

CBO Applicant Conference

<https://youtu.be/l--y8DITFpY>

So we wanted to thank everyone for joining us: all potential applicants for today's conference call for the Community Based Organization (CBO) planning grant RFA.

I wanted to start by going through just some quick introductions. My name is Mike Lewandowski, I will be taking on the majority of today's presentation. Brooke Weinstein of DOH. This is Peggy Chan with the DSRIP program. Dianne Kiernan also with the DSRIP program.

And just for an overview of where we're going today: We will be referencing our CBO RFA Planning Grant, the actual document, back and forth today. We will be mostly on our power point, but we will be switching back and forth from the slide deck to the RFA. At the end of the slide deck we have the opportunity to answer the questions, by selecting the box on the bottom right of the WebEx screen and submitting the questions.

Today is one hour long presentation, where we will attempt to go through all questions and answer them. If we do not get the opportunity to answer a written question submitted, they will be answered as part of our **June 30th posting** of all formal questions and answers posted on the Grants Gateway. As a reminder today, all questions answered should be considered *draft*, and the final answers should be considered as a part of the Q&A document that's posted on June 30th.

I want to highlight some important dates and to go over the overall timeline for the RFA posted on the cover page of the RFA. This opportunity was posted on May 16th, 2016. We're currently undergoing our Applicant Conference call. Questions and Answers, the questions from potential applicants are due by June 17th, 2016 to be submitted by the BML noted on the RFA. The questions and answers will be posted to this opportunity on **June 30th, 2016**.

A letter of interest and intent is requested to be due by **July 8th, 2016** from potential applicants. The application due date for this opportunity is **August 16th, 2016 by 4PM** in Grants Gateway. The anticipated contract term of one year is beginning on December 1st, 2016 going through November 30th, 2017.

And now we're switching to the RFA document to run through an overview of the Table of Contents. So how this RFA is structured, when reading, we begin with the introduction, starting on page (3) three. This will give the background of the opportunity and give some highlights on what we're really after. Section two deals with who is applying, who will be eligible to apply, consisting of preferred qualifications as well.

Section three consists of the project narrative and work plan outcomes, outlining specifics we should include in the RFA. This should be included by applicants in the RFA. Ranging from page 10 to page 20, is the overall administrative requirements. We

will be going through and highlighting key administrative requirements later on in this presentation. Section five of the RFA, beginning on page 21, goes in depth and provides specific instructions on how potential applicants will be submitting their application. And starting on page 28 is our Attachments. Please note that several of these attachments are only on the pre-submission upload and Grants Gateway. I will now hand it over to Peggy, who will be going over an overall introduction and background to this opportunity.

Peggy Chan: Thanks Mike. Good afternoon everyone, thank you for joining this call and for your interest in this RFA. Just some background, I think many of you know this, but just to reframe the context for this RFA. New York State has had poor performance on quality indicators, while also providing the most expensive care in our system. Our healthcare system has been fragmented and uncoordinated. When Governor Cuomo assumed office in 2011, the Medicaid Redesign Team was convened to ask to investigate and address underlying issues related to increasing healthcare costs and Health care quality in New York State's Medicaid program. As a result of the efforts of the MRT team, New York State was able to negotiate with the federal government a waiver agreement that permits a reinvestment of much the savings; to invest into transforming the Medicaid delivery system to one that is focused on quality and performance outcomes and not on volume. DSRIP is a historic opportunity to transform the Medicaid delivery system to improve the quality of care provided to our communities in need. The key goal of DSRIP is reducing avoidable ED and hospital admissions by 25% by the end of the five year DSRIP program in 2020. To realize this goal, we need collaboration among local service delivery providers across the continuum of care, to connect and communicate with each other to coordinate around patient needs and services.

