



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

***Non-Profit Behavioral Health/Developmental Disability Providers (BH/DD)
Health Information Technology (HIT) Investment Program***

Request for Proposal (RFP) Questions and Answers

December 22, 2015

1) Question: Is there cap on the request amount per agency?

Answer: The cap on any given award will be \$50,000. Awarded amounts will not exceed the cap.

2) Question: What is the highest dollar amount that my agency can request in this grant? Does the Tier that your agency falls under make a difference in the amount of funding you can request?

Answer: For the highest dollar amount, please refer to question number 1. Agency revenue tiers do not impact the amount of money that can be requested.

3) Question: How is the grant funding distributed? Do we receive one lump sum, an advance, or do we get reimbursed after submitting receipts?

Answer: Awarded applicants will receive 90% of their fully awarded contract amount in an advance payment upon full contract execution. The remaining funds will be paid following submission of receipts and other required documentation as proof of project completion.

4) Question: When preparing the budget, are official price quotes/estimates from vendors required?

Answer: While official quotes are not required, detailed justification for your pricing and budgeted items is required.

5) Question: If the project is to be implemented in phases, with one component dependent on the completion of a prior component, and this ends up pushing the entire project completion date beyond December 31, 2016, will there be no cost extensions allowed?

Answer: Any project funded by this grant must be completed no later than December 31, 2016. The Office of Mental Health (OMH) will not offer no-cost extensions.

6) Question: In spelling out the budget details, is it acceptable to list a type of equipment and its associated estimate cost, or must we spell out the specifications of the exact equipment we are committed to purchasing?

Answer: The type of equipment listed on the budget should be detailed within a range of costs estimates and required

functionalities. The more details provided, the better it will assist reviewers in obtaining evaluation scores for your proposal.

- 7) Question:** Given that implementation of systems such as Electronic Health Records (EHR) and Electronic Billing Systems (EBS) are typically a long term process, are we to propose funding for a portion of implementation that can be completed in a year (the stated contract period of 1/1/16 -12/31/16)? If not, should we propose a budget for the full implementation costs and then outline deliverables to be achieved in year 1?

Answer: Applicants can propose projects that exceed \$50K but the application must show evidence that the Applicant has the means to cover the costs beyond their allotted grant award, and the means to complete it during the one year contract period.

- 8) Question:** When determining NYS Medicaid billing revenue, should the provider use projections for calendar year 2015 or actual revenues from 2014?

Answer: Priority “tiering” will be based on calendar year 2013 Medicaid claims data and calendar year 2013 overall revenue information. If an agency did not bill Medicaid in 2013, only overall revenue information will be used in the tiering process.

- 9) Question:** Since not all of our agency’s Medicaid patients utilize our clinic, nor does our agency’s total revenue come from the clinic, would we calculate our tier classification based solely on the Medicaid billing revenues and total revenue of ONLY the Behavioral Health Clinic, treating it almost as a separate entity?

Answer: All revenue calculations are based on revenue generated by the entire agency.

- 10) Question:** Is the Tier income based on the entire agency or only for the services that meet the requirement of this RFP?

Answer: Please see the answer to Question 9.

- 11) Question:** If we do not fit into the 3 tiers exactly, can we still apply? Our agency has about \$750,000 in Medicaid billing but overall revenue is over \$1.5 million.

Answer: Yes, any otherwise eligible organization may apply for this grant regardless of financial benchmarks spanning multiple revenue tiers. However, if the overall revenue puts the applicant into a higher tier than the Medicaid revenue, the applicant will be placed into the tier reflecting the higher revenue.

- 12) Question:** Section on page 7, "Preference will be given to organizations based on which Tier their agency falls under" - Does total revenue mean, total Medicaid revenue or total agency revenue?

Answer: Tier 1 applicants will be given the highest preference for grant awards. Those tier 1 applicants with the highest application score within each region will be given priority. Please see answer to questions 10 and 11 for tiering information.

- 13) Question:** Our agency operates three programs that receive Medicaid funding: an Article 31 clinic, an Article 28 clinic, and a bridges to Health program. Please tell us which of these three funding streams should be included in determining the tier into which the agency falls.

Answer: The applicant should focus the project on supporting only those program types listed in section 2.1 (eligibility),

however, tiering is based on overall agency revenue.

14) Question: What tier would my agency indicate if we have less than \$500,000 in Medicaid billing and over \$4,000,000 in general revenue (completely unrelated to Medicaid service provision)?

Answer: If total revenue is classified as tier 3, an applicant would be placed in a tier 3 category.

