OFFICE OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT

Capital Restructuring Financing Program (CRFP) and Essential Health Care Provider Support Program (EHCPSP)

Awardee Webinar

March 23, 2016
Webinar Audience:
• Successful applicants (awardees) for CRFP and EHCPSP.
  – 135 CRFP
  – 27 EHCPSP

Webinar Goal:
• Provide CRFP and EHCPSP awardees with a functional understanding of the process steps required to meet the requirements of CRFP and EHCPSP that will lead to the disbursement of funds.
AGENDA

• Introduction to DOH Grants Management Bureau
• MWBE
• SEQRA
• Real Property Appraisal and Certification
• Contract Building through the Grants Gateway
• Contract Payments
• Reporting During the Contract Period
• Certification of Need (CON)
• EHCPSP-Only Guidance
• CRFP-Only Guidance
• Initial Q&A’s
GRANTS MANAGEMENT BUREAU

Who we are and our role going forward

Next Steps

Contract Building, Approval and Payment
Grants Management Bureau

Contract monitoring in tandem with OPCHSM, DASNY, OHIP - DSRIP
Grants Management Bureau

Contract Development

<table>
<thead>
<tr>
<th>STATE AGENCY (Name &amp; Address):</th>
<th>BUSINESS UNIT DEPT ID: DOH01</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State Department of Health</td>
<td>DOH01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACT NUMBER</th>
<th>000001</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTRACT TYPE:</th>
<th>Multi-Year Agreement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TRANSACTION TYPE:</th>
<th>New</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PROJECT NAME:</th>
<th>Capital Financing Program - Infrastructure Enhancement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTRACTOR IDENTIFICATION NUMBERS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYS Vendor ID Number: 6000000001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CFDA NUMBER (Fed. Funded Grant Only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENCY IDENTIFIER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOH01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONCERN ORGANIZATION IDENTIFIER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Health Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONCERN ORGANIZATION IDENTIFIER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Health Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACTOR IDENTIFICATION NUMBERS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYS Vendor ID Number: 6000000001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CFDA NUMBER (Fed. Funded Grant Only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FOR MULTI-YEAR AGREEMENTS ONLY - CONTRACT PERIOD AND FUNDING AMOUNT: (Out years represent projected funding amounts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ATTACHMENTS PART OF THIS AGREEMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment A: Program Specific Terms and Conditions</td>
</tr>
<tr>
<td>Attachment B: A-3 Funding Grant Terms and Conditions by Federal Laws</td>
</tr>
<tr>
<td>Attachment C: Work Plan</td>
</tr>
<tr>
<td>Attachment D: Payment and Reporting Schedule</td>
</tr>
</tbody>
</table>

Contract Number: 000001
Page 1 of 2
State Contract, Face Page
Grants Management Bureau

Contract Management
Grants Management Bureau

Please note ⬝ means contact by GMB and your response is required.

Without this information, your contract will not be able to pass Go.
To Get to “Go” Information

• Update contact information.
• Update Grants Gateway document vault.
  – Submit Workers’ Compensation and Disability coverage.
• Work with DASNY on bond counsel review of project, if applicable.
• State Environmental Quality Review Act (SEQRA) requirements.
• Obtain all building permits, occupancy certification, if applicable.
• Update awardee Vendor Responsibility and for subcontracts over $100,000.
To Get to “Go” Information Continued

• Comply with Minority and Woman Owned Business Enterprises (MWBE) Program Requirements.
  – All awardees have submitted MWBE Goal Plan documentation in their applications.
  – 30% MWBE utilization is expected of all awardees (except debt retirement).
  – Subcontracting should be used to meet goal plans.
MWBE Subcontracts

• Purchases of goods, supplies, and services from vendors.
• MWBE opportunities should include evidence of solicitations efforts and outreach.
• All subcontracting agreements are pursuant to the Master Contract provisions for subcontracting.
Prior Bond Certification

- If your project involves improvement of space previously financed with tax exempt bonds, send completed Prior Bond Certification form to DASNY:

  dpaden@dasny.org

  cc: CRFPgrants@health.ny.gov
  or, cc: ESSENTIALSgrants@health.ny.gov
SEQRA Review

- SEQRA (State Environmental Quality Review Act) review of each construction / renovation project is required.
- DASNY will contact you regarding reviews.
Real Property Appraisal and Certification

• If your project includes the acquisition of real property with Grant Proceeds, provide appraisal and Real Property Fixed Asset Certification to DASNY –

  dpaden@dasny.org

  cc: CRFPgrants@health.ny.gov
  or, cc: ESSENTIALSgrants@health.ny.gov
Contract Building through Grants Gateway

Information for Current and Potential Grantees

New York State is committed to making the grant contracting process easier for grantees. The Grant Opportunity Portal and the Grants Gateway will improve the way New York State administers grants by simplifying and streamlining the grants management process.

