

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

**RFA # 1405280128
Grants Gateway # DOH01-PHIP-2014**

**ADDENDUM #2
September 22, 2014**

RFA Modifications:

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

1) Page 1, Key Dates originally contained the following Statement:

“Applications Due: Monday, October 6, 2014 by 3:00 PM”

This shall now read as:

“Applications Due: Friday, October **17**, 2014 by 3:00 PM”

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

**RFA # 1405280128
Grants Gateway # DOH01-PHIP-2014**

**ADDENDUM #1
September 3, 2014**

RFA Modifications:

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

2) Page 1, Key Dates originally contained the following Statement:

“Non-Binding Letter of Interest Due: Thursday, September 4, 2014”

This shall now read as:

“Non-Binding Letter of Interest Due: Thursday, September 11, 2014”

3) Page 15, Section IV, Administrative Requirements, D. Letter of Interest originally contained the following statement:

~~“Letters of interest should be submitted via the Grants Gateway in the Upload Properties section of the online application. A copy should also be emailed to PHIPinfo@health.state.ny.us. Please ensure that the RFA number is noted in the subject line and that the letter of interest is submitted by the date posted on the cover sheet of the RFA.”~~

This shall now read as:

“Letters of Interest should be submitted to the Department and will be accepted via email. A copy should be emailed to PHIPinfo@health.state.ny.us. Please ensure that the RFA number is noted in the subject line and that the letter of interest is submitted by the date posted on the cover sheet of the RFA.”

4) Page 34, Attachment 1, Regional Map originally contained the following statement:

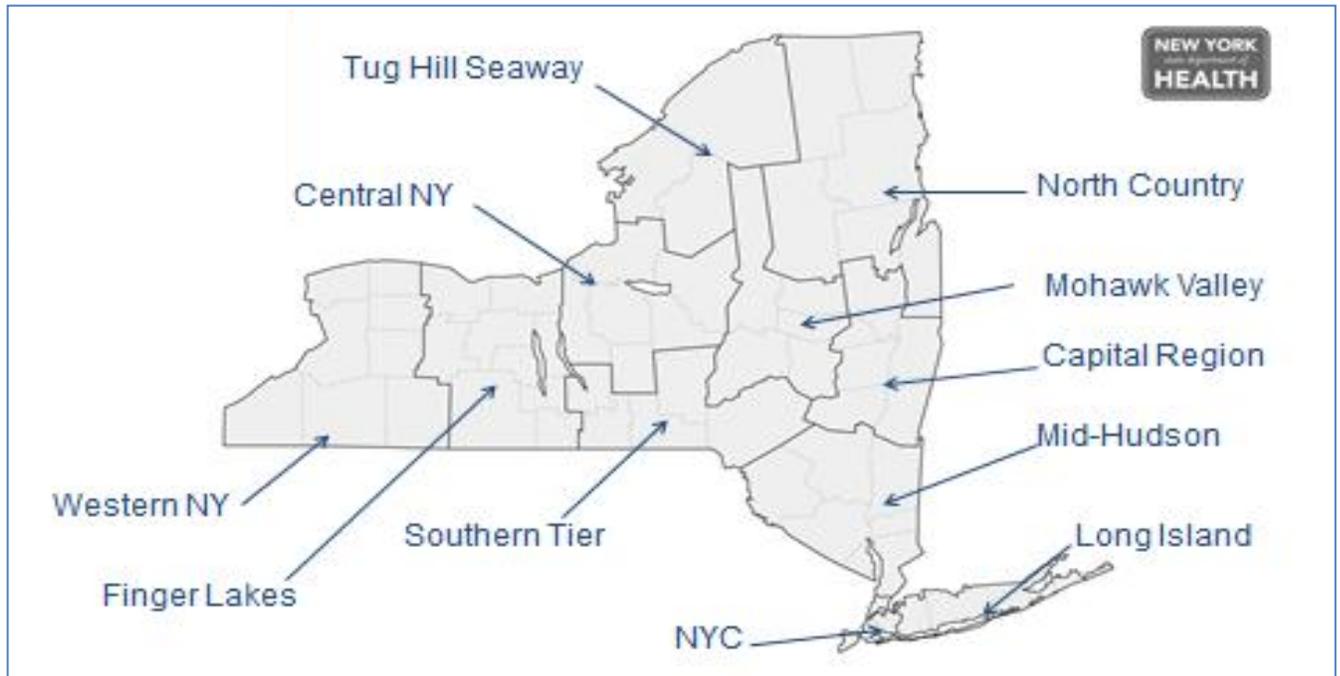
“Central New York: Cayuga, Cortland, Madison, Onondaga, Oswego
Mohawk Valley: Fulton, Herkimer, Montgomery, ~~Oneida~~, Otsego, Schoharie”

This shall now read as:

“Central New York: Cayuga, Cortland, Madison, **Oneida**, Onondaga, Oswego
Mohawk Valley: Fulton, Herkimer, Montgomery, Otsego, Schoharie”

Attachment 1 Regional Map

Below is a map of the 11 Public Health Improvement Program (PHIP) regions.



Western New York: Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Orleans, Genesee, Wyoming

Finger Lakes¹: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates

Southern Tier: Broome, Chenango, Delaware, Tioga, Tompkins

Central New York: Cayuga, Cortland, Madison, Oneida, Onondaga, Oswego

Mohawk Valley: Fulton, Herkimer, Montgomery, Otsego, Schoharie

North Country: Clinton, Essex, Franklin, Hamilton, Warren, Washington

Tug Hill Seaway: Jefferson, Lewis, St. Lawrence

Capital Region: Albany, Columbia, Greene, Saratoga, Schenectady, Rensselaer

Mid-Hudson: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

New York City: Bronx, Kings, New York, Richmond, Queens

Long Island: Nassau, Suffolk

¹ The Finger Lakes Health Systems Agency will serve as the PHIP in the Finger Lakes region.

