

Section 9.2: CHITA Technical Application Forms

TECHNICAL APPLICATION CHECKLIST/FORMAT

1. Technical Application

- _____ 9.1.2 Technical Application Cover Page
- _____ 9.1.3 Consent Form for Co-Applying RHIOs
- _____ 9.1.4 Eligible Applicant Certification
- _____ 9.1.5 Technical Application
 - Table of Contents
 - Executive Summary/Project Description (max. 3 pages)
 - Eligible Applicant Description
 - Organization Plan
 - Technical Plan
 - Clinical Plan
 - Leadership/Personnel
 - Project Management/Monitoring Plan
- _____ 9.1.6 Vendor Responsibility Information/Attestation

2. Packaging the Application

- _____ No cost information can be included in the Technical Application.
- _____ The package must contain:
 - _____ Two original, signed, Technical Applications
 - _____ Two clearly labeled CDs or USB drives that each contain a full copy of the Technical Application
 - _____ Two original, signed Financial Applications that each contain a full copy of the Financial Application
- _____ The CDs or USB Drives must be organized as follows:
 - _____ One exact PDF file (copy) of the Technical Application that is searchable (on each CD or USB Drive)
 - _____ One exact PDF file (copy) of the Technical Application attachments, forms and checklists that is searchable (on each CD or USB Drive)
 - _____ One exact PDF file (copy) of the Financial Application that is searchable (on each CD or USB Drive)
 - _____ One exact PDF file (copy) of the Financial Application attachments, forms and checklists that is searchable (on each CD or USB Drive)
- _____ Applications will be accepted if delivered by 3PM on the date shown on the RGA cover page.
- _____ Application package is labeled:
 - HEAL NY Phase 5: Health Information Technology Grants
 - RGA # 0708160258
- _____ Application must be 12 pt. font and no more than 30 pages in length; responses should be in the body of the application (not in attachments); attachments should only supplement, not substitute for application content.

4. Please double check that

- _____ Eligible Application Certification is signed and included in the application.
- _____ Vendor Responsibility Questionnaire is included or an electronic version has been submitted to the State Comptroller's website and the certification attesting to submission is signed and included.
- _____ Cover pages are signed.

Part One: Technical Application

HEAL NY Phase 5 Technical Application – CHITAs Cover Page

Eligible CHITA Applicant Name _____

Project Name _____

Instructions:

1. Eligible CHITA applicants may only seek HEAL NY Phase 5 grant funding in categories two and/or three. Each application must include all mandatory application components in addition to addressing, in detail, category specific clinical investment priorities. Applicants should check the appropriate application grant category. Within each category, the eligible applicant should identify the clinical investment priorities (see section 4.1 for descriptions) for which they are seeking project funding. **If an eligible applicant is seeking funding in multiple categories, a separate application for each category must be submitted.**

<input type="checkbox"/> Category Two – Clinical Informatics Services (CIS) *** For RHIOs and CHITAs *** <u>Clinical Investment Priorities</u> (Select at least one priority) <input type="checkbox"/> Quality Reporting for Outcomes <input type="checkbox"/> Clinical Decision Support in an HIE Environment	<input type="checkbox"/> Category Three – Community-wide EHR *** For RHIOs and CHITAs *** <u>Clinical Investment Priorities</u> (Select at least one priority) <input type="checkbox"/> Immunization Reporting via EHRs <input type="checkbox"/> Quality Reporting for Prevention <input type="checkbox"/> Interoperable EHRs for Medicaid
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2. Please Select One Region

<input type="checkbox"/> New York City <input type="checkbox"/> Long Island <input type="checkbox"/> Hudson Valley	<input type="checkbox"/> Northern <input type="checkbox"/> Central <input type="checkbox"/> Western
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3. Identify Lead Applicant _____

4. Lead Applicant is a legal entity eligible based on the criteria in Sections 3.2.1 and 3.2.1.1

5. Included clinicians and providers, which are clinically affiliated for the purposes of care coordination, but not a part of the same corporate structure.

6. Included ambulatory care clinicians in solo and small physician offices, including those that have contracts with and serve Medicaid beneficiaries and provide care in long term care facilities, as defined in section 3.2.2.2.

IMPORTANT: The Technical Application, including this cover page, must NOT contain ANY information regarding the Project cost. Information relative to Project cost is to be included in only the Financial Application. Eligible Applicants failing to comply may be eliminated from further review.

Provide the following Contact Information

Name _____ Title _____

Address _____

Phone _____ Fax _____ E-mail _____

Signature of an individual who will be authorized to bind the Eligible Applicant to any GDA resulting from this application:

Signature _____ Date _____

**CERTIFICATION FOR
HEAL NY GRANTS**

I hereby warrant and represent to the New York State Department of Health (“DOH”) and the Dormitory Authority of the State of New York (“the Authority”) that:

- Applicant will make every effort to ensure that the project described in this application will be consistent with the goals and recommendations of the Commission on Health Care Facilities in the Twenty-First Century, as established pursuant to Section 31 of Part E of Chapter 63 of the Laws of 2005.
- All contracts entered into by the Grantee in connection with the Project shall (A) provide that the work covered by such contract shall be deemed “public work” subject to and in accordance with Articles 8, 9 and 10 of the Labor Law; and (B) shall provide that the contractors performing work under such contract shall be deemed a "state agencies" for the purposes of Article 15A of the Executive Law
- If awarded a HEAL NY grant, the funds will be expended solely for the project purposes described in this RGA and in the GDA and for no other purpose.
- I understand that in the event that the project funded with the proceeds of a HEAL NY grant ceases to meet one or more of the criteria set forth above, then DOH and/or the Dormitory Authority shall be authorized to seek recoupment of all HEAL NY grant funds paid to the Grantee and to withhold any grant funds not yet disbursed.

Applicant Name _____

Project Name _____

Signature _____ Date _____

Name (Please Print) _____

Title (Please Print) _____

Please note that in accordance with Part 86-2.6 of the Commissioner’s Administrative Rules and Regulations, **ONLY** the following individuals may sign the attestation form:

- Proprietary Sponsorship – Operator/Owner
- Voluntary Sponsorship – Officer (President, Vice President, Secretary or Treasurer), Chief Executive Officer, Chief Financial Officer or any Member of the Board of Directors
- Public Sponsorship – Public Official Responsible for Operation of the Facility

HEAL NY Phase 5 Technical Application

Eligible CHITA Applicant Name _____

Project Name _____

A. Cover Page

B. Table of Contents

C. Executive Summary/Project Description

This part of the Technical Application must briefly describe:

- The overall project, including brief summary of each section below.
- How the project meets HEAL NY Phase 5 Health IT objectives and requirements, including use cases and technical discussion document (See Sections: 7.1 and 7.2).
- Description of eligible applicant and how the eligible applicant and stakeholders meet the minimum requirements (Section 7.4).

D. Eligible Applicant – CHITA Description

Describe the community collaboration and provide basic information regarding the participants and their role in the project. Characterize the depth and breadth of the care coordination zone and how sufficient scale will be achieved to realize benefits internal to the community participants and the scope of health IT adoption and support services. See Section 3.2.

E. Organizational Plan

See Section 5.2.1

F. Technical Plan

See Section 5.2.2

G. Clinical Plan

See Section 5.2.3

H. Leadership and Personnel Qualifications

See Section 5.2.4

I. Project Management

See Section 5.2.5

Vendor Responsibility

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us.

Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form. Applicants must also complete and submit the Vendor Responsibility Attestation (Attachment 9.2.5).

Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, H. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.

- A hard copy Vendor Responsibility Questionnaire is included with this application and is dated within the last six months.

- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____