Among the community based organizations that the Performing Provider Systems under DSRIP are expected to work with are those who provide clinical care, such as community based providers of behavioral health services, as well as Community Based Organizations that provide other services that impact social determinants of health. DSRIP acknowledges that social determinants of health are key factors to address in order to improve members' health, and significantly impact avoidable ED and hospital admissions. Community based services that address the social determinants of health, include but are not limited to: housing, nutrition, transportation, language access services and legal aid. These social needs are often addressed by local community based service organizations. These CBOs typically have originated to serve specific community needs and incorporate the social language aspect and priorities in their programs. As the local providers, they are more likely to be seen as trusted resources to assist the Medicaid members. CBOs who provide many of those social services, do not bill Medicaid, because these are not Medicaid services. But their participation is critical to the achievement of DSRIP goals. Such organizations should be engaged with the DSRIP program and be involved, and the PPS project team to address Medicaid member needs. DOH has been simultaneously exploring how these services may fit into a value based payment model that incentivizes providers for patient outcomes.

With major initiatives such as DSRIP, small community organizations are often challenged in how to engage into the contract with larger lead organizations, such as the PPSs in DSRIP. These organizations tend to be administratively lean, have fewer resources, do not have industry associations and also compete with other CBOs for similar funding grants. Additionally, it may be challenging to analyze and present their service mission and enterprise in a business framework for grant, for contract or arrangements because of the historical grant funding basis. The administrative time and resources required for such engagements often exceed what individual CBOs have available to analyze the business requirements, and to successfully formulate a business strategy and proposition. Further, such demands burden CBOs and undermine the resources needed for the CBO to deliver its core services.

In response, DOH has issued the CBO Planning Grant RFA to assist these smaller CBOs. We recognize that there are organizations that do not meet the eligibility criteria of this RFA, but who also see a similar need for their organization. For those, we would encourage you to take advantage of the resources listed here on this slide. The VBP boot camps are being conducted around the state as we speak. We would encourage you to look at the announcements that's coming through the MRT list serv, and go to this website. In addition, consult with your local PPS in terms of some of the work that they may be contemplating or doing around supporting the CBO partners. As well as the last website listed, the **Managed Care Technical Assistance Center**, which was formed to assist home and community based service providers in the transition of behavioral health services and benefits into the HARP and mainstream managed care. The website provides excellent resources that may be a value and applicable in contracting and other aspects. So turning this back to Michael to cover the highlights and a walk through of the RFA. Again, I wanted to thank you on behalf of DOH for your interest and we look forward to seeing the applications that come through.

Michael Lewandowski:

Thank you Peggy. Next we're going to go over some main points of the RFA, starting with the funding amounts per each region. Based on page 6 of the RFA, a minimum of \$2,500,000 is allocated and potentially up to \$7,500,000 may be available to support this initiative. This will be divided among the three regions, listed on the slide. One (1), New York City, Two (2), Long Island and Mid-Hudson, and Three (3), rest of State. In Attachment 9, there's a regional map outline. Also stated on page 9, it goes through the regions again. Please note that the rest of state includes the remaining 7 regional economic development council regions. This includes the Capital Region, North Country, Mohawk Valley, Southern Tier, Central New York, Finger Lakes and Western New York.

Subcontracting with a consultant is a main requirement of this RFA. The CBO Consortium Lead must contract with a consultant before applying. This is stated on Page 4 of the RFA. A requirement of the application is for the CBO Consortium to identify and retain a consultant who will not only help the CBO Consortium Lead apply for this funding, but further develop and implement the planning activities once an award is made. This is seen as an initial investment by the CBO Consortium and the

consultant in order to assure that the planning activities outlined in the application proposal will commence as soon as possible upon award.

I want to quickly jump back to the RFA document to identify a portion, if you're following along with the RFA on hand, page 5. Starting on page 5, it outlines some main points in how successful applicants will fill out the applications on the Grants Gateway. I'll be going over this in more detail, later on this slide deck. But keep these main points in mind when obviously applying for this opportunity.