RFA # 1405280128
Grants Gateway # DOH01-PHIP-2014

NEW YORK STATE DEPARTMENT OF HEALTH
Office of Primary Care and Health Systems Management

Request for Applications
Population Health Improvement Program

KEY DATES

Release Date: **Friday, August 22, 2014**

Questions Due: **Friday, August 29, 2014 by 3:00 PM**

Non-Binding Letter of Interest Due: **Thursday, September 4, 2014**

**Questions, Answers and Updates
Posted (on or about):** **Monday, September 8, 2014**

Applications Due: **Monday, October 6, 2014 by 3:00 PM**

Department of Health CONTACT NAME and ADDRESS:

Alejandra Diaz
Office of Primary Care and Health Systems Management
Corning Tower, Rm. 1815 ESP
Albany, NY 12237
PHIPinfo@health.state.ny.us
(518) 402-5914

Table of Contents

I. Introduction.....	3
A. Program Description	3
B. Available Funding.....	5
II. Who May Apply	5
A. Minimum Eligibility Requirements	5
B. Minimum Application Requirements.....	6
C. Collaborating Organizations	6
III. Project Narrative	7
A. PHIP Program Expectations.....	7
B. PHIP Contractor Responsibilities	7
C. Stakeholder Engagement Expectations.....	10
D. PHIP Contractor Regions.....	11
E. Performance Evaluation.....	12
F. Program Staffing and Structure.....	12
G. Program Branding.....	13
H. Outside Funding.....	13
I. Technical Assistance.....	13
IV. Administrative Requirements.....	13
A. Issuing Agency.....	13
B. Question and Answer Phase.....	14
C. Applicant Conference	15
D. Letter of Interest.....	15
E. How to File the Application.....	15
F. The Department’s Reserved Rights	16
G. Terms of Contract	17
H. Payment Methods and Reporting Requirements.....	18
I. Minority & Woman-Owned Business Enterprise Requirements	19
J. Limits on Administrative Expenses and Executive Compensation	20
K. Vendor Identification Number	20
L. Vendor Responsibility Questionnaire	21
M. Vendor Prequalification Requirement for Not-for-Profits	21
N. General Specifications	23
V. Completing the Application	24
A. Application Content	24
B. Application Format	30
C. Freedom of Information Law.....	30
D. Review and Award Process.....	31
VI. Attachments.....	33

I. Introduction

A. Program Description

The New York State Department of Health (the Department) is seeking Population Health Improvement Program (PHIP) contractors to promote the Triple Aim of better care, better population health and lower health care costs. PHIP contractors each will work in one of several regions that together will serve the entire state. PHIP contractors will convene stakeholders and establish neutral forums to support strategic planning for identifying, sharing, disseminating and helping to implement best practices and local strategies to promote population health and reduce health care disparities in their respective regions. In particular, the PHIP will help support and advance ongoing activities related to the New York State Prevention Agenda 2013-2017 and the State Health Innovation Plan and incorporate strategies to reduce health and health care disparities.

This Request for Applications (RFA) is soliciting applications for PHIP contractors in 10 regions throughout the State. The RFA is not soliciting applications for the 11th region, which is the Finger Lakes region (defined as Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties). The Finger Lakes Health Systems Agency (FLHSA) will serve as the PHIP contractor for this region.

1. The Prevention Agenda

The New York State Prevention Agenda 2013-2017 is the Department's five-year plan for population health improvement. The goal of the Prevention Agenda is to improve health status and reduce health disparities in five priority areas:

- a. Prevent Chronic Diseases;
- b. Promote a Healthy and Safe Environment;
- c. Promote Healthy Women, Infants and Children;
- d. Promote Mental Health and Prevent Substance Abuse; and
- e. Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections.

The Prevention Agenda establishes goals for each priority area and defines indicators to measure progress toward achieving these goals, including reductions in health disparities among racial, ethnic, and socioeconomic groups and persons with disabilities. The goal is to improve the health status of New Yorkers and reduce health disparities through an increased emphasis on prevention and collaboration. The Prevention Agenda also identifies interventions shown to be effective to reach each goal.

The Prevention Agenda promotes stakeholder collaboration at the community level to assess health status and needs, identify local health priorities and plan and implement strategies for local health improvement, and serves as a guide to local health departments and hospitals as they work together with their community to develop and implement Community Health Assessments, including Community Health Improvement Plans, required of local health

departments, and Community Health Needs Assessments and Community Service Plans required of hospitals.

For more information on the Prevention Agenda 2013-2017, please visit:

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

The Prevention Agenda was developed by the New York State Public Health and Health Planning Council at the request of the Department, in partnership with more than 140 organizations across the state. The development of the plan involved a unique mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, and employers as well as state agencies, schools, and businesses.

PHIP contractors will be expected to support and build on local ongoing efforts related to the Prevention Agenda, including supporting the refinement and implementation of local Community Health Improvement Plans and Community Service Plans, and working with Prevention Agenda partnerships on strategies that address their identified health disparities priorities.

2. The State Health Innovation Plan (SHIP)

The State Health Innovation Plan (SHIP) is the State's strategic roadmap to achieving the Triple Aim. The SHIP outlines a multi-faceted approach that builds on the work of the Medicaid Redesign Team (MRT), the Prevention Agenda and other ongoing initiatives.

The SHIP identified five strategic pillars as the foundation for New York's efforts to achieve the Triple Aim:

- a. Improving access to care for all New Yorkers, without disparity;
- b. Integrating care to meet consumer needs seamlessly;
- c. Making health care cost and quality transparent to enhance consumer decision making;
- d. Paying for value, not volume; and
- e. Promoting population health.

The SHIP also identified three enablers:

- a. Workforce strategy;
- b. Health information technology; and
- c. Performance evaluation and measurement.

For more information on the State Health Innovation Plan, please visit:

http://www.health.ny.gov/technology/innovation_plan_initiative/

PHIP contractors will be expected to support and participate in the development, implementation, measurement and evaluation of innovative health system strategies that support the goals and objectives of the SHIP, particularly its goal of achieving or maintaining

top-quartile performance among states for adoption of best practices and outcomes in disease prevention and health improvement within five years.

B. Available Funding

Twenty-seven million dollars will be allocated for the PHIP two-year contract with an anticipated start date of December 1, 2014, and end date of November 30, 2016. Subject to the contingencies set forth below, the total funding will be allocated as follows:

1. The highest scoring applicant in the New York City region will be awarded up to \$2.5 million annually, for a total of up to \$5 million over the two year contract.
2. The highest scoring applicant in each of the other nine regions will receive an award of up to \$1.22 million annually, for an award of up to \$2.44 million over the two year contract.

All funding referenced above is contingent upon continued State funding beyond the \$18 million dollars that has been appropriated for the PHIP for state fiscal years 2014-15 and 2015-16. In addition, funding is contingent upon federal participation. Half of the amount available for the PHIP comes from federal funding sources. In the event that federal participation is reduced, grant funding for selected PHIP contractors will be reduced proportionately. The Department reserves the right to revise the award amount as necessary due to changes in the availability of funding.

Annual funding must be expended by the end of each contract year. Pre-award costs or costs incurred prior to the contract start date are not reimbursable under this contract. Funds under this solicitation are intended to supplement, enhance and expand, but not supplant, existing resources.

It is anticipated that PHIP contracts may be renewed for up to three additional one year periods, contingent upon satisfactory performance and the availability of continued funding.

II. Who May Apply

A. Minimum Eligibility Requirements

Eligible applicants seeking to be PHIP contractors must be:

1. a not-for-profit corporation established under the Not-For-Profit Corporation Law and incorporated within New York State;
2. an independent entity that is not a subsidiary of, or otherwise controlled by, any other entity; and
3. registered and pre-qualified in the Grants Gateway, if not exempt. See Section IV.M (Vendor Prequalification Requirement for Not-for-Profits).

Applications submitted by applicants that fail to meet the minimum eligibility criteria will not be scored.