The Grant Opportunity Portal

The Grant Opportunity Portal is a one-stop shop for anyone interested in locating funding opportunities. State agencies have posted hundreds of upcoming and available procurements and are adding to the list on a daily basis. You can search for and download solicitations with no login required. Check out the Grant Opportunity Portal today!

The Grants Gateway

The Grants Gateway is the next step for organizations interested in doing business with New York State. State agency funding opportunities are posted on the Gateway for online application. Potential applicants can locate online opportunities by clicking View Opportunities on the user’s Home page. State agencies review proposals on the system and make their awards. At point of award the Gateway automatically generates a standardized draft contract, including using the applicant’s proposed budget and work plan. Thereafter, State agency and grantee staff can log in and work together to finalize and execute the

http://grantsreform.ny.gov/Grantees
Contract Building through Grants Gateway

- Contract Development and approvals will occur through the Grants Gateway (GG).
- Awardees will need to acquire GG credentials and establish roles.
  - System Administrator.
  - Grantee.
  - Grantee Contract Signatory.
  - Grantee Payment Signatory.
  - Grantee Administrator.
Contract Building through Grants Gateway

- GMB will prepare draft contracts for awardee review and edit.
- Awardees will need to review work plans and budgets and confirm or make changes.
- GMB Contract Manager will review and approve changes and return to awardee for signature.
- Work plan and budget modifications on a case by case basis.
Contract Building through Grants Gateway

- DOH will similarly sign approve and provide signature page

![Master Contract for Grants Signature Page](New York State Department of Health)
Contract Building through Grants Gateway

• Contract is then reviewed by Attorney General and Office of State Comptroller.

• Contract is approved and projects can begin.
Paying against the Contract

- Quarterly Voucher and Supporting Documentation.
- Progress Reporting Submission Basics.
Eligible Expenses

Expenditures eligible for funding include, but are not limited to:

- Renovation costs;
- Asset acquisitions;
- Equipment costs;
- Construction costs;
- Planning or design costs for the acquisition, construction, demolition, replacement, major repair or renovation associated with construction;
- Construction consultant fees;
- Certificate of Need (CON) expenses; and
- Debt retirement (EHCPSP Only).
Excluded Expenses

General operating expenses, including but not limited to:

– Personnel costs;
– Supplies and other routine non-personal services costs applicable to day-to-day operations;
– Utilities; and
– Operating lease payments, such as for equipment and vehicles.
– Debt Retirement (CRFP only).
Paying against the Contract - Quarterly Vouchers

- Use Claim for Payment form (AC3253-S) to report quarterly expenditures.

- Vouchers are due no later than 30 days after end of quarter and 60 days after end of contract term.

- Detail of expenditures exempt from voucher submission will follow.
Paying against the Contract - Quarterly Vouchers

Claim for Payment Form
Paying against the Contract - Quarterly Vouchers
Complete Sections 1-17

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Vendor Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purchase Order No. and Date</th>
<th>Description of Materials/Service</th>
<th>Quantity</th>
<th>Unit</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discount %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
### Paying against the Contract - Quarterly Vouchers