On Page 7 of the RFA, eligibility requirements are stated. These will serve as requirements for any CBO Consortium to apply for this opportunity. If they do not meet these requirements, unfortunately applicants will not be able to apply. The individual members of the CBO Consortium and the CBO Consortium Lead must be not-for-profit 501(c)3, non-Medicaid billing community-based social and human service organizations that are currently providing services to the target populations. For example, CBOs that provide housing assistance, social services, religious or faith based organizations, food banks, etc. The Consortium Lead and members should have annual operating budgets of LESS than \$5 million, to ensure that this grant reaches those CBOs who have less access to other resources. Letters of endorsement by PPSs whose region they are located in, are also a requirement stated within the RFA as well.

Continuing on with the eligibility requirements, the Consortium Lead should have an engagement for participation in PPS projects or in PPS committees. The Consortium Lead and members must have three years of experience in working with the targeted population, or past regional collaboration on other social determinants or health care projects or programs. And the Consortium Lead should have demonstrated successful leadership experience. These are further explained in section 5 of the RFA, "completing the application." I will then hand it over to Brooke who will be discussing the preferred qualifications of this opportunity.

Brooke Weinstein:

This slide covers our Preferred Qualifications and preference will be given to consortiums which can demonstrate experience and capacity to: One (1), deliver high need services to low-income communities at priority sites, at times and locations convenient for Medicaid and low-income uninsured populations. Two (2), deliver low-literacy, culturally appropriate, and bilingual health information. Three (3), target services to residents of high need, NYS Public Health Law 240, minority areas (which is attachment 8), and/or rural areas to ensure the provision of services to high need populations. Four (4), have 5 years of experience working with the targeted population. And/or five (5), the ability to reach large populations through partnerships with local social services districts, local public health offices, Medicaid outreach providers, schools, faith organizations, and other agencies serving Medicaid and Medicaid-eligible populations. This is also noted on Page 27 with the scoring. Additional points will be made available for those who can meet these preferred qualifications.

Michael Lewandowski

Thanks Brooke. We're going to continue on, and I wanted to highlight some main administrative requirements of this RFA. As noted on our cover page, the resulting contract will be for one year, starting on December 1st, 2016. Quarterly reports shall be submitted by the consortiums on a quarterly basis, consisting of basically the overall planning and the overall Quarterly Progress report that has been completed, based on the work plan and timeline. And just to go over an overall payment summary, the applicants may receive up to a 25% advance payment from the award opportunity. They will also submit quarterly invoices for submission for payment.

Another area that I wanted to cover was the Vendor Responsibility Questionnaires. All applicants are required to submit a vendor responsibility attestation, which is an attachment to this RFA. In that attestation, they're documenting that they have filled out a vendor responsibility questionnaire online through the Vendor rep system noted in the RFA, or have submitted a paper copy.

Now I will go through an overall walkthrough on completing the application. We're going to switch back to the RFA document. The Letter of Commitment from Consortium's Executive Director or Chief Executive Officer are not scored but should be submitted/uploaded to Grants Gateway. This can be found in the pre-submission upload screen of Grants Gateway. The application cover page is also found on the pre-submission upload screen of Grants Gateway, and it's not scored but is a minimum eligibility requirement and must be submitted by the applicant. The Program Summary is another not scored item, but must be submitted as a minimum eligibility requirement. In the Program Summary, the applicant should summarize the proposal and objective to meet the specific goals of this RFA.

When applicants are going on and submitting the Grants Gateway application, you will find that you will be forced to answer questions; the following bulleted items. You'll be able to provide a narrative and/or provide an upload to each of the resulting sub-bullets that are identified here. Each section noted in the RFA consist of a maximum point score.

For the Statement of Need, the maximum point score is 10 points. In this overall section, the applicant should be providing overall answers to the requested narratives described for each sub-bullet. Overall, this section is really going after the experience of the CBO membership engaging PPSs and partnerships, describing the current working relationships between the consortium memberships with DSRIP stakeholders, and describing how representatives from the CBOs were involved in the DSRIP engagement work plan goals and objective processes.