B. Minimum Application Requirements

In order for applications to be considered and scored, applicants must provide all sections of the application:

1. Application Cover Page;
2. Letter of Commitment from Executive Director or Chief Executive Officer;
3. Executive Summary;
4. Organizational Capability and Program Readiness;
5. Program Design/Work Plan; and
6. Budget with Justification.

See Section V.A (Application Content) for detail on each section of the application.

C. Collaborating Organizations

In demonstrating that they have the ability to carry out PHIP contractor responsibilities as required under Section V.A.4 (Organizational Capability and Program Readiness), applicants may state that they are going to collaborate with other organizations and will rely upon the experience and expertise of those organizations in carrying out the required responsibilities. In such cases, the applicant must identify each organization with which it is going to collaborate on the Application Cover Sheet (Attachment # 2) and submit a memorandum of agreement executed by both the applicant and the organization. The memorandum must describe the nature of the collaboration and the PHIP activities that will be undertaken by the collaborating organization and must demonstrate the collaborating organization's commitment to participate in the collaboration for the duration of the contract. The Department will contract directly with the applicant and not with the collaborating organizations.

D. Subcontractors

Applicants may propose subcontracting. The applicant must identify such subcontractor and include with the application a letter of commitment from the subcontractor. The applicant also must describe the subcontractor's experience and background, the planned role of the subcontractor and a description of the applicant's experience in supervising, managing, and collaborating with subcontractor on similar projects. Subcontracts must be approved by the Department.

E. Multiple Applications

Applicants may submit only one application in a region, but are permitted to submit applications in more than one region. Applications from the same lead applicant submitted in multiple regions will be evaluated and scored independently of one another.

Multiple applications submitted by an applicant for the same region will not be scored and will be disqualified.

Within a region, the highest scoring applicant will receive the grant award. Applicants submitting an application for a region must propose to serve all counties in the region.

F. Conflicts of Interest

Selected applicants must be able to work as neutral, unbiased community conveners and facilitators. As part of the application, the applicant must disclose any and all relationships that may be construed as actual or potential conflicts of interest. In cases where such relationship(s) and/or interest(s) exist, the applicant must describe how an actual or potential conflict of interest will be avoided.

The applicant's disclosure must include any relationship or interest, financial, beneficial or otherwise, which is in conflict with the proper discharge of their responsibilities were they to be selected as a PHIP contractor. This information must be documented in the form of a letter addressed to the Department. If no conflicts exist, that must be indicated in the application as well.

The provisions of this subsection are applicable to any collaborating organizations and subcontractors identified by the applicant as well as to the applicant.

The Department reserves the right to reject applicants, at its sole discretion, based on any actual or perceived conflict of interest.

III. Project Narrative

A. PHIP Program Expectations

The PHIP will promote the Triple Aim through regional efforts that reflect local needs, assets and capabilities. The expectation of the PHIP is to improve population health through stakeholder collaboration, data-driven prioritization, and regional or local strategies for addressing health disparities that are consistent with the goals of the statewide Prevention Agenda and the SHIP.

B. PHIP Contractor Responsibilities

The term “PHIP contractor” shall mean the selected applicant in a region.

PHIP contractors will convene stakeholders and establish neutral forums for identifying, sharing, disseminating and helping implement best practices and local strategies to promote population health and reduce health care disparities in their respective regions. Each PHIP contractor will plan, facilitate, and coordinate many different activities required for the promotion of healthy communities and the successful transformation of the health and care system in the region to achieve the Triple Aim, and make activities and findings transparent to the public.

PHIP contractors will be expected to integrate and coordinate activities with regional health and human services planning agencies including, but not limited to, local public health departments, health care providers and payers, local departments of mental hygiene services, regional health information organizations, area agencies on aging, social services agencies, and behavioral health regional planning consortiums. PHIP contractors will be expected to build on existing progress in their regions and not create redundancies or competing priorities between regional and local entities. PHIP contractors will be expected to conduct work consistent with the Prevention Agenda priorities and SHIP goals and objectives.

An overarching theme and required activity for PHIP contractors will be to measure and incorporate strategies to reduce health and health care disparities. Health disparities, including racial/ethnic, socioeconomic, gender, geographic and other disparities in health, are differences in health outcomes between groups that reflect social inequalities. Addressing health disparities requires multi-sector, multi-strategy, systematic interventions because the underlying causes are varied and complex. While root causes of health disparities are not well understood, multiple factors are known to contribute. These are often referred to as the social determinants of health and include factors such as socioeconomic (education, employment and poverty), individual behaviors (physical activity, nutrition, and tobacco use), community-level (educational, economic and employment opportunities, housing conditions, community infrastructure), geographic location, and access to care.

To address health disparities, PHIP contractors will be expected to incorporate strategies including promoting the United States Department of Health and Human Services’ National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care. See Attachment #4 (National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care). Additionally, PHIP contractors are strongly encouraged to refer to the map developed by the Department’s Office of Minority Health and Health Disparities Prevention (OMH-HDP) to identify those communities with the highest concentration of racial/ethnic populations, consistent with the definition of “minority areas” set forth in Public Health Law § 240. See Attachment #5 (Office of Minority Health and Health Disparities Prevention Statewide Minority Area Maps).

Each PHIP applicant will be expected to submit a proposed Program Design/ Work Plan (See Section V.A.5 (Program Design/Work Plan). While specific activities may vary from one region to another as appropriate for each region’s unique circumstances, needs and priorities, the Department expects PHIP contractor responsibilities to include:

1. Convening stakeholders (see Section III.C (Stakeholder Engagement Expectations));
2. Providing a neutral forum for identifying, sharing, and disseminating best practices and innovative strategies in relation to population and community health, with a particular focus on health and health care disparities;
3. Incorporating strategies to address health disparities including promoting the National CLAS Standards;
4. Utilizing evidence-based patient and community engagement mechanisms to ensure input from community members who can provide the perspective of the various communities within the region and promote consumer engagement in programs and initiatives to improve population health;
5. Integrating and coordinating its activities with other regional health and human services planning agencies including, but not limited to, local public health departments, local departments of mental hygiene services, regional health information organizations, area agencies on aging, and social services agencies, and coordinating with planning entities including behavioral health regional planning consortiums;
6. Collecting, analyzing, and utilizing data such as outcome, claims and utilization data, from appropriate, available sources, including public health, regional health information organizations or other qualified entities, in order to identify local needs, measure local health system performance and status of the community's populations, and establish regional PHIP objectives that support Prevention Agenda priorities and SHIP goals and objectives;
7. Analyzing regional health and health care needs and leading and coordinating regional initiatives based on this data to improve health and achieve high quality and cost effective care;
8. Reporting on Prevention Agenda and SHIP metrics across the region and by specific populations;
9. Facilitating and advancing Prevention Agenda priorities in coordination with local health department and hospital planning activities, as set forth in local health department Community Health Assessments, Community Health Improvement Plans and hospital Community Service Plans;
10. Providing data and analytics related to a regional workforce strategy to advance the SHIP and support integrated care delivery including advanced primary care;
11. Facilitating and supporting programs that enable physicians, nurses, hospital administrators, and other health care professionals to obtain training, coaching, and

technical assistance on practice transformation and ways to analyze problems in care delivery and ways to design and successfully implement solutions;

12. Supporting the Prevention Agenda and the SHIP through the development, implementation, measurement and evaluation of innovative health system strategies designed to address health disparities, promote access to care, development of integrated care delivery systems, community services integration and health workforce development; assure informed decision making by health care consumers; and support health information technologies; and
13. Working collaboratively and cooperatively with the Department. PHIP contractors will be expected to submit timely progress reports and other deliverables related to PHIP activities as identified in their work plans, and be responsive to inquiries from the Department.

