) The type and number of housing units for which the subsidy is provided;
- iv) Number of new participants that will be served;
- v) The participants contributions toward the total rent (30% of gross income using HUD standards);
- vi) Utility allowance using the local housing authority's utility schedule;
- vii) Other than personal service costs (identify such costs and provide a monthly and annual amount per unit); and
- viii) Current participants that are already receiving a rental subsidy in your selected area.(if in the same borough or county as a current contract as listed under Section II. A. of the RFA, Table 1 these participants rental subsidies must be included in your budget.) Please note, if there is more than one awardee in an area that serves pre-existing clients, DOH will determine the distribution of clients.

### b) **Staffing**

- i) The staff position (e.g., Housing Specialist), including description of duties;
- ii) All staffing costs should be derived from Full Time Equivalent annual costs (e.g., FTE=Salary+Fringe, 1 FTE=\$60,000 (Salary) + \$25,000 (Fringe)=\$85,000 .5 FTE would be (50% of 85,000).

### c) **Other**

Applicants must provide as much detail as possible for requests for funds for other than rental

subsidies and staffing costs, including but not limited to, how such funds will be used. This “other” category of the budget is provided to ensure Health Home members remain stably housed, complement their overall care plan and address participants social determinants of health.

#### d) **Total Budget**

The budget should clearly provide a subtotal for each budget category and a Grand Total, which sums to the total annual request. Please include per unit costs for each budget category and the Grand Total. Please note your request may not exceed \$500,000 annually.

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.

### 8. **Work Plan**

The work plan should include objectives, tasks, and performance measures which coincide with the program activities described above.

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

When constructing your work plan, please ensure that:

- The work plan includes goals, objectives; a description of activities to reach each objective; the specific quarter(s) in which each activity will be conducted; and the staff person/position who will be responsible for conducting it.
- All objectives are written in a SMART format: Specific; Measurable, Achievable; Realistic and Time-specific.

### **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 NYSDOH Office of Health Insurance Programs. using an objective rating reflective of the required items specified for each component. DOH anticipates that there will be more worthy applications than can be funded with available resources. Applicants will be deemed to fall into one of three categories: (1) not approved, 2) approved but not funded due to resources, and 3) approved and funded. Approved but not funded applications may be funded should additional funds become available. Awards will be scored by county (borough in NYC) with first preference given to the top scoring applications that are able to serve in locations that are currently served. After awards are given to applicants to ensure the continued rental subsidies for those currently served, DOH will award the additional applications based on highest score. With no more than five awardees in NYC (NYC includes: Bronx, Brooklyn, Manhattan, Queens and Staten Island) and two awardees in each county (rest of State).

In addition to applicant responses to the above statements and questions, reviewers will also consider the following factors:

- Overall merit of the application;
- Demonstration of need for proposed services;
- Availability of similar services/resources in the applicant's service area;
- Geographic coverage;
- Agency capacity and experience to provide the proposed services;
- The agency's access to the target population;
- The appropriateness of the evaluation strategy;
- Relevance and justification for costs included in the budget.

In the event of a tie score, the applicant with the highest score in Section 4. Program Design and Activities will receive the reward.

If changes in funding amounts are necessary for this initiative, or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above. If there is less than 16 passing applications, DOH reserves the right to make additional funds available to awarded providers.

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.

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

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

announcement.

To request a debriefing, please send an email to [mrtssupportivehousing@health.ny.gov](mailto:mrtssupportivehousing@health.ny.gov). In the subject line, please write: *Debriefing Request Health Home Supportive Housing Program*.

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 and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

- Attachment 1: Vendor Responsibility Attestation\*
- Attachment 2: Minority & Women-Owned Business Enterprise Requirement Forms\*
- Attachment 3: Letter of Commitment Template\*
- Attachment 4a: Medicaid Data Warehouse Spreadsheet\*
- Attachment 4b: Rental Subsidy Tracking\*
- Attachment 5: Budget Data Entry Guidelines
- Attachment 6: Excel Budget Spreadsheet for Year 2 through 5\*
- Attachment 7 Grants Gateway Budget Instructions

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

**ATTACHMENT 5**  
**Grants Gateway Budget Instructions**  
*Applications OR New Budget Periods*

**Data Entry of the Expenditure Budget** - A step by step data entry document titled “**Grants Gateway Budget Data Entry Guidelines**” has been provided in Pre-Submission Uploads located in the Forms Menu.

- It may be beneficial to use this document as a guide for drafting the budget off-line prior to completing the Expenditure Budget in the Grants Gateway.
- The data entry document highlights the character limits for each field of the Expenditure Budget. Character limits are based on all characters including spaces.

