OFFICE OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT

Health Workforce Retraining Program/Initiative

Awardee Webinar
Webinar Goal:

• Provide HWRI awardees with a functional understanding of the process steps required to meet the requirements of HWRI that will lead to contract execution and the disbursement of funds.
AGENDA

• Introduction of Office of Primary Care and Health Systems Management (OPCHSM)
• Contract Building through the Grants Gateway
• Contract Payments
• Reporting During the Contract Period
• Initial Q&A’s
Next Steps

Contract Building, Approval and Payment
Contract Development
Contract Management

![Claim for Payment Form](image)

New York State Department of Health
Contract Processing Information

- Update contact information.
- Update Grants Gateway document vault.
  - Submit Workers’ Compensation and Disability coverage.
- Update awardee Vendor Responsibility Questionnaire for contractor and for subcontractors over $100,000.
Contract Building through Grants Gateway

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 Administrator.
Contract Building through Grants Gateway

- Awardees will need to revise work plans and budgets.
- DOH Contract Manager will review and approve changes and return to awardee for signature.
- Work plan and budget modifications on a case by case basis.
**Budget: Expenditure Based Budget**

**ATTACHMENT B-1: EXPENDITURE BASED BUDGET**

**SUMMARY**

<table>
<thead>
<tr>
<th>CATEGORY OF EXPENSE</th>
<th>GRANT FUNDS</th>
<th>MATCH FUNDS</th>
<th>MATCH % CALCULATED</th>
<th>OTHER FUNDS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Salary</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>b) Fringe</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Non Personal Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Contractual Services</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>b) Travel</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>c) Equipment</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>d) Space/Property &amp; Utilities</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>e) Operating Expenses</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>f) Other</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
</tbody>
</table>
## Budget: Calculating Personal Services

In Grants Gateway you will be entering salary data in the Salary Detail section.

See example below:

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Annualized Salary</th>
<th>Standard Work Week (Hours)</th>
<th>Percent of Effort Funded</th>
<th>Number of Months Funded</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Dr.</td>
<td>$100,000</td>
<td>40</td>
<td>10%</td>
<td>12</td>
<td>$10,000</td>
</tr>
<tr>
<td>Training Coordinator</td>
<td>$75,000</td>
<td>40</td>
<td>50%</td>
<td>12</td>
<td>$37,500</td>
</tr>
<tr>
<td>Curriculum Developer</td>
<td>$50,000</td>
<td>40</td>
<td>25%</td>
<td>3</td>
<td>$3,125</td>
</tr>
<tr>
<td>Trainer</td>
<td>$40,000</td>
<td>40</td>
<td>15%</td>
<td>9</td>
<td>$4,500</td>
</tr>
<tr>
<td>Data Entry</td>
<td>$25,000</td>
<td>40</td>
<td>5%</td>
<td>12</td>
<td>$1,250</td>
</tr>
</tbody>
</table>
Budget: Calculating Personal Services

- Grants Gateway does not calculate the total for you, it should be calculated in accordance with the following formula:

\[(\text{Annualized personal salary} \times \text{Percent of Effort})/12 \times \text{Number of months funded}= \text{Total}\]

- Annualized Salary is what the salary would be if the position was filled full time for a year **NOT** the full time salary for the Number of months actually worked.

- Please identify Administrative and Operational costs. Administrative costs (including indirect costs) are limited to 15% for each year’s budget. For each of the positions identified within the personal services detail, please specify the percent and dollars in salary that is administrative, and using the same method determine what is operational.
Eligible Expenses:

- Assessment and Intake;
- Remediation;
- Basic Skill Development;
- Reorientation;
- Counseling;
- Skill Development and Enhancement;
- Career Advancement;
- Expansion of Educational Capacity
Ineligible Expenses

- Instruction and tuition requested for the same participants
- Lost Staff Time or Wage Subsidies that exceed the number of hours in training:
  Lost staff time is the additional operating expense the organization experiences for replacing a regularly scheduled staff person while that staff person is in training. This can be either wages paid to hire an agency worker or additional hours for regularly scheduled staff who work beyond their regularly scheduled hours. Documentation must be provided to support this cost, including the participating employee’s regular hours, additional hours, and salary.

  Wage Subsidy is provided to pay for the hours an employee spends in long term training, e.g. an LPN who normally works a 40 hours a week and is in training 10 hours/week can receive a wage subsidy for 10 hours/week. Documentation must be provided to support this cost.