PHIP contractors selected under this RFA will not make recommendations or indicate preferences on establishment and construction projects that come before the Public Health and Health Planning Council (PHHPC).

In addition, PHIP contractors will not play a role in evaluating or selecting applications under the Delivery System Reform Incentive Payment (DSRIP) Program. The DSRIP Program will allow the State to make targeted reinvestments of federal savings achieved from Medicaid Redesign Team (MRT) reforms over a period of five years for the purpose of transforming the safety net system, reducing avoidable hospital use and making other health and public health improvements. DSRIP providers will collaborate in the submission of DSRIP project plan applications as part of Performing Provider Systems (PPSs). More information about the DSRIP Program is available at:

https://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm.

While PHIP contractors will not participate in evaluating DSRIP applications, they should be familiar with DSRIP activities within the region and, in carrying out their own activities, should strive to be consistent therewith. PHIP contractors shall serve as resources for PPSs in their regions upon request. In addition, the outcome measures that will be used to evaluate PHIP performance should be consistent with DSRIP metrics to the extent possible to promote standardization.

C. Stakeholder Engagement Expectations

PHIP contractors will engage a range of stakeholders that impact, or are impacted by, health and health care issues within their respective region. Engagement may include participation in PHIP activities, participation in a governance structure for a PHIP contractor or a partnership. Stakeholders to be engaged are:

1. Health care consumer and patient advocacy organizations;

2. Behavioral health advocacy organizations;
3. Disability rights organizations;
4. Health, behavioral health and disabilities service providers;
5. Rural health networks;
6. Insurers and other payers;
7. Local public health officials and other local officials;
8. Local human service agencies;
9. The business community;
10. Unions;
11. Schools and institutions of higher education;
12. Local housing authorities;
13. Local transportation authorities; and
14. Other interested parties, as appropriate.

Applicants must demonstrate their ability to engage and convene a range of stakeholders as part of their application. At a minimum, applicants should demonstrate the ability to engage health care consumer and patient advocacy organizations, behavioral health advocacy organizations, and disability rights organizations. Stronger applications will demonstrate an ability to engage providers and insurers and other payers, as well as other stakeholders listed above.

D. PHIP Contractor Regions

The PHIP is a statewide program. The Department is seeking contractors that each will serve a distinct region that together cover the entire state. The Department has defined 11 discrete PHIP regions for the purpose of statewide planning and funding distribution. These regions are based on existing community health planning infrastructure, local health department collaborations and already established health networks. See Attachment #1 (Regional Map).

The Department reserves the right to cancel the program if statewide coverage is not achieved.

Establishment of regions will not preclude collaborative health planning efforts that cross regional boundaries; PHIP contractors will be authorized and encouraged to collaborate with other PHIP contractors to promote such efforts as appropriate and agreed to by each region.

In addition, please note this RFA is soliciting applications for all but one of the regions. The Finger Lakes Health Systems Agency (FLHSA) will serve as the PHIP contractor for the Finger Lakes region consisting of Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties.

E. Performance Evaluation

All PHIP contractors will be responsible to the Department and held accountable for progress toward:

1. Performance of the region and specific populations within the region in terms of improved health, improved access to care and reduced costs (the Triple Aim);
2. Regional progress in meeting goals and objectives of the Prevention Agenda and the SHIP; and
3. Achievement of goals and deliverables by timelines established in PHIP contractor work plans.

PHIP contractors will be expected to submit timely progress reports and other deliverables related to PHIP activities as identified in their work plans and be responsive to inquiries from the Department. The metrics monitoring and analysis carried out as part of PHIP contracting responsibilities also will be used to indicate progress toward Prevention Agenda and SHIP goals and objectives.

Prevention Agenda indicators are available at:

http://www.health.ny.gov/prevention/prevention_agenda/indicators_matrix.htm.

The Prevention Agenda Dashboard that documents progress on these indicators is here:

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard.

The metrics used in such measurement also should be consistent with those employed under the DSRIP Program, to the extent possible.

F. Program Staffing and Structure

PHIP contracting organizations will be expected to have dedicated PHIP program staff, with at least one staff member devoted to coordinating PHIP activities. Applicants should have appropriately trained staff to carry out PHIP activities.

G. Program Branding

PHIP contracting organizations will be expected to follow branding guidelines approved by the Department for their advertising, public materials and deliverables related to the PHIP. Development of these branding guidelines must be included in each PHIP applicant's proposed Program Design/ Work Plan. See Section V.A.5 (Program Design/Work Plan).

H. Outside Funding

PHIP contractors may apply for outside grants in order to fund ongoing activities of their existing operations. Funds under this solicitation are intended to supplement, enhance and expand, but not supplant, existing resources. Funds may be used in conjunction with funding from other outside sources as appropriate.

PHIP contractors may apply for outside grants to fund strategies or plans, programs, etc. that originate from PHIP meetings and activities with stakeholders. PHIP contractors should not compete against stakeholders within the region who might reasonably be expected to compete for such grants absent the consent of such stakeholders or the approval of the Department.

PHIP contractors will be required to notify the Department when applying for or receiving outside grants.

I. Technical Assistance

The Department will provide technical assistance to PHIP contractors selected through this RFA. The assistance and resources offered by the Department are intended to support community health improvement, community engagement, data analytics and strategic planning. PHIP contractor use of offered technical assistance resources is optional but recommended.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the Department's Office of Primary Care and Health Systems Management. 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 electronically to:

PHIPinfo@health.state.ny.us

To the degree possible, each inquiry should cite the RFA section and subsection or paragraph to which it refers.

Written questions will be accepted until the date and time posted on the cover of this RFA.

Questions of a technical nature can be addressed in writing or via telephone by calling Alejandra Diaz in the Office of Primary Care and Health Systems Management at (518) 402-5914. **Questions are of a technical nature if they are limited to how to prepare a proposal (e.g. formatting) rather than relating to the substance of the proposal.**

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

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

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

This RFA has been posted on the New York State Grants Gateway website at https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx.