**Funding Opportunity Specification** – The following specifications should be adhered to when completing the expenditure based budget. Failure to adhere to these specifications may result in a reduction of allotted points. Successful applications recommended for award will require modification to meet these specifications prior to contract approval.

- For each section of the budget entered online in Grants Gateway under the Narrative section enter details about other funds for required components of the program.

**Additional Considerations**

- All costs must directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective.
- Contracted organizations must have on file documentation to support allocation of shared costs to the contract in accordance with applicable regulations and approved budget.
- For each section of the budget in which a budget item is proposed, all required fields must be completed. Failure to complete required fields will result in a global error message which must be resolved prior to submission.
- Failure to provide complete, clear, and concise information may result in a reduced score.
- Equipment purchases for major items that will depreciate in a very short period of time (e.g. one to three years) will only be considered when supported by a strong justification. The Department of Health (DOH) recognizes that organizations may classify items as equipment within their own accounting system that do not fall under the definition of equipment and may be included in the equipment budget category.
- Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
- Budget lines that are not well-justified may negatively impact the application score and/or delay the budget approval process.
- Indirect costs for organizations without a federally-approved indirect cost rate, will be limited to no more than 10% of total direct costs.
- A “match” contribution is **NOT** required for this grant award. Please do not enter information in the match sections of the budget.
- For fields titled “Other Funds” always leave blank. Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the

respective budget category. (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative)

- **Travel:** All Travel, other than travel for individuals / organizations funded under the contractual service line, subcontractor travel, should be budgeted in this section. If awarded Out-of-State travel requires prior approval.
  - OCS Guidelines: <http://www.osc.state.ny.us/agencies/travel/manual.pdf>
  - USGSA: <http://www.gsa.gov/portal/category/21283>

### **Document Uploads (as applicable)**

If using a Federally Approved Rate Agreement, *upon award, a Federally Approved Rate Agreement must be uploaded to the Grantee Document Folder located in the Forms Menu.*

### **Other Helpful Links:**

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

CFR Supbart E - Basic Considerations: [http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200\\_1401.sg12](http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200_1401.sg12)

Attachment 7

**Grants Gateway Budget Data Entry Guidelines**

\* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

| <u>Grants Gateway Field</u>    | <u>Character Limits</u> | <u>Enter Required Information as Instructed Below</u>   |
|--------------------------------|-------------------------|---|
| Personal Services - Salary     | *                       | Refer to Grants Gateway Budget Instructions document for additional information. In the Salary section only include staff positions related to the implementation and administration of the project. ONLY staff that are employees of the applicant organization are to be included here. All other staff should be listed under Contractual Services. If Salary is not applicable, leave this section blank.   |
| Position/Title                 | 55                      | Provide the position title and employee name, if known. TBH should be entered in place of the employee name if the position is vacant at the time of budget submission.   |
| Role/Responsibility            | 500                     | Provide a brief narrative of how the position will contribute directly to this project, Include the percent of time the incumbent will work on the program on a full-time basis. One (1.0) FTE is based on the number of hours worked in one week (e.g. 40-hour workweek). To determine a % FTE, divide the hours per week spent on the project, by the number of hours in the workweek. For example: given a 40-hour workweek, an individual working 10 hours per week on the project spends 25 percent of his/her time on the project (i.e. 10/40 = .25) Please show in percentage form - 25%. If TBH, also provide the anticipated start date for this position. |
| # in Title                     | N/A                     | Always enter the number 1. A separate position should be added for "each" position on the contract.   |
| Annualized Salary Per Position | N/A                     | Enter the annual salary the organization will pay this employee. This figure should NOT be adjusted if a portion of the salary will be paid with other funds. Percentage of time supported with "other funds" should be entered in the PS narrative.  |
| STD Work Week (hrs.)           | N/A                     | Enter the standard (STD) hours worked each week by the employee. This figure should NOT be adjusted for hours paid with other funds.  |
| % Funded                       | N/A                     | Enter only the percent of time this position is supported with grant funds. Do NOT include any percentage of time supported by other fund sources. Total grant funding requested divided by annual salary.  |
| # Months Funded                | N/A                     | Enter the estimated number of months this position will work on this grant. If TBH, enter the number of months based upon the anticipated start date.   |
| Total Grant Funds              | N/A                     | Enter the total amount of grant funds requested to support this position on the project. (Annual Salary / 12 Months x # Months Funded x % Funded).  |
| Total Match Funds              | N/A                     | Always leave blank.   |