#### Claim for Payment Form Instructions

<table>
<thead>
<tr>
<th>Reference</th>
<th>Name</th>
<th>New Length</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vendor Name</td>
<td>40 AN</td>
<td>The vendor’s name as it will appear on the check.</td>
</tr>
<tr>
<td>2</td>
<td>Vendor Identification Number</td>
<td>10 N</td>
<td>A unique identification number issued to the vendor by OSC. This is not the vendor’s TIN or EIN. This field automatically populates if data is entered into the Vendor Identification Number field under the NYS Agency Information section of this form first.</td>
</tr>
<tr>
<td>3</td>
<td>Address</td>
<td>55 AN</td>
<td>Vendor’s street address.</td>
</tr>
<tr>
<td>4</td>
<td>City</td>
<td>30 AN</td>
<td>Name of the city in the vendor’s address.</td>
</tr>
<tr>
<td>5</td>
<td>State</td>
<td>6 AN</td>
<td>Abbreviation of the name of the state in the vendor’s address.</td>
</tr>
<tr>
<td>6</td>
<td>Zip Code</td>
<td>12 AN</td>
<td>Postal Code in the vendor’s address.</td>
</tr>
<tr>
<td>7</td>
<td>Invoice No. (Limit to 13 Additional spaces)</td>
<td>30 AN</td>
<td>Invoice Number or special Reference number. This number will appear on check stub and should be unique. This field automatically populates if data is entered into the Invoice Number field under the NYS Agency Information section of this form first.</td>
</tr>
<tr>
<td>8</td>
<td>Purchase Order No. and Date</td>
<td>10 AN</td>
<td>The number of the encumbrance document and the date it was prepared.</td>
</tr>
<tr>
<td>9</td>
<td>Description of Materials/ Service</td>
<td>-----</td>
<td>Narrative describing the material purchased and/or services rendered; or, the vendor may attach an original invoice to the claim for payment.</td>
</tr>
<tr>
<td>10</td>
<td>Quantity</td>
<td>-----</td>
<td>The total number of each item purchased.</td>
</tr>
<tr>
<td>11</td>
<td>Unit</td>
<td>-----</td>
<td>The unit of measure for the items purchased.</td>
</tr>
<tr>
<td>12</td>
<td>Price</td>
<td>-----</td>
<td>The actual cost per unit if not attached.</td>
</tr>
<tr>
<td>13</td>
<td>Amount</td>
<td>-----</td>
<td>The total price per items, calculated by multiplying number of units by price per unit.</td>
</tr>
<tr>
<td>14</td>
<td>Payee Certification - Payee’s Signature in Ink, Title, Date, Name of Company</td>
<td>-----</td>
<td>When a vendor’s invoice is attached to the Claim for Payment, the ‘Payee Certification’ does not need to be completed. If an invoice is not attached to the Claim for Payment, the signature of the payee or his authorized agent, his title, current date, and the name of the company is required.</td>
</tr>
<tr>
<td>15</td>
<td>Total</td>
<td>-----</td>
<td>The sum of the amount column. When Business Units use this form, they must ensure this field reconciles to the invoice amount.</td>
</tr>
<tr>
<td>16</td>
<td>Discount %</td>
<td>-----</td>
<td>(For vendor use only.) The discount percentage allowed by the vendor. This amount will be deducted from the Total (Reference 15) resulting in the Net (Reference 17).</td>
</tr>
<tr>
<td>17</td>
<td>Net</td>
<td>-----</td>
<td>(For vendor use only.) Total of document after discount has been deducted. This amount must equal the sum of either: 1) the merchandise amount(s) in the PeopleSoft format charge lines, or 2) the amount(s) in the Legacy format charge lines.</td>
</tr>
</tbody>
</table>
## Paying against the Contract - Quarterly Vouchers

### Budget Statement and Report of Expenditures

<table>
<thead>
<tr>
<th>CATEGORY OF EXPENSE</th>
<th>COLUMN I CURRENT PERIOD APPROVED BUDGET</th>
<th>COLUMN II PRIOR EXPENDITURES THIS BUDGET PERIOD</th>
<th>COLUMN III EXPENDITURES CURRENT QUARTER</th>
<th>COLUMN IV TOTAL EXPENDITURES THIS PERIOD TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SCOOPING AND PRE DEVELOPMENT</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2 DESIGN</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3 ACQUISITION</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4 CONSTRUCTION</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5 ADMINISTRATION</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>6 WORKING CAPITAL/RESERVES</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7 OTHER</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>14 GRAND TOTAL COSTS (lines 12 + 13)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
During the Contract - Progress Reporting

• Project status reports submitted with claim due no later than 30 days after the close of the quarter.