A link to this RFA has also been posted to the following:

1. the Department's public website at: <http://www.health.ny.gov/funding>;

2. the Department's PHIP webpage at http://www.health.ny.gov/community/programs/population_health_improvement; and
3. the New York State Contract Reporter website at: <https://www.nyscr.ny.gov>.

Questions and answers, as well as any updates and/or modifications, also will be posted or linked to on these websites by the date identified on the cover of the RFA.

C. Applicant Conference

An Applicant Conference will **not** be held for this RFA.

D. Letter of Interest

Prospective applicants are strongly encouraged to complete and submit a non-binding letter of interest. Prospective applicants may also use the letter of interest to receive notification when updates or modifications are posted; including responses to written questions.

Letters of interest should be submitted via the Grants Gateway in the Upload Properties section of the online application. A copy should also be emailed to PHIPinfo@health.state.ny.us. Please ensure that the RFA number is noted in the subject line and that the letter of interest is submitted by the date posted on the cover sheet of the RFA.

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

E. How to File the Application

Applications must be submitted online via the New York State Grants Gateway by the date and time posted on the cover of this RFA. Tutorials (training videos) for use of the Grants Gateway are available at the following web address (and upon user log in): https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx .

To apply, log into the Grants Gateway and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name listed above and select the Department of Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located bottom left of the Main page of the Grant Opportunity.

In order to access the online application and other required documents such as the attachments, vendors **MUST** be registered and logged into the Grants Gateway system in the user role of either a “Grantee” or a “Grantee Contract Signatory.”

For further information on how to apply, please access the Grantee Quick Start Guide under the Upload Properties section for this opportunity.

Reference materials and videos are available for Grantees applying to funding opportunities on the Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide” from the menu. There is also a more detailed “Grantee User Guide” available on this page as well.

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

F. The Department’s Reserved Rights

The Department 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 application fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use information obtained through site visits, management interviews and the state’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the Department’s request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit application modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any RFA requirements that are not material.

11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next ranked responsible applicant in a region, 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 application due date.
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 application and/or to determine an applicant's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Terms of Contract

Any contracts resulting from this RFA will be effective only upon approval by the Department and the OSC.

It is expected that contracts resulting from this RFA will be executed for the following time period: December 1, 2014 through November 30, 2016. The opportunity to renew contracts will be evaluated at a date in time to be determined by the Department, contingent upon continued funding.

Continued funding throughout the entire 24-month period is contingent upon satisfactory performance, availability of funds and state budget appropriations. The Department also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

H. Payment Methods and Reporting Requirements

1. No advances will be allowed for contracts resulting from this procurement.
2. The contractor shall submit monthly invoices and required reports of expenditures through the Grants Gateway to the State's designated payment office:

Alejandra Diaz
New York State Department of Health
Office of Primary Care and Health Systems Management
Corning Tower, Rm. 1815 ESP
Albany, NY 12237
PHIPinfo@health.state.ny.us
(518) 402-5914

Contractors must provide complete and accurate billing invoices to the Department's designated payment office 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 OSC. Payment for invoices submitted by the contractor shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments.

Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. The contractor must acknowledge 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 (the Department) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be for actual expenses incurred as allowed in the contract Budget and Work Plan.

3. The grant contractor shall be required to submit through the Grants Gateway the following periodic reports:
 - a. Quarterly report of performance measures, as determined and agreed upon in the final contract.
 - b. Monthly summaries by email are anticipated, along with frequent communication between the contractor staff and Department staff.

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

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the Department 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 Department 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 the Department 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 Department hereby establishes a goal of 20% on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation. The goal on the eligible portion of this contract will be 10% for Minority-Owned Business Enterprises (“MBE”) participation and 10% 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 the Department may withhold payment pending receipt of the required MWBE documentation. For guidance on how the Department will determine “good faith efforts,” refer to 5 NYCRR §142.8.

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

service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan. 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:

1. If a Grantee fails to submit a MWBE Utilization Plan;
2. If a Grantee fails to submit a written remedy to a notice of deficiency;
3. If a Grantee fails to submit a request for waiver (if applicable); or
4. 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 in accordance with Section III of Attachment M of the resulting contract.

J. Limits on Administrative Expenses and Executive Compensation

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

K. Vendor Identification Number

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

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found online at:

http://www.osc.state.ny.us/vendor_management/issues_guidance.htm.

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

L. Vendor Responsibility Questionnaire

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

Vendors must provide their New York State Vendor Identification Number when enrolling, as set forth in Section IV.K (Vendor Identification Number). For VendRep System assistance, contact OSC's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

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

Applicants should complete and submit the Vendor Responsibility Attestation (see Attachment #6).

M. Vendor Prequalification Requirement 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 June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

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

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

1. Register for the Grants Gateway

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

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

2. Complete the Prequalification Application

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

3. Submit the Prequalification Application

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

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

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

N. General Specifications

1. By signing the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractor 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 (see Section IV.B (Question and Answer Phase)) 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 judgment 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 judgment 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 Content

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

Applicants must complete all sections of the application as described below in order to be considered and scored. Since applicant responses comprise the application, attention should be given to the completeness and specificity of the responses. Applicants are expected to enter their response to each question in the space provided within the Gateway. Uploads are permitted only where indicated. It is recommended however that applicants use a Word Processing software to draft their response to ensure it meets the page limits as specified in each section and then copy and paste the appropriate length of response into the Gateway. Evaluators will be instructed to read no further than the page limits set for each section.

The application contains six sections as listed below:

Section	Page/Page Equivalents	Points
1. Application Cover Page	1 Page (upload)	0
2. Letter of Commitment from Executive Director or Chief Executive Officer	1 Page (upload)	0
3. Executive Summary	500 words or equivalent of 1 page	0
4. Organizational Capability and Program Readiness	Overall: 4,000 words, or the equivalent of 8 pages	45
<i>a. Stakeholder Engagement</i> <i>b. Data Analytics</i> <i>c. Addressing Health Disparities</i> <i>d. Program Readiness</i>	<i>a. 1,500 words or equivalent of 3 pages</i> <i>b. 1,000 words or equivalent of 2 pages</i> <i>c. 1,000 words or equivalent of 2 pages</i> <i>d. 500 words or equivalent of 1 page</i>	<i>a. 15</i> <i>b. 10</i> <i>c. 15</i> <i>d. 5</i>
5. Program Design/Work Plan	No limit	35
6. Budget with Justification	No limit	20

Section	Page/Page Equivalents	Points
<i>TOTAL:</i>	<i>12 pages + work plan and budget with justification and uploaded attachments</i>	<i>100</i>

1. Application Cover Page (0 points, to be uploaded)

The application cover page must be used to provide contact information for the main staff person for the application, answer eligibility questions, identify collaborating organizations and subcontractors, indicate if conflicts of interest will be declared, and identify the applicant’s region. See Attachment #2 (Application Cover Sheet) within the Upload Properties section of the RFA on Grants Gateway.