15) Question: If an agency meets the requirements of Tier 1 with regard to the Medicaid billing revenue, but meets Tier 2 criteria for total revenue, which tier would they fall under?

Answer: If total revenue is classified as tier 2, an applicant would be placed in a tier 2 category.

16) Question: Our budget is greater than \$1 million, but we are not yet billing Medicaid and so we have no revenue from it. Which tier do we fall under?

Answer: Please see the answer to Question 14.

17) Question: If you are a foster care agency that has Article 31 clinics and will also operate a care management agency for the children's Health Home program, are you disqualified from applying for this grant?

Answer: According to section 2.1 (page 6) of the RFP, Behavioral Health providers that are certified and approved by OMH (which includes Article 31 clinics) qualify for this grant unless otherwise excluded on page 7 in the section on ineligible applicants.

18) Question: If our agency received HEAL NY funds for a specific program within the agency, but has a legitimate need (and is qualified) to receive the funds for another Managed Care program within the agency, are we eligible to apply for this RFP?

Answer: According to section 1.2 – page 6 – “Available Funding” of the RFP, the agency is eligible to apply for this grant but no effort supported by this grant may supplant previous work.

Examples of new work would include anything that would:

- Encompass new initiatives different from any projects supported by previous HIT grants.
- Add value to existing Health Information Technology (HIT) initiatives above and beyond what had been previously covered under previously funded HIT grants.

19) Question: Does our network membership in a health home disqualify us from applying for this RFP?

Answer: Membership in a health home does not disqualify any applicant as detailed in section 2.1 – Eligibility.

20) Question: If our agency provides both Developmental Disabilities services (not participating in NYS Health Homes) and Behavioral Health services (providers within Health Homes), are we eligible to apply for this RFP?

Answer: Yes, agencies offering both Developmental Disabilities services (not within Health Homes) and Behavioral Health services (within Health Homes), are eligible to apply for this grant.

21) Question: Our agency is applying for funding from NYS Dormitory Authority's \$50 million Tech Infrastructure RFP. Are we still eligible to receive funding from this RFP as well?

Answer: Yes, please see the answer to Question 18.

22) Question: If our organization has a pending Capital Restructuring Financing Program (CRFP) application, can we still apply under this funding opportunity since we are both an Office of Mental Health (OMH) and Office for People with Developmental Disabilities (OPWDD) certified provider?

Answer: Yes, please see the answer to Question 18.

23) Question: We have a parent partner program that contracts with a county for services in Children's Mental Health. We are employed by the local town. Would we qualify to apply for this RFP as a municipality?

Answer: No, public entities are not eligible to apply for this grant.

24) Question: Because there is still no clarity around RHIO connectivity and 42 CFR rules regarding the disclosure of client data, if we were to apply for funding to cover the cost of RHIO integration with our E.H.R., we might need much more explicit protection from alleged violations of 42 CFR as a result of that data sharing. Are there any thoughts on how this will be handled?

Answer: As all Regional Health Information Organizations (RHIO) are independently run and are at different levels of readiness with respect to the sharing of 42 CFR information, discussions should be undertaken with the local RHIO to determine Privacy, security, and confidentiality parameters of your project. RHIOs have invested heavily in this area and will provide specific guidance. This grant program will not indemnify or provide immunity against possible violations.

25) Question: Our agency runs an Article 28 Clinic. Would this disqualify us even though we are not a hospital or PPS Lead?

Answer: As per the listing of ineligible organizations on page 7 - Hospitals and Diagnostic and Treatment Centers authorized under Article 28 of the New York State Public Health Law are not eligible to apply.

If your organization delivers developmental disability services or behavioral health services as defined in section 2.1 of the RFP (Eligibility) – any grant application must focus all efforts to support HIT for those eligible program types, and should not include the Article 28 clinic.

26) Question: Our health center was originally licensed and remains licensed as an Article 28 Clinic under NYS DOH. We were recently approved as a Federally Qualified Healthcare Center (FQHC), as a sub recipient of another Healthcare agency. Although we are now expanding to serve the underinsured and uninsured population, we will continue to specialize in serving individuals with Developmental and Behavioral health disabilities. Are we eligible to apply for this RFP?

Answer: If behavioral health or developmental disabilities services are provided through an Article 28 Clinic you are not eligible. If behavioral health or developmental disabilities services are provided through another program of your agency - that program may be eligible. Please refer to Section 2.1 (page 6) of the RFP for a detailed description of eligibility criteria.