• Reports should include:
  – Progress made toward DSRIP goals.
  – impact on the State’s health care delivery system;
  – a status update on Project milestone progress;
  – information on Project spending and budget;
  – a summary of public engagement and public comments received; and
  – the impact on the Project’s progress of all regulatory waivers issued for the project pursuant to PHL § 2807(20)(e).
During the Contract

• Submit quarterly vouchers and progress reports to the shared mailbox for review by GMB and program:

  CRFPgrants@health.ny.gov
  cc:  CRFP@health.ny.gov

  or  ESSENTIALSgrants@health.ny.gov
  cc:  essentialhealthcareprovider@health.ny.gov
Recap of Next Steps for Awardee

- Contact Information Sheet.
- Vendor Responsibility Questionnaire updates.
- WC & Disability Certification Forms.
- Minority and Woman Owned Business Enterprises Compliance.
- Additional Requirements, where applicable:
  - CON approval, including funding commitments
  - Prior Bond Certification
  - Real Property Certification / appraisal meeting USPAP (DASNY)
  - SEQRA - State Environmental Quality Review Act (DASNY)
  - Debt Retirement (Essentials only)
- Grants Gateway training (optional, but suggested).
Recap of Key Milestones

• Awardee and DOH Contract signature

• Review and Approval by Attorney General (AG) and Office of State Comptroller (OSC).

• Project commencement.

• Voucher and reporting submissions.

• Payment and close out.
Certificate of Need (CON)

- CRFP and EHCPSP capital projects will be fast tracked through the CON process.
  - Submit CON as early as possible; required within 180 days of award letter.
  - Process as Admin review (no PHHPC approval) under DSRIP streamlining, with exception of establishment CONs.
  - Provide project funding commitments with CON submission to fast track financing contingency.
  - CON approval contingent on executed grant contract.
- Where activity involves debt retirement only (EHCPSP) no CON is required.
- CON review will be in parallel with grant contract development and approval.
Certificate of Need (CON)

For further information on CON requirements:

http://www.health.ny.gov/facilities/cons/
EHCPSP Awards Only
Contract Term

Three years, beginning June 1, 2016 through May 31, 2019.

Extensions beyond May 31, 2019 may be allowable if approved by the Department and OSC.
Debt Reduction

Special provisions required, including

– Assignment to payee.
– Payee has vendor ID number in SFS (lender).
– Documentation of current debt and estimated payoff amount.
– Documentation that payment was made (debt/mortgage satisfaction).
– Continuing progress reports after payment to reflect performance objectives.
Sustainability Plan

Condition prior to execution of grant contract will include agreement with the Department on specific content and milestones of a financial sustainability plan, including mergers, consolidations and restructuring activities as required by statute.
CRFP Awards Only
Contract Term

• October 1, 2015 through March 31, 2021.
• Expenditures toward match and grant allowed retroactive to October 1, 2015.
• Extensions beyond March 2021 allowable if approved by the Department and OSC.
Awardees received an email from DASNY regarding capital nature of projects.

- In some cases, nothing further is required and grant award amount is final.
- In others, either an expenditure reallocation is needed or additional information is needed by DASNY Bond Counsel.
PACB Project Approval

- DASNY will take care of Public Authorities Control Board project approval.
General Questions & Answers

• Q: Why may an award be less than the request?
General Questions & Answers

• Q: Why may an award be less than the request?

• A: Project expenditures under CRFP received an initial review by DASNY Bond Counsel. Some costs may have been deemed ineligible to be reimbursed with bond proceeds. Consult with DASNY.

• A: Awards made under ESCPSP were discretionary and in many instances, after departmental review, only partially funded the proposed project(s).
General Questions & Answers

- Q: (CRFP) When are costs eligible? How far retroactively?
General Questions & Answers

• Q: (CRFP) When are costs eligible? How far retroactively?

• A: Project Costs incurred on or after October 1, 2015 are eligible for payment / reimbursement and toward Match requirement.
General Questions & Answers

- Q: How are changes in scope (changed financials, a different building purchase) treated?
General Questions & Answers

• Q: How are changes in scope (changed financials, a different building purchase) treated?

• A: Changes in scope must be disclosed ASAP and discussed with the DOH Program and Grants Management Unit contract manager and may require further DASNY review.
General Questions & Answers

• Q: Is the March 31, 2021 end of the CRFP program extended?
General Questions & Answers

• **Q:** Is the March 31, 2021 end of the CRFP program extended?

• **A:** No. However, contract extensions will be considered on a case by case basis.
Additional Questions and Assistance

Grant/Contract Questions:
CRFPgrants@health.ny.gov
ESSENTIALSgrants@health.ny.gov

General Questions:
CRFP@health.ny.gov
essentialhealthcareprovider@health.ny.gov

DASNY Questions:
dpaden@dasny.org