The next section deals overall with organizational experience and capacity, consisting of 20 maximum points for this overall section. Applicants should be providing a narrative to each section, but overall this is going through the overall experience capacity of the Consortium's governance, organizational structure, collective mission, etc. Please note that in this section amongst others, preference points are noted. The preference points are going to be in parenthesis and I'll go over preference points scoring later on. But

please note, anywhere we're stating a preference point, you should be providing the proof that you're meeting the preference.

The next section deals with the overall program design, consisting of a maximum score of 15 overall points. This overall section is going to be dealing with the overall applicant proposed strategy for this opportunity, and the proposed overall staffing for the program, and the qualifications and experience. Again, each sub-bulleted item here, needs to have a narrative attached.

The next section deals with the overall monitoring and evaluation from the CBOs, this has a maximum score of 15 points for this section. This is dealing with the overall Consortium's plan of evaluating and meeting the CBO membership needs and challenges in DSRIP, and contracting, furthermore.

The next section, is the overall budget with justification that consists of 20 maximum points. Each applicant must submit an online budget that can be found on the Pre-Submission upload in Grants Gateway. This will be a budget with an anticipated award amount for \$2,500,000. You will also need to submit a budget justification template, which is attachment 5, located in the pre-submission upload screen.

The next scoring point is the overall Work Plan. This is consisting of 20 maximum points. We're going to ask potential applicants to refer to 6.2.b.2 under the Grantee defined work plan of the Grantee User Guide. This can be found at the link: grantsreform.ny.gov/grantees. That is **Grantsreform.ny.gov/grantees**. And clicking the **Grantee User Guide**. Provided in the RFA is an overall summary of how to complete the online work plan, going over the objectives, performance measures and tasks for each item.

We can actually now switch back to our presentation where we're going to go through the summary of scoring, found on page 27 of the RFA. I have summarized this while going through the overall evaluation previously, but this is overall how these are scored. Again, Statement of Need 10 points, Organizational Experience and Capacity 20 points, Program Design 15 points, Monitoring and Evaluation 15 points, the Budget Template including Narrative and Justification of the budget 20 points, the overall Work Plan 20 points, and please note that preference points are also 10 points.

Here on page 28 of the RFA, provides an overall list of the attachments. Please note that any attachment mark with an asterisk will be found in the pre-submission upload section of the Grants Gateway online applications. We're now going to take a time to go through the overall Grants Gateway, not sure how familiar any potential applicant is with Grants Gateway. We will be giving a high level overview of this, but we're referring you back to our Grants Reform Team for additional questions to follow up on the specifics of the system. The applications must be submitted online via the Grants Gateway, by the date and time posted on the cover page of this RFA. The date and time is August 16th 2016 by 4PM.

Reference materials and videos are available for Grantees applying to the funding opportunity on the New York State Grants Gateway. Please visit the Grants Reform website at the following web address and select the “Grantee Quick Start Guide” application from the menu on the left. I’ll give everyone an opportunity to write that link down. This overall presentation will be published, so you will have a link as well. There’s also more detailed grantee user guide information available on this slide as well.

Overall training webinars are actually provided by the Grants Reform Team every Tuesday and Thursday. Below, you’ll see a screenshot of the calendar for June. You’ll see it is hard to read, we’re not assuming you can read this. But this is something you should be looking for by following the link provided above for the dates and times located here. You’ll see on this link, the specific registration information, again these are held every Tuesday and Thursday. There’s an example right there, for June calendar. There’s actually even one tomorrow. You’ll have to register, I’m not sure if the registration deadline is up. But you can always go on that link to look up the specifics on it.

Continuing down to the Grants Gateway information. All applicants must be pre-qualified prior to the due date of the application submission. Please ensure that applicants maintain this pre-qualifications status. There is essential financial documents that cannot be expired and will subsequently expire the Grants Gateway qualification. So please ensure that the documents are updated and approved to ensure that the pre-qualification status is up and going. Please note that only individuals with the roles Grantee Contract Signatory or Grantee System Administrator can submit an application through Grants Gateway. Prior to the submission, the system will automatically initiate a Global Error Checking process. Basically this will ensure that all narratives to each sub-bullet I’ve previously identified, are answered and all required uploads are submitted. This can be found on page 66 of the previously referenced Grantee User Guide.