27) Question: Our agency received a Balancing Incentive Program (BIP) Grant in 2014 to purchase and install an EHR system. We would like to apply for HIT funding to interface with our local Regional Health Information Organization (RHIO). Are we eligible to apply for this RFP if we received BIP funding for a similar purpose in 2014?

Answer: You are eligible to apply for this grant as long as this project is distinct from that of any previously funded HIT grant project. This grant application must be in request of funding to support a different or enhanced (value-added) aspect of interoperability with the RHIO.

28) Question: Our agency is currently receiving or has received NY Medicaid EHR incentive money. Can we apply for this RFP? How does this funding differ from the incentive money also provided by NY Medicaid?

Answer: Yes - You are eligible to apply for this grant as long as your project is distinct from the goals achieved to obtain Medicaid EHR incentive funding. This grant is funded through a special NYS budget appropriation.

29) Question: We are a 503Cc agency that services individuals with Developmental Disabilities and are moving forward with Managed Care. However, we have a small Article 28 as well. The funding for this HIT grant would not be used for the Article 28. Can we still apply for the HIT Grant?

Answer: Yes, as long as the grant is not used to support the Article 28 entity.

30) Question: My agency received funding from NYS DOH for managed care readiness and we have allocated a portion of that funding to IT/EHR updates. Can we still apply for this funding if the funding we received did not cover the costs of the needed updates?

Answer: As per section 1.2 – Available funding (page 6) - this funding cannot be used to supplant existing funds received from other sources for the same purposes. For example, if you have funds that had been previously designated to support any Health Information Technology project, funding received from this BH-DD HIT award cannot be used in place of the previously designated funding. Any funding received from this grant must be used to support unique projects or add value on top of any existing project.

31) Question: Our agency runs an Article 28 clinic but also an Article 16 Children’s Learning Center program. Are we eligible to apply for our Article 16 clinic's needs?

Answer: An article 16 program would be eligible to apply for this grant as long as Behavioral Health and Developmental Disabilities (BH-DD) services are provided. The applicant must ensure the HIT project focuses on supporting services for programs cited in section 2.1 (page 6) - Eligibility.

32) Question: Can an applicant apply for more than one project under the same application?

Answer: As per section 2.6 (page 12), one application can cover a multi-purpose project at a single site or a single-purpose project at multiple sites. For example, an applicant could submit one application to fix multiple BH-DD HIT issues at a single site (upgrade both electronic documentation software and electronic billing software); an applicant could also submit one application to address one Behavioral Health – Developmental Disabilities (BH-DD) HIT issue at several sites (install electronic documentation software at five program locations).

33) Question: Can an organization submit more than one application?

Answer: As per Section 2.6 (page 12) in the RFP, an organization may only submit one application for this grant.

34) Question: If our agency applies for the Nonprofit Infrastructure Capital Investment Program Grant from DASNY for IT Technology and Construction, can we apply for this grant as well?

Answer: Application for other HIT grants does not exclude application for this grant.

35) Question: Are organizations who are receiving the Voluntary Care Agency Management Care Readiness Funds from the Office of Children and Family Services (OCFS) eligible to apply for this funding if they are also a certified OPWDD provider?

Answer: Yes, however the project supported through this grant must be distinct from the initiatives supported by the Voluntary Care Agency Management Care Readiness Funds from OCFS.

36) Question: Can organizations work together to share ideas and resources such as business continuity/disaster planning?

Answer: Yes, organizations work together to share ideas and resources such as business continuity/disaster planning. There can be only one application and one agency needs to be the lead applicant.

37) Question: If an agency is part of a group application, can they submit a grant on their own as well?

Answer: A single agency can receive this grant from one source. If an agency is part of a group application, they cannot submit an application on their own.

38) Question: Regarding section of page 12. "Allowable number of proposal submissions" - We are a New York Corporation that has its own unique Employer Identification Number (EIN). Our organization is divided into several operating units called Divisions, both of which operate within New York State. Both Divisions are registered with the New York State Grants Gateway System. Both Divisions were given separate Vendor Identification Numbers (VINS) upon registration. Given the fact that each Division has a separate VIN, can both Divisions submit separate applications in response to this RFA?

Answer: An agency can submit only one grant proposal but that one proposal can cover multiple projects within one agency or one project that spans multiple agency locations.

39) Question: If we are receiving Medicaid reimbursement as a subcontractor of an Health Care Integration Agencies (HCIA), rather than from Medicaid directly, are we eligible to apply for this RFP?