- Fringe benefits for Lost Staff Time or Wage Subsidies
- Dependent Care request while participant is in training during normal work hours
Ineligible Expenses

- Professional Licensure fees (examination fees to obtain the professional license are eligible)
- Purchase of major pieces of depreciable equipment, or remodeling or modification of structures
- Instruction costs related to in-service training
- Travel for trainers
- Promotional/marketing/advertising costs
- Interest on loans
- Indirect (limited to 10% of total direct costs) charged on more than the first $25,000 of a subcontract

Funding allocated to ineligible expenses in your application budget can be redirected to eligible expenses.
Work Plan Details

ATTACHMENT C - WORK PLAN DETAIL

Objective:
1 Select employees for training - Identify employees for LPN program and/or Prevocational program

Task:
1 Solicit for employees interested in program-Case Manager works with Human Resources Dept. to disseminate information regarding the grant and identify interested employees 11/1-11/15/16 (Q 1)

Performance Measures:
1 Employees identified for program - 20

Tasks:
2 Employees apply-Case manager works with employees to start application process, obtain references and schedule 11/1-11/30/16 (Q1)

Performance Measures:
Employees complete application 15
3 Employees test (TABE)- Selected employees take the TABE test 11/1-11/30/16 (Q 1)

Performance Measures:
Pass TABE  5

Objective:
2 Employees enter training programs based on results of TABE test and applications

Tasks
Enter Prevocational Studies – 10
Work Plan Details

2 LPN Program- Employees who passed the TABE test enter the LPN Program in June 2017 along with employees who finished the prevocational studies in April (Q3)

Performance Measures:
1 Start LPN Program- employees who met TABE scores enter LPN program directly - 5
2 Start LPN Program- employees who took prevocational studies enter program – 10

Objective:
3 LPN Training – CNAs train to become LPNs while being counseled, supported and monitored

Tasks:
1 Case Manager support- monitor student participation, provide counselling and assistance as needed (Q 1-8)

Performance Measure
1 Graduation. We anticipate 2 of 15 students will need to withdraw despite support – 13

Objective:
4 LPNs hired- Place graduated LPNs in new positions

Tasks:
1 LPN permit nurses sit for N-CLEX exam (Q 7)

Performance Measures
1 LPN exams 13 students take LPN exams and pass – 13

Tasks
2 Place trainees in new jobs- Employers will promote new trained and licensed LPNs to LPN status (Q 8)

Performance Measures
LPN statue- 13 students will be promoted to LPN status - 13
Contract Building through Grants Gateway

- DOH will similarly sign approve and provide signature page
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 Claim(s) for Payment and Supporting Documentation.

• Progress Reporting Submission Basics.
Paying against the Contract - Quarterly Vouchers

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

- Claim(s) for payment 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

Remember!

Use SFS Vendor ID Number, NOT FEIN
## 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**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Grant Opportunity</th>
<th>Application #</th>
<th>Project Title</th>
<th>DateTime Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Workforce Retraining Program/Initiative</td>
<td>Entry Level Health Care Workers trained as New LPN</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ATTACHMENT B-1: EXPENDITURE BASED BUDGET**

**SEMAGART**

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Entry Level Health Care Workers trained as New LPN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor SPS Payee Name:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATEGORY OF EXPENSE</th>
<th>GRANT FUNDS</th>
<th>MATCH FUNDS</th>
<th>MATCH % CALCULATED</th>
<th>OTHER FUNDS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Salary</td>
<td>$18,000</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$18,000</td>
</tr>
<tr>
<td>b) Fringe</td>
<td>$5,000</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$5,000</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$23,000</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$23,000</td>
</tr>
<tr>
<td>2. Non Personal Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Contractual Services</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>b) Travel</td>
<td>$200</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$200</td>
</tr>
<tr>
<td>c) Equipment</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>d) Space/Property &amp; Utilities</td>
<td>$20,000</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$20,000</td>
</tr>
<tr>
<td>e) Operating Expenses</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>f) Other</td>
<td>$0</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$220,000</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$220,000</td>
</tr>
<tr>
<td>Total</td>
<td>$243,000</td>
<td>$0.00</td>
<td>0%</td>
<td>$0.00</td>
<td>$243,000</td>
</tr>
</tbody>
</table>
Paying Against the Contract- Budget Amendments

• For internal budget amendments, only changes under 10% of the total 2 year contract amount can be approved by the contract manager.