Memoranda of agreement from collaborating organizations, if any, letters of commitment from subcontractors, if any, and conflicts of interest letters must be uploaded; no template provided.

2. Letter of Commitment from Executive Director or Chief Executive Officer (0 points, maximum 1 typed page, to be uploaded)

The Letter of Commitment must reflect the mission, vision, values and goals of the applicant and summarize why the applicant wishes to apply. No template is provided, but please do not exceed one typed page.

3. Executive Summary (0 points, maximum of 500 words or the equivalent of 1 typed page)

Briefly describe the applicant’s expertise, experience and proposed approach to achieving the objectives of the PHIP. Please do not exceed the equivalent of one typed page.

4. Organizational Capability and Program Readiness (45 points, overall maximum of 4,000 words, or the equivalent of eight typed pages)

Points will be awarded as set forth in the following four parts.

In describing how they will conduct the activities identified in Parts (a), (b) or (c) below, applicants may state in their responses that they are going to collaborate with other organizations and will rely upon the experience and expertise of those organizations. In such cases, the response should identify each organization with which it is going to collaborate, which must also be identified on the Application Cover Sheet (Attachment # 2), describe the role that will be played by the collaborating organization, and describe the relevant experience and expertise of the collaborating organization. In addition, as part of its application, the applicant must submit a memorandum of agreement memorializing the

relationship between the applicant and the collaborating organization. See Section II.C (Collaborating Organizations).

In describing how they will conduct the activities identified in Parts (a), (b) or (c) below, applicants may propose to use one or more subcontractors. In such cases, the response should identify each subcontractor, which must also be identified on the Application Cover Sheet (Attachment # 2), describe the role of the subcontractor, and describe the applicant's experience in supervising, managing, and collaborating with subcontractor on similar projects. In addition, as part of its application, the applicant must submit a letter of commitment from each subcontractor. Subcontracts must be approved by the Department. See Section II.D (Subcontractors).

- a. Stakeholder Engagement (15 points, maximum 1,500 words, or the equivalent of three typed pages):** Demonstrate the applicant's ability to engage and convene a range of stakeholders that impact, or are impacted by, health and health care issues within their respective region, and build consensus. Please highlight the applicant's experience and expertise in convening stakeholders and building consensus.

Points will be awarded based on the applicant's demonstration of its ability to engage and convene a range of stakeholders that impact, or are impacted by, health and health care issues within their respective region, including those listed in Section III.C (Stakeholder Engagement), and build consensus.

No points will be awarded unless an applicant demonstrates the ability to engage health care consumer and patient advocacy organizations, behavioral health advocacy organizations, and disability rights organizations. If the applicant sufficiently demonstrates such an ability, 10 points will be awarded. If the applicant also sufficiently demonstrates an ability to engage behavioral health and disabilities service providers, 12 points will be awarded.

Additional points will be awarded if, in addition to demonstrating the ability to engage health care consumer and patient advocacy organizations, behavioral health advocacy organizations and disability rights organizations as well as health, behavioral health and disabilities service providers, the applicant also sufficiently demonstrates the ability to engage additional types of stakeholders: local public health officials, local human service agencies, the business community, unions, rural health networks, schools and institutions of higher education, local housing authorities, and local transportation authorities. Specifically, 13 points will be awarded if the applicant demonstrates an ability to engage at least one type of stakeholders listed above; 14 points will be awarded if the applicant demonstrates an ability to engage at least two types of stakeholders listed above; and 15 points will be awarded if the applicant demonstrates an ability to engage at least three types of stakeholders listed above.

Please provide response to Part (a) in narrative form, not to exceed 1,500 words or the equivalent of three typed pages, not including uploads. (15 points)

- b. Data Analytics (10 points, maximum 1,000 words or the equivalent of two typed pages):** Describe the applicant's ability to analyze, mine data, monitor and manage health and health care data, including conducting demographic-specific data segmentation, developing performance metrics and measuring performance, and using data to drive organizational priorities and decision-making. Highlight relevant experience or expertise.

Please provide response for Part (b) in narrative form, not to exceed 1,000 words or the equivalent of two typed pages. (10 points)

- c. Addressing Health Disparities (15 points, maximum 1,000 words or the equivalent of two typed pages):** Describe the applicant's ability to identify and address health disparities in the applicant's respective region. Highlight experience in developing and/or implementing evidence-based and innovative strategies to address health disparities and provide indicators of effectiveness at developing and/or implementing such strategies.

Please provide response to Part (c) in narrative form, not to exceed 1,000 words or the equivalent of two typed pages. (15 points)

- d. Program Readiness (5 points, maximum 500 words or the equivalent of one typed page):** Demonstrate the applicant's readiness to start PHIP contractor responsibilities on the expected contract start date of December 1, 2014. Please provide a start-up plan and describe how the plan would be executed.

Points will be awarded based on the sufficiency of the applicant's demonstration that it will be able to carry out PHIP contractor responsibilities by the expected contract start date of December 1, 2014.

Please provide response to Part (d) in narrative form, not to exceed 500 words or the equivalent of one typed page. (5 points)

5. Program Design/ Work Plan (35 points, no word limit)

Provide a detailed overview of project objectives, deliverables, tasks and performance measures using the format in the Grants Gateway.

Work plan must identify the objectives that will be achieved, the set of activities that will be conducted in each year, the timetable for initiating and completing deliverables, and how the applicant will monitor, measure and evaluate progress, completion, and effectiveness. A total of 35 points are available under this section, and will be awarded based on how well the applicant demonstrates that it has identified objectives, deliverables, tasks and performance measures that support the goals of the PHIP and incorporate the PHIP contractor responsibilities set forth in Section III.B (PHIP Contractor Responsibilities), particularly activities related to stakeholder engagement, data analytics, addressing health disparities, and advancing the Prevention Agenda and the SHIP. The work plan should specifically address the following:

Describe objectives, tasks and deliverables related to convening stakeholders and demonstrating transparency in public reporting of activities, consistent with the PHIP contractor responsibilities set forth in Section III.B (PHIP Contractor Responsibilities). (5 points)

Describe objectives, tasks and deliverables related to the incorporation of strategies to address health disparities, including promoting the National CLAS Standards. (5 points)

Describe objectives, tasks and deliverables related to the analysis, mining, monitoring and management of health and health care data, including conducting demographic-specific data segmentation, developing performance metrics and measuring performance, and using data to drive organizational priorities and decision-making. (5 points)

Describe objectives, tasks and deliverables designed to advance the Prevention Agenda and the SHIP, consistent with the PHIP contractor responsibilities set forth in Section III.B (PHIP Contractor Responsibilities). (5 points)

Describe objectives, tasks and deliverables designed to promote consumer engagement in PHIP contractor activities and to coordinate PHIP contractor activities with other regional health and human services planning agencies including, but not limited to, local public health departments, local departments of mental hygiene services, regional health information organizations, area agencies on aging, and social services agencies, and coordinating with planning entities including behavioral health regional planning consortiums. (5 points)

Set forth a timeline in the work plan for completion of proposed tasks and deliverables. (5 points)

Describe the monitoring and performance measurement activities that the applicant will use to evaluate progress, completion and effectiveness. (5 points)

There is no word limit on the work plan. (35 points total)

6. Budget with Justification (20 points, no word limit)

Applicants must complete and submit two budgets. One annualized 12 month budget for the first year of the contract (December 1, 2014 - November 30, 2015) and one for the second year of the contract (December 1, 2015 - November 30, 2016). All costs must be related to PHIP contractor activities, according to the following guidelines:

- a. Proposed budgets for applicants in the New York City region must not exceed \$2.5 million each year. Applicants in each of the other regions must not exceed \$1.22 million each year.