Answer: As long as the applicant meets all eligibility requirements (including being a direct bill Medicaid provider) and intent to participate in managed care (based on section 2.1 of the RFP), application for this grant is allowable.

40) Question: Does operating an Article 28 clinic exclude us from applying for this grant if we also operate a separate Article 31 clinic?

Answer: No, assuming the agency is otherwise eligible based on section 2.1 of the RFP, an application may be submitted focusing on the HIT needs of the Article 31 clinic.

41) Question: Our day treatment center is currently not part of managed care, nor is it allowed to be. However, day treatment programs have been put on notice that there are plans to include it in managed care. Until such plans are finalized, our

agency is unable to form a scheduled plan to do so as these eligibility requirements indicate. Are day treatment programs eligible to apply given that they are in future plans for managed care?

Answer: Only those programs that are currently scheduled to be participating in Managed Care by the end of 2017 are eligible to apply for this grant.

42) Question: Are child welfare agencies eligible? We are a foster care provider and a NYS Medicaid provider and will be participating in managed care, including behavioral health care, by 2017.

Answer: Yes, child welfare agencies that are otherwise eligible according to section 2.1 (eligibility) of the RFP are eligible to apply for this grant.

43) Question: As an Office for Persons with Developmental Disabilities (OPWDD) provider, we are concerned that the roll out of managed care continues to be pushed back. Can we still apply, even if it continues being postponed beyond 2017?

Answer: This grant is applicable to any agency that meets the requirement of Section 2.1 (eligibility) of the RFP. If, at the time of application, an agency knows they will not be engaged in Managed Care until after 2017, they are not eligible to apply for this grant.

44) Question: Can we submit more than one grant proposal, or, can we submit one proposal that covers multiple programs?

Answer: You can submit only one grant proposal but that one proposal can cover multiple projects within one agency or one project that spans multiple locations.

45) Question: Are you able to provide some examples of the types of outcomes applicants should aim to achieve with this funding?

Answer: As per section 1.1 (Background) of the RFP, this grant was created to support Non-Profit Behavioral Health/Developmental Disability providers in the acquisition of information technology systems, electronic health records, billing systems, or other hardware associated with the inclusion of behavioral health or developmental disability services in the Medicaid Managed Care benefit package.

46) Question: Are there any types of software that are currently mandated by OMH? For example, if we are an OMH agency, are we mandated to utilize the CAIRS system?

Answer: There are no software requirements specific to this grant. However, OMH may require the use of specific software related to licensing and certification. Please contact OMH for specific details related to your provider organization.

47) Question: If an agency receives a conditional award, would a contract with an HIT vendor dated prior to the conditional award date but after 1/1/2016 be an allowed cost within the grant?

Answer: No. See answer for question number 6. Refer to section 1.2 – page 6 – “Available Funding” of the RFP. This award cannot supplant funds that have been previously designated for HIT projects.

48) Question: Will any partial awards be made if remaining funds in our region are less than our proposed budget?

Answer: As per section 2.5 (Geographic Eligibility) of the RFP, page 12 indicates that the Office of Mental Health will offer

partial awards in the event there are not enough funds remaining to cover the grant request.

49) Question: Can funds be used for projects that have already begun to be implemented?

Answer: As per section 1.2 (Available Funding) of the RFP, page 6 indicates awarded funds cannot be used to supplant existing funds designated for an HIT project.

For example: if you have funds previously designated to support any Health Information Technology project, funding received from this BH-DD HIT award cannot be used in place of the previously designated funding. Funds can be used to add value to projects if the original project scope did not include the project requested for this BH-DD HIT award.

50) Question: Our agency is in the NYC region and we are a financial sponsor of another agency that is located in another region in the state. If we propose to purchase a billing system that will serve both agencies, meaning one system will be serving two separate EIN's, how do we submit the proposal?

Answer: As per section 2.5 (Geographic Eligibility), page 12 of the RFP, if an applicant has locations in multiple regions throughout the State, the region assigned for purposes of this grant will coincide with the site location (if the project involves a single site) or the location of the applicant's administrative headquarters (if the project involves sites in multiple regions).

51) Question: Can the evidence of sufficient commitment consist of a board letter stating that there is a full commitment?

Answer: As per section 2.7 (Funding Requirements) of the RFP, "Applicants are advised, however, that grants will be awarded to applicants that can demonstrate that the project is fully funded and can be completed with the proceeds of the grant and/or other committed funding".