|  |      |  |
|--|------|--|
| Match %                                | N/A  | Always leave blank.  |
| Total Other Funds                      |      | Always leave blank.  |
| > Personal Services - Salary Narrative | 4000 | Program Specific Instructions / Requirements<br>All PS positions not directly supported with grant dollars, that work on the program should be summarized in this section. Contracted or per diem staff are not to be included in personal services narrative; these expenses should be shown in the contractual services narrative under non-personal services.<br>The budget should contain a CCA Project Director accessible full-time for communications, including e-mail.            |
| Personal Services - Fringe*            |      | Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements. If Fringe is not applicable, leave this section blank.   |
| Type/Description                       | 125  | Provide the requested fringe rate.   |
| Justification                          | 1000 | Provide all fringe benefit components included in the calculation of the fringe benefit rate. Show breakdown of fringe benefit rate into component percentages. If additional space is needed enter details in the PS - Fringe Narrative   |
| Total Grant Funds                      | N/A  | Enter the total amount of grant funds requested to support this budget category.   |
| Total Match Funds                      | N/A  | Always leave blank.  |
| Total Other Funds                      | N/A  | Always leave blank.  |
| > Personal Services - Fringe Narrative | 4000 | Program Specific Instructions / Requirements<br>If additional space is needed from the justification section, specify here, the components (FICA, Health and Life Insurance, Unemployment Insurance, Disability Insurance, Worker's Compensation, and Retirement) and their percentages comprising the fringe benefit rate. If different rates are used for different positions, provide details for each rate in the space provided and specify which positions are subject to that rate. |

| Grants Gateway Field  | Character Limits | Enter Required Information as Instructed Below   |
|-----------------------|------------------|--|
| Non-Personal Services |                  | Non-Personal Service expenses. For each Non-Personal Service expense not supported by grant funds, the applicant should include a description in the appropriate NPS Narrative section. For example, if you contract with a Pharmacist using other funds you would list under the Contractual Narrative - Pharmacist \$25/hour for 20/hours total cost \$500.00. |

|                         |  |  |
|-------------------------|--|--|
| Contractual*            | <p>* Refer to Grants Gateway Budget Instructions document for additional information.</p> <p>This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include expenses such as contracted staff, per diem staff, bookkeeping, payroll and audit services. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor. ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to CS. If Contractual Services are not applicable, leave this section blank.</p> |  |
| Type/Description        | 125  | Provide the name of the organization, company or individual and the type of service being provided. If not known, enter TBH in place of the name of the organization, company or individual. (i.e. Pharmacist - TBH) |
| Justification           | 1000   | Describe how this expense supports the work plan objectives of the project. Include the timeframe for delivery of services.  |
| Total Grant Funds       | N/A  | Enter the total amount of grant funds requested to support this budget category.   |
| Total Match Funds       | N/A  | Always leave blank.  |
| Total Other Funds       | N/A  | Always leave blank.  |
| > Contractual Narrative | 4000   | All contractual positions not directly supported with grant dollars, that are required on the program or needed to meet program deliverables should be summarized in this section.                                   |
| Travel*                 | <p>* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information.</p> <p>Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Out-of-State travel requires <u>prior</u> approval by the State. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank.</p>   |  |
| Type/Description        | 125  | Provide the type of travel. A separate entry should be completed for each category of travel (i.e. Client, Staff Travel, In-State, or Out-of-State).   |
| Justification           | 1000   | Describe how this expense supports the work plan objectives of the project, include the title of the position(s) traveling.  |
| Total Grant Funds       | N/A  | Enter the total amount of grant funds requested to support this budget category.   |
| Total Match Funds       | N/A  | Always leave blank.  |
| Total Other Funds       | N/A  | Always leave blank.  |

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|--------------------|--|---|
| > Travel Narrative | 4000   | Program Specific Instructions / Requirements<br>If using other funds for required travel - Provide a delineation of expenses (i.e. agency cars, tokens, taxi, etc.), or staff travel exclusive of training/ staff development (i.e., to clinic sites, agency staff travel to meetings). Conference Attendance – Provide a delineation of the items of expense and estimated cost. Include travel costs associated with conferences, including transportation, meals, lodging, and registration fees. (e.g. if the total expense is for a conference, provide location and name of conference, # of people attending, cost breakdown per person, per item expense – train ticket, lodging, food etc.). |
| Equipment          | * Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property having a useful life of more than one year and a purchase price equal or exceeding \$5,000. These items must be inventoried (tagged) and included on the annual equipment inventory form. This also includes a grouping of like items which equals or exceeds \$5,000. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank. |   |
| Type/Description   | 125  | Provide the type of equipment and the quantity to be purchased or rented. (i.e. 3 Desk Top PCs)   |

| Grants Gateway Field  | Character Limits   | Enter Required Information as Instructed Below  |
|-----------------------|--|---|
| Justification         | 1000   | Provide the names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project. |
| Total Grant Funds     | N/A  | Enter the total amount of grant funds requested to support this budget category.  |
| Total Match Funds     | N/A  | Always leave blank.   |
| Total Other Funds     | N/A  | Always leave blank.   |
| > Equipment Narrative | 4000   | Program Specific Instructions / Requirements<br>If using other funds for required equipment enter the details here.   |
| Space/Property: Rent  | This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more than one instance of rental property is needed. If Space/Property: Rent is not applicable, leave this section blank. The expenses included are rent, maintenance, and insurance (property and liability). Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense. |   |
| Type/Description      | 125  | Provide the physical address of the rental property.  |