Additional information: please note that grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters for these uploaded files. There is a restriction of a 10MB for these documents. Additionally after the due date and time passes for this, on that August 16th date, the submit button will automatically remove and applications can no longer be submitted. It would be too late any time after 4PM.

Just to re-summarize our questions and answers phase of this RFA. As a reminder all questions must be submitted in writing or via e-mail to OHIPcontracts@health.ny.gov. Written questions will be accepted until the date and time posted the RFA cover page, this is June 17, 2016. These questions, answers and any other updates will be posted on or about June 30, 2016 to Grants Gateway. Additionally, these slides will be posted following this webinar, and a notification link will be sent provided to the mailing list. And all those registered for this conference.

We will now be able to receive your type-written questions to this webinar. We will be answering them according to the written and posted RFA. Please note again, answers

provided today to the type-written questions should not be considered final until the questions and answers are posted to the Grants Gateway on June 30th. You can submit additional written questions through June 17th to the BML noted previously. All final answers to questions raised today and submitted in writing, can be submitted in writing through June 17th and be posted to Grants Gateway on June 30th. If we do not get the opportunity to answer the questions today, this will be incorporated into our Questions and Answers document, and will be answered as final in our June 30th post.

Thanks Mike, so with that, we're going to mute our line to go through some of the questions. We'll be back on the line in a few seconds.

31:27 – Questions & Answers

So we've been answering a question that came in, referring to page 7 of the RFA. This question was "Can you clarify the seeming contradiction between the line that says the consortium and lead must be a health organization that currently provide comprehensive health service versus the line that says applicants may not include healthcare provisions?"

We actually just uploaded, about an hour or so ago, an addendum to the minimum eligibility criteria on page 7. This will now, if you go on the link to Grants Gateway, be found where we strike through and remove the comprehensive health service portion of the minimum eligibility requirement. This will be found on the very first page of that link on Grants Gateway, and if you have the most recent version, we can go ahead and show that. The language is actually on slide 8 of the slide deck. So here is our most updated minimum eligibility requirements where we have revised that language.

We've received a few questions regarding the overall Medicaid billing, basically the requirements that applicants are not able to be billing Medicaid. This updated in the minimum eligibility requirements. Any CBO Consortium billing Medicaid or to plan to bill Medicaid cannot submit applications, and will be failed upon submission. And this includes the consortium lead and any members of the consortium as well.

I'm going to answer the question as followed. If a CBO has an agreement with a PPS to assist with a project, are they also considered ineligible to apply for this grant, even though they're not a Medicaid provider? For example a CBO that is helping area PPSs implement patient activation survey?

They are, in the circumstance, overall eligible to apply for this opportunity.

Answering another question. Question as follows: The annual operating budget consortium lead and consortium members should not exceed \$5,000,000, does it follow that the operating budgets of either the lead or consortium members could be greater than 5 million.

Updated in the eligibility criteria, the consortium lead and each member should have annual operating budgets of less than 5 million to ensure that this grant reaches those CBOs who have less access to other resources. This is further detailed on the post amendment addendum 3 to this RFA.

We've got a couple questions about the rest of state region, and whether that includes just a specific region within rest of state. The answer to that is the rest of state region, includes all of those regions listed in the PowerPoint on the economic development region. So everything excluding New York City and Hudson Valley and Long Island would be the third category. And so it includes that entire area. That would be Attachment 9.

We've also got a couple of questions about the Letter of Endorsement from PPSs as stated on page 23; we'll need three letters of endorsement from PPS in that region. No pre-existing relationship needs to be in place with those PPS, but in order to apply, please include three (3) letters of endorsement from the PPS in that region.