If the estimated cost of a project (as documented in proposal submission of Attachment B, Projected Cost Sheet) exceeds the amount of the grant, the applicant must provide evidence of sufficient committed funding resources necessary to complete the project as described.

A BOARD letter would be sufficient to satisfy this commitment.

52) Question: Can the dealer recommend a sub that is minority owned for subcontracting?

Answer: See section 3.6 of the RFP – page 14 (Minority and Women Owned Business Enterprises) for details.

53) Question: Can the narrative be single spaced, as long as it conforms to the page limit, font size and margin limits?

Answer: Yes.

54) Question: Are graphs, charts or images allowed in addition to the 15 pages?

Answer: Since graphs, charts and images are not required, they count as part of an applicant's 10 page maximum submission.

55) Question: Regarding the eligibility requirements, can you please explain what is meant and what qualifies as by "engaged in Managed Care"?

Answer: “Engaged in Managed Care” refers to either being under contract with a Managed Care Organization (MCO) or having the intention to contract with an MCO. The applicant must engage or be planning to engage in the delivery of services under Medicaid Managed Care (MMC) such as Health and Recovery Plan (HARP)/Home and Community Based Services (HCBS) services or related Medicaid waiver based programs such as Fully Insured Dual Advantage – for individuals with Intellectual and Developmental Disabilities (FIDA-IDD).

Agencies must provide (as part of the application) one of the following items that would demonstrate participation or intent to participate in Managed Care:

- Letter of support or other document that demonstrates that the applicant has a signed contract or a letter of intent to participate in a network of an existing Managed Care (MC) entity (e.g., Managed Long Term Care (MLTC), HARP, or FIDA-IDD).
- Letter of support demonstrating the applicant’s involvement with a 501c3 entity that has formed with the intent of establishing a care coordination network or managed care entity to coordinate care for individuals with intellectual and/or developmental disabilities.

56) Question: The RFP reads that applicants must be “currently engaged in Managed Care or they have a scheduled plan to be engaged in Managed Care by the end of 2017”. Many OPWDD agencies are not yet engaged and do not have a specific scheduled plan to do so. Can you explain what a “scheduled plan” means in this case?

Answer: OPWDD certified agencies who are engaged or planning to engage in the delivery of services under Medicaid Managed Care such as Developmental Disabilities Individual Support and Care Coordination Organization (DISCO), HARP, HCBS services, or related Medicaid waiver based programs such as MC/DISCO/ACO and/or FIDA-IDD by December 31, 2017 are eligible to apply for this grant.

57) Question: The submission instructions list one of the required application components as the “Project Summary”, but in another area of the RFP, there is reference to the “Executive Summary”. Is the Project Summary and the Executive Summary the same document?

Answer: For the purposes of this grant, the Project Summary and the Executive Summary are the same document.

58) Question: Referring to participating in HH and FIDA-IDD, etc., does this mean that if we accept a grant we will end up as one of these OMH/OPWDD agencies?

Answer: This grant is to be awarded to agencies with programs that are either:

- Developmental Disability providers that deliver services that are authorized, certified or approved by Office For People with Developmental Disabilities.
- or
- Behavioral Health providers that deliver mental health or substance use disorder services that are authorized, certified or approved by the New York State Office of Mental Health (OMH) or the New York State Office of Alcoholism and Substance Abuse Services (OASAS);

Being awarded this HIT grant will not change the status of any recipient agency.

59) Question: Would MHATC need to formally apply for becoming some type of Managed Care agency?

Answer: Please see section 2.1 – eligibility – for this RFP.

60) Question: My question is about the pass/fail section of the grant - the last bullet statement about scheduled plan to be engaged in Manage Care or scheduled by the end of 2017. Our certified programs are covered under OPWDD umbrella and employment services under OMH umbrella, the question is we are reliant on OPWDD making the transition to Managed Care by the end of 2017, would that qualify my organization? If they should delay that transition would that disqualify us?

Answer: Any agency under the auspices of the OPWDD umbrella with the intent to engage in Managed Care by the end of 2017 and is otherwise eligible based on section 2.1 (page 6) can apply for this grant.

61) Question: Can you please confirm that all community based disability providers are considered to be in a scheduled plan to be engaged in managed care by 2017 for the purposes of this RFP?

Answer: Not all community based disability providers are considered to be in a scheduled plan to be engaged in managed care by 2017. Please refer to the NYS OPWDD for clarification on whether your agency is scheduled to be engaged in Managed Care.

62) Question: Please clarify the Minority and Women’s Business Development (MWBE) Utilization Goals for this procurement.

Answer: Utilization goals for this procurement have been set at 30%.