• Once you exceed 10% of the value of the two year contract a contract amendment will be triggered, requiring approval by DOH, Office of the Attorney General and the Office of the State Comptroller.

• This 10% is cumulative over the life of the contract, not each individual budget change.
During the Contract - Progress Reporting

• Quarterly Expenditure Reports submitted with claim due no later than 30 days after the close of the quarter.

• Reports should include:
  - Status of participants in training and outcomes when training is completed
  - Numbers of participants by facility
  - Expenditure summary
  - Narrative update of work plan tasks and performance measures
  - Explanation of any tasks and measures not completed and steps being taken to get work plan back on schedule
  - Proposed revisions in schedules and work plans if necessary
During the Contract

• Submit quarterly Claim(s) for payment and Quarterly Expenditure Reports to the shared mailbox for review by program:

   HWRI@health.ny.gov

• Include your contract # in the subject line and a brief reference to the content matter of the email, e.g.:
  C12345, Workplan; or
  C12345, Budget
Recap of Next Steps for Awardee

- Contact Information Sheet.
- Vendor Responsibility Questionnaire updates.
- WC & Disability Certification Forms.
- 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.
Contract Term

Two year fixed term, beginning January 1, 2017 through December 31, 2018.

Continued funding throughout this two year period is contingent upon availability of funding and state budget appropriations. Discrete budgets are submitted for each year of the contract and funds awarded for one year cannot be rolled over and used in year two.

If an awarded applicant cannot provide the required contracting materials to the Department within 60 days of the contract award, the Department reserves the right to withdraw the award and redistribute the funding to the other responsible awardees.
Contractor Expectations

Contractors will be expected to:

• Develop and manage the administrative structure necessary to implement proposed projects in a timely manner. This includes commitment of staffing adequate to:
  – develop relationships and contracts with partners for assessments, training or other functions necessary for the successful implementation of the project;
  – manage and coordinate the project;
  – meet fiscal and programmatic contract requirements; and
  – evaluate the project.

• Ensure the cost effective provision of assessment, training and placement services to the numbers of participants in the contract.

• Provide the Department of Health with monthly or quarterly outcome and expenditure reports, and a two year final report, in a timely manner.

• Fully cooperate with Department of Health and Department of Labor representatives during contractor assistance program reviews, including the provision of supporting documentation of outcomes and expenditures and other data or information as may be necessary to help assess the success of the project and monitor project expectations.
General Questions & Answers

• Q: How do we enter both years’ budget for my award?
General Questions & Answers

• Q: How do we enter both years’ budget for my award?

• A: Year one will be entered into the Grants Gateway, Year two will be uploaded as a new period for next year in the gateway.
General Questions & Answers

• Q: How do I calculate personal services:
General Questions & Answers

Q: How do I calculate personal services:
A: Example of how to calculate.

<table>
<thead>
<tr>
<th>Position</th>
<th>Annualized Salary</th>
<th>Standard Work Week (Hours)</th>
<th>Percent of Effort Funded</th>
<th>Number of Months Funded</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainer</td>
<td>$40,000</td>
<td>40</td>
<td>15%</td>
<td>9</td>
<td>$4,500</td>
</tr>
</tbody>
</table>
General Questions & Answers

Q: Why is my award different than the amount requested in our application?
General Questions & Answers

Q: Why is my award different than the amount requested in our application?

A: The RFA provides a maximum amount of funding for each region, below. All projects with passing scores are funded. If the requested amount for all projects with passing scores exceeds the maximum amount for the region, funding amounts are decreased according to the calculation in the RFA (pages 28-29) until all projects in the region can be funded.

<table>
<thead>
<tr>
<th>Region</th>
<th>Maximum Funding Levels (in $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>$716,320</td>
</tr>
<tr>
<td>Rochester</td>
<td>$1,427,800</td>
</tr>
<tr>
<td>Central</td>
<td>$774,400</td>
</tr>
<tr>
<td>Utica/Watertown</td>
<td>$84,700</td>
</tr>
<tr>
<td>Northeastern</td>
<td>$672,760</td>
</tr>
<tr>
<td>Northern Metropolitan</td>
<td>$1,161,600</td>
</tr>
<tr>
<td>New York City</td>
<td>$16,782,700</td>
</tr>
<tr>
<td>Long Island</td>
<td>$2,579,720</td>
</tr>
</tbody>
</table>
Additional Questions and Assistance

Grant/Contract/General Questions:

HWRI@health.ny.gov