

September 17, 2012

Subject: Establishment of New or  
Expansion of Existing Certified Home  
Health Agencies in New York State Request  
for Applications

Dear Applicant:

As discussed at the August 9, 2012 meeting of the Public Health and Health Planning Council (PHHPC), the department has deferred action on those applications that have not been recommended for approval which were received in response to the Request for Applications, *Establishment of New or Expansion of Existing Certified Home Health Agencies in New York State*, issued on January 25, 2012. The deferred applications did not contain adequate information within their proposals to support each of the criteria contained in the RFA to evaluate the proposals and as such could not be recommended for approval to the PHHPC. The department is exercising its authority under the RFA Section VII.D.5 to seek clarifications and revisions of applications from those applicants whose applications have been deferred.

Please review your original application submission against the requirements listed in the RFA to determine if you wish to submit clarification or additional information to support your proposal. The department will not identify individual strengths and weaknesses of any application submission that has been deferred. The applicant is responsible for reviewing the criteria contained in the RFA and to submit material that the applicant deems relevant to support their proposal. Any additional information should supplement the original information provided in the application submitted in response to the RFA. **This is not a request for applicants to resubmit their entire application.** The RFA and supporting documentation to the RFA can be found at <http://www.health.ny.gov/funding/>.

Applicants who submit additional information must include an executive summary. The executive summary must include the following:

- A description of why the additional information should be considered. Clearly indicate how the submitted material supports the criteria contained within the RFA.
  - Identify any business or contractual arrangements relevant to Medicaid Redesign implementation that may potentially be jeopardized if the application is not approved by specific dates.
  - Indicate any additional information included in the clarification that is due to events that have occurred since the application was filed.

**Responses must be submitted in writing and received in their entirety at the address indicated below by 4 p.m. on October 19, 2012.** Applicants must submit one original, signed response and three copies. Responses must identify the applicant name that was used in the original submission as well as the name used in the submission of the required Certificate of Need (CON). Responses will not be accepted by fax or email. Please send responses to:

Rebecca Fuller Gray, Director  
New York State Department of Health  
Division of Home and Community Based Services  
875 Central Avenue  
Albany, New York 12206

All submissions will be evaluated based on the criteria contained in the RFA and how well it meets the objectives of the department in addressing and achieving the goals of the Medicaid Redesign initiatives and improving access to home health services. Again, applicants are encouraged to review all existing documentation that is contained on the department's web site as it pertains to this RFA in preparing their submissions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen S. Westervelt', with a long horizontal flourish extending to the right.

Karen S. Westervelt  
Interim Deputy Commissioner  
Office of Health Systems Management