- b. Please differentiate between start-up costs and ongoing costs. If there are start-up costs or ongoing costs that the applicant proposes be paid for by alternative funding, this must be specified.
- c. The amount requested in each budget year should be reasonable and cost effective, relate directly to the activities described in the application, and be consistent with the scope of services outlined in the RFA.
- d. Eligible costs include, but are not limited to:
 - i. Personnel;
 - ii. Subcontracts;
 - iii. Supplies and non-capital equipment;
 - iv. Utilities;
 - v. Indirect/administrative costs;
 - vi. Communications;
 - vii. Record keeping, data collection and information processing; and
 - viii. Travel for meetings.
- e. Foods and beverages provided at meetings supported by contracts resulting from this procurement must meet the Department's Guidelines for Healthy Meetings, which can be found at: http://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm
- f. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment, or remodeling or modification of structure.
- g. All budgeted positions should be consistent with the proposed services. The Budget Justification must delineate how the percentage of staff time devoted to this initiative has been determined, provide a detailed description of role, responsibilities and experience, and describe how the staffing structure will support the activities of the proposed Program Design/ Work Plan. Please provide an organizational chart for reference. For partially funded positions, the percent effort being requested should be reasonable for the responsibilities being proposed in the program design.
- h. The budgets should also include all subcontracts/consultants with contractual amounts and methodologies.
- i. Budgeted items should be justified and fundable under state and federal guidelines.
- j. Funding requested for administrative and management costs should adhere to the guidelines:
 - i. Indirect overhead costs are limited to a maximum of 10% of total direct costs.
 - ii. Funds requested may NOT be used to supplant resources supporting existing services or activities.
 - iii. Ineligible budget items will be removed from the budget prior to contracting.

- iv. Ineligible items are those determined by Department personnel to be inadequately justified in relation to the proposed program or are not fundable under existing state and federal guidance (OMB circulars). The budget amount requested will be reduced to reflect the removal of the ineligible items.
- v. Funding may support a fair proportion of the overall organizational structure to an extent that it allows the funded applicant to implement program activities. This includes funding for administrative staff, supervisors and support personnel, and other-than-personnel costs such as a share of space, supplies, telephone, basic equipment such as computers and printers and other expenses associated with program implementation and service delivery.

Points will be awarded based on adherence to instructions, eligibility of proposed budget items, and sufficiency of budget justification narrative regarding staffing adequacy and/or recruitment strategy to recruit adequate staff to support of the proposed Program Design/ Work Plan.

See Attachment #3 (General Budget Instructions) and Attachment #8 (Expenditure Based Budget Template) for the 2nd year's budget.

B. Application Format

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT PRESCRIBED.

Any uploaded documents should be written in a normal font (12 point) with one-inch page margins.

It is the applicant's responsibility to make sure word and equivalent page limits are not exceeded. Application responses will not be reviewed beyond the specified word and equivalent page limits. As a result, points may be deducted for missing information.

The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

C. Freedom of Information Law

All applications may be disclosed or used by the Department to the extent permitted by law. The Department 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 the Department 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.

D. Review and Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively using an objective rating system reflective of the required items specified for each section. A panel convened by the Department's Office of Primary Care and Health Systems Management will conduct a review of applications from eligible applicants.

Scoring will be based on regional coverage, ability to support the PHIP program, regional program design, and demonstrated experience. The budget and justification portion of the application will be scored based on the overall cost and the relevance of the requested budget items to the assurance of the overall success of the work plan and proposed project deliverables.

The maximum score that an applicant can receive is 100 points. Awards will be granted to the highest scoring applicant in each region.

Acceptable applicants will have scores of 70 or higher. Applicants with scores of 60 to 69 points are considered marginal. Applicants with scores of 59 or less will not be considered. Scoring a zero in an application subcategory will be considered a disqualification.

It is anticipated that there may be more worthy applications than can be funded with available resources. Applications will be deemed to fall into one of three categories:

1. Not approved;
2. Approved but not funded; and
3. Approved and funded.

In the event of a tie in the scoring of applications in a region, the applicant with the higher score within the Program Design/Work Plan will be selected. In the case that this still presents a tie, the applicant with the higher score within the Organizational Capability section will be selected.

If there is an insufficient number of acceptable applicants in any region, the Department reserves the right to make an award to a marginal applicant, contingent upon the applicant's ability to address noted weaknesses in the application to the satisfaction of the Department. **The Department reserves the right to cancel the program if statewide coverage is not achieved.**

The highest scoring applicant in the New York City region will be awarded a total of up to \$5 million over the two years of the contract. The highest scoring applicant in each of the other regions will receive an award of up to \$2.44 million over the two years of the contract.

The Department reserves the right to revise the award amount as necessary due to changes in the availability of funding. In the event that Federal participation is reduced, grant funding for selected PHIP contractors will be reduced proportionately. Applicants will be notified of funding changes.

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

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

VI. Attachments

- Attachment 1: Regional Map*
- Attachment 2: Application Cover Sheet
- Attachment 3: General Budget Instructions*
- Attachment 4: Enhanced National Culturally and Linguistically Appropriate Service (CLAS) Standards*
- Attachment 5: Office of Minority Health and Health Disparities Prevention Statewide Minority Area Maps*
- Attachment 6: Vendor Responsibility Attestation
- Attachment 7: Minority & Women-Owned Business Enterprise Requirement Forms
- Attachment 8: Expenditure Based Budget Template

*** Attachments 1, 3, 4, and 5 are included within this document. All other attachments may be obtained from the Upload Properties section of the Grants Gateway application.**

Attachment 1 Regional Map

Below is a map of the 11 Public Health Improvement Program (PHIP) regions.



Western New York: Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Orleans, Genesee, Wyoming

Finger Lakes²: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates

Southern Tier: Broome, Chenango, Delaware, Tioga, Tompkins

Central New York: Cayuga, Cortland, Madison, Onondaga, Oswego

Mohawk Valley: Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie

North Country: Clinton, Essex, Franklin, Hamilton, Warren, Washington

Tug Hill Seaway: Jefferson, Lewis, St. Lawrence

Capital Region: Albany, Columbia, Greene, Saratoga, Schenectady, Rensselaer

Mid-Hudson: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

New York City: Bronx, Kings, New York, Richmond, Queens

Long Island: Nassau, Suffolk

² The Finger Lakes Health Systems Agency will serve as the PHIP in the Finger Lakes region.