|                                  |      |   |
|----------------------------------|------|---|
| Justification                    | 1000 | Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.  |
| Total Grant Funds                | N/A  | Enter the total amount of grant funds requested to support this budget category.  |
| Total Match Funds                | N/A  | Always leave blank.   |
| Total Other Funds                | N/A  | Always leave blank.   |
| > Space/Property: Rent Narrative | 4000 | Program Specific Instructions / Requirements If using other funds enter the details here.<br>Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered).   |
| Space/Property: Own              |      | This section is used to itemize costs associated with Space/Property: . If Space/Property: Own is not applicable, leave this section blank. The expenses included are, maintenance, insurance (property and liability). Demonstrate how the total expense being allocated to this program is calculated. Provide the allocation methodology and percent. Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense. |
| Type/Description                 | 125  | Provide the physical address of the property that is owned.   |
| Justification                    | 1000 | Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.  |
| Total Grant Funds                | N/A  | Enter the total amount of grant funds requested to support this budget category.  |
| Total Match Funds                | N/A  | Always leave blank.   |
| Total Other Funds                | N/A  | Always leave blank.   |
| > Space/Property: Own Narrative  | 4000 | Program Specific Instructions / Requirements If using other funds enter the details here.   |
| Utilities                        |      | This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, telephone, mobile, etc.) using other funds. If Utilities are not applicable, leave this section blank.   |
| Type/Description                 | 125  | Provide the type of expense and include the property address. (i.e. Telephone - 123 Cherry Lane)  |
| Justification                    | 1000 | Provide details such as which project(s) share this expense, and provide the calculation used to determine the allocation of this expense to the project.   |
| Total Grant Funds                | N/A  | Enter the total amount of grant funds requested to support this budget category.  |
| Total Match Funds                | N/A  | Always leave blank.   |

|                       |  |   |
|-----------------------|--|---|
| Total Other Funds     | N/A  | Always leave blank.   |
| > Utilities Narrative | 4000   | Program Specific Instructions / Requirements If using other funds enter the details here. |
| Operating Expenses    | * Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, direct medical service supplies, program supplies/materials. A separate entry for each type of expense is needed. Expenses for any costs shared across multiple projects must be appropriately cost-allocated in accordance with the benefit received or effort provided to the project. If Operating Expenses are not applicable, leave this section blank. |   |
| Type/Description      | 125  | Provide the type of expense   |

| Grants Gateway Field           | Character Limits | Enter Required Information as Instructed Below  |
|--------------------------------|------------------|---|
| Justification                  | 1000             | Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.   |
| Total Grant Funds              | N/A              | Enter the total amount of grant funds requested to support this budget category.  |
| Total Match Funds              | N/A              | Always leave blank.   |
| Total Other Funds              | N/A              | Always leave blank.   |
| > Operating Expenses Narrative | 4000             | Program Specific Instructions / Requirements<br>Provide a narrative description for any required items that are purchased with other funds. Supplies/Materials – Provide justification of need and a breakdown for all items. (e.g. if the total expense is for education materials or office supplies, in addition to providing a narrative justification of need, provide a breakdown of each item as total # x cost per item = total expense for that item.)<br>Expenditures will not be allowed for remodeling or modification of structure. Funding is expected to support one annual statewide meeting of FPP providers in Albany, NY. See Page 24 of the RFA for further instructions. |

|                        |  |   |
|------------------------|--|---|
| Other Expenses Detail* | Only Indirect costs are to be budgeted under this section (also referred to as Administrative costs), unless determined not to be allowed by the award. Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate. A copy of the current federal ICR agreement must be uploaded to the Grantee Document Folder section of the application. For organizations without a federally-approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs. Applicants must provide a description of costs included in the indirect cost calculation in the Other Expenses budget narrative section of the application. |   |
| Type/Description       | 125  | Provide the requested indirect costs rate, indicating whether it is based on a Federally Approved Rate Agreement. |
| Justification          | 1000   | Indicate specifically that the document was uploaded to the Grants Gateway (Federally Approved Rate Agreement)    |
| Total Grant Funds      | N/A  | Provide the requested value using the formulary provided.   |
| Total Match Funds      | N/A  | Always leave blank.   |
| Total Other Funds      | N/A  | Always leave blank.   |
| > Other Narrative      | 4000   | Program Specific Instructions / Requirements If using other funds enter the details here.                         |