Question came in: please describe the state's vision regarding the types of consulting support, technical assistance, infrastructure development, etc. that might be planned by a consortium. As stated on page 5 of the RFA, the subcontracted consultants will coordinate and conduct planning activities in concert with the consortium. The consultants will provide business structure and technical expertise to support the consortium members in navigating new business and revenue opportunities under DSRIP, and other initiatives while permitting the individual CBO members to continue to perform their core service function. While this grant will provide initial funding support to help CBOs prepare to partaken DSRIP, it is critical that the CBO consortium position itself to pursue additional resources to further explore financially sustainable infrastructure to meet ongoing and longer-term engagements and system transformation.

Additionally, stated within pages 20-25, completing the Application, the applicants should really go through, answer each bullet and make sure that they are providing specific information of how they plan to utilize the consultants in their application submitted through Grants Gateway.

We've had a question: is it anticipated that a single award will be made per region or will there be multiple awards per region? The answer, as indicated, there will be three awards to represent three regions which we listed out. So there is one award per region.

We've gotten a couple questions about listing the community-based organizations by county, and if we want a listing of all state bureaus in that county or just in the ones consortium. The answer is just in that consortium that is defined, not the entirety of the county.

There's actually a question that came in, stating to all agencies named in the applicant consortium have to be prequalified as time of the applications or just consortium leads?

Stated in the RFA, under the Completing the Application, just the consortium lead, must be prequalified in Grants Gateway prior to the submission of the application.

We've gotten some questions about what constitutes the consortium or what are the characteristics. I would say, you know obviously because we're looking at one award per region, that the consortium really reflects the diversity of community-based organizations that can address the social determinants of health, and directly help impact the DSRIP goals. So when we talk about the consortium size, that really should be reflecting what the diversity and needs of the physical as well as all of the various aspects for the region that is to be covered by the award.

A question came in concerning: does the consortium already have to be in existence or can it be created in response to this grant proposal?

Consortium can be created in response to this grant proposal, as long as all the CBOs are identified in Attachment 10, the CBO consortium grid, Which is an excel document found in the pre-submission upload in Grants Gateway.

There is a question about: If the consortium is awarded funding from the planning grant, and the consortium invoice for consulting services used to fight for the grant, even though this will be a retro payment?

The answer is yes, that should the application be successful, that the consulting services that were used to apply for the grant can be an allowable cost under the RFA award.

In response to a question that came in, on page 27, the applications will be evaluated on a 100-point scale, but the total points add up to 110. Are the preference points considered bonus points of the application?

Yes, all preference points go above, 10 additional points beyond the 100, standard 100-point scale. These preference points will be needed to be provided for any preference or any preferred qualifications that we are outlined in the RFA, the application should provide proof of the consortium's meeting these preferred qualifications in the Grants Gateway application.

Another question regarding the minimum eligibility requirements: Can the member of consortium be a for-profit community-based agency or do all members have to be a non-for-profit?

Stated in the RFA, and updated in the Addendum 3, all CBOs must be non-for-profit.

There are a few questions again about the letters of endorsement from PPSs. Again to revisit, if we're talking about the rest of state region which is really again all of the regions up west and above the mid-Hudson, we're talking about multiple PPSs in that region and to go back to previous comments regarding consortium - the consortium

should reflect the organizations that would service that region, which is a fairly big region, and in that region we have multiple PPSs. We have two PPSs in western New York, in Buffalo area. We have the Finger Lakes PPS. We have Adirondack Health Institute. Central New York PPS, Care Compass, and Bassett. So, I think there's a request for three or more is within the context and so that should be doable. Again a lot of this is to help you engage in the DSRIP program and a part of that would be able to work with these PPSs and to allow these PPSs to be aware of your interest.

So it is now one o'clock, we are approaching our close of this Applicant Conference Call. Just wanted to thank everyone for attending this overall, we will be publishing the slides to this Applicant Conference Call. We will also be notifying all of the applicants registered today of the published slideshow. Additionally, all questions not answered today, the ones we did not get opportunity to get to, we thank you and there is definitely some questions, We will get to those, we will answer those as part of our final questions and answers document on June 30th.

Additionally if you have questions that come up after this meeting, please submit any questions to the OHIP contracts BML stated in the RFA by June 17th 2016. Thank you, have a good afternoon.