Attachment 3 General Budget Instructions

Expenditure Based Budget Summary

Grant Funds: This is the amount requested for each category. The total of this column is your grant amount.

Match Funds/Match %: Leave these columns blank, they do not apply.

Other Funds: This is the total amount of other funds, if any, (in-kind, third party, HCRA, and any other source of funds) supporting the program.

TOTAL column: Total of Grant Funds + Other Funds.

SUBTOTAL's lines for Personal Service (PS) and Non-Personal Service (NPS): Please cross check numbers and ensure all amounts add correctly.

TOTAL line = Grant Funds + Other Funds: Please cross check numbers and ensure all amounts add correctly.

Expenditure Based Budget Detail

Personal Services

Position Title: Include title and incumbent name. Contracted or per diem staff is not to be included in personal services; these expenses should be shown as contractual services under non-personal services.

Annualized Salary per Position: Include the total annual salary per position *regardless* of the amount of time spent on the program.

Standard Work Week (Hours): Include the standard hours in a work week for the organization, i.e., the number of hours that would be worked by a salaried employee.

Percent of Effort Funded: The funding requested divided by annual salary.

Number of Months Funded: Enter the total number of months each position is funded.

TOTAL: Will reflect what is being requested based on the number of months worked, etc.

Subtotal: Calculate the personal service subtotal.

Fringe: Enter the fringe type/description and rate. Total Fringe amount is shown in the Total column just above the Personal Services Total line.

Operating and Other Expenses

Operating Expenses – Type Description: Delineate each operating/administrative expense used to support the program. All NYS funded administrative costs may not exceed ten percent (10%) of your STATE grant.

Other – Type/Description: This category of expense should be broken out to include any NPS categories not identified or listed above. For example, office supplies, educational materials, etc. NOTE: “Other” or “Miscellaneous” categories within the main “OTHER” budget category will not be accepted. All line items must be identified and include a description and cost detail on the forms provided.

Attachment 4

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

The following is reproduced from the United States Department of Health and Human Services, Office of Minority Health, found at: <https://www.thinkculturalhealth.hhs.gov>

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

Principal Standard:

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

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

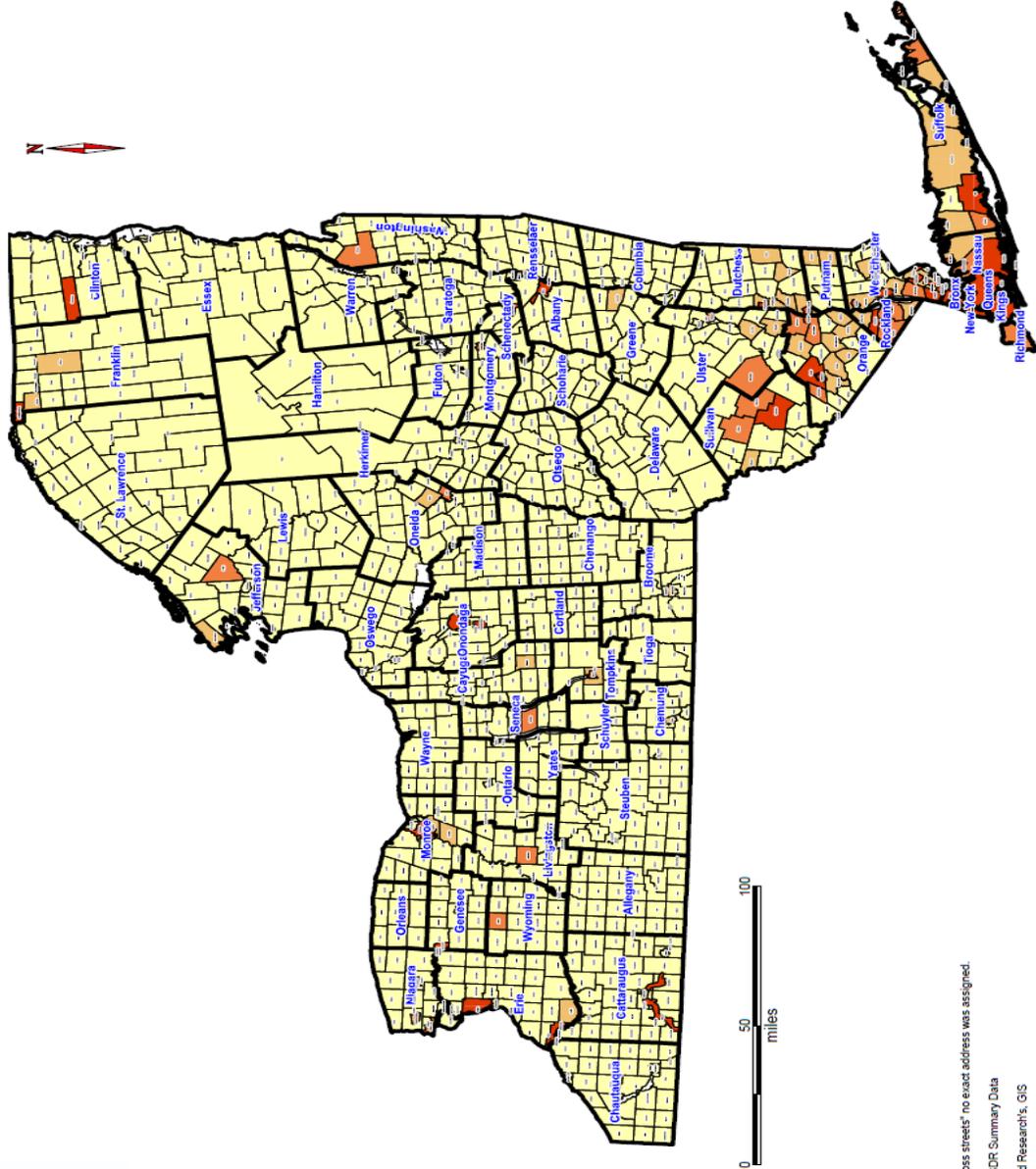
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

2013 Office of Minority Health and Health Disparities Prevention
 PHL-Title II-F § 240 Minority Areas (Statewide)
 Minor civil division (MCD) by Percent Minority



Percentage of Population
By Block Group

Less than 20%	(897)
20% < 30%	(50)
30% < 40%	(26)
Greater Than 40%	(40)



*NOTE: Where cases of geocoded points were only "cross streets" no exact address was assigned.
 Source: 2008-2010 U.S. Census ACS Block Group ATSDR Summary Data
 Produced by: Bureau of Chronic Disease Evaluation and Research's, GIS
 Contact: Mary Jo Pattison at: mjp15@health.state.ny.us