63) Question: Is it correct to assume that “Medicaid” means both straight Medicaid, as well as Medicaid Managed Care payments?

Answer: Yes - if the assumption is “straight” Medicaid as a fee-for-service (FFS) model. Many Medicaid payments are currently paid though a FFS model as well as Managed Care model.

For meeting tier criteria for qualification, please note that overall revenue includes not only provider billing for MA services as a Fee for Service Medicaid claim, but Medicaid service claims billed to a managed care plan as well.

64) Question: Are Health Home Care Management providers considered “behavioral health services” for the purposes of this RFP?

Answer: For the purposes of this RFP, Health Home Care Management providers may be included if the HIT is focused on the provision of behavioral health services.

65) Question: In item number #2 in Section 5.4, Project Readiness, what is meant by the sentence, “Please provide a brief description of how the project will be managed, *including the names of titles of staff* who will oversee key aspects of the program and what experience they have in project management?”

Answer: This section should read “*the names and titles of staff* who will oversee key aspects of the program and what

experience they have in project management.”

66) Question: Will the grant funds pay for EMR Maintenance costs (prescribing, annual license fees, for example)? If so, will the grant pay for monthly maintenance costs, or maintenance beyond the one year grant period (multiyear service agreements, for example)?

Answer: This grant will not pay for annual or other types of renewable costs. The grant will only pay for initial payment items. See RFP section 2.3 – Eligible Costs.

67) Question: Will the grant pay for EMR add-ons, ER maintenance and implementation costs for State 2 meaningful use that meaningful use incentives do not cover?

Answer: The grant can only be used to pay for the initial payment of HIT items. This could include items such as an EMR add-ons and implementation costs. The grant can-not be used to pay for renewable costs such as maintenance fees. See RFP section 2.3 (eligible costs).

68) Question: Are Scanners an acceptable cost?

Answer: Yes, scanners are acceptable costs.

69) Question: Is licensing of EHR software (rather than purchasing) an eligible cost?

Answer: Initial licensing or other initial HIT costs are acceptable uses for these grant funds. These costs cannot be used to supplant costs. Applicants must show evidence that the applicant can maintain the costs after the first year.

70) Question: Is software services such (SaaS) as storage, telemedicine, etc. covered under this RFP? Since these types of services would continue after the contract period, what type of proof is needed to show that the applicant could continue to fund it after the contract period?

Answer: Please see the answer for question number 69.

71) Question: Are engineering services funded through this RFP?

Answer: Engineering services are only eligible if they further the HIT mission of this grant. See section 2.3 of the RFP (eligible costs).

Examples could include:

- Software engineering
- Network engineering

72) Question: If we are using a General Ledger in combination with an electronic medical record to ensure an efficient revenue cycle management process, would this system be an acceptable cost?

Answer: This grant will be used to fund initial HIT projects. If this purchase is an initial software purchase, it would be an eligible expense. Grant funds cannot be used to support ongoing costs.

73) Question: Does the funding allow for the purchase of telephones and telephone systems?

Answer: Telecommunication systems are eligible costs for this grant as long as they directly integrate with HIT systems. Proposed systems must be in support of Behavioral Health or Developmental Disabilities services. See section 2.3 of the RFP (eligible costs). An example may include Tele-Health systems.

74) Question: Can we collaborate with another agency on a warm-line, and if that's okay, how do we find out what would be needed in equipment?

Answer: Agencies can collaborate on warm-lines as long as these systems have an IT interface. This grant cannot provide guidance around specific equipment.

75) Question: Would webmaster training be an appropriate request?

Answer: Webmaster training may be an appropriate use of grant funds if it is part of a deliverable plan to develop web applications or services that directly support Behavioral Health or Developmental Disabilities services.

76) Question: If an agency receives a conditional award, would a contract with an HIT vendor dated prior to the conditional award date but after 1/1/2016 be an allowed cost within the grant?

Answer: No. Refer to section 1.2 – page 6 – “Available Funding” of the RFP. This award cannot supplant funds that have been previously designated for HIT projects.

77) Question: Will the State provide information on technology that is compatible with the State system?

Answer: No, for the purposes of this grant, the State will not be providing information on technology that is compatible with the State system.

78) Question: Is an allocation of staff time an acceptable cost to include in our proposal?

Answer: No, this grant is solely for the purchase and use of HIT.

79) Question: Would a firewall be an eligible cost?

Answer: A firewall could be an eligible cost if it is to be used to ensure privacy, security, and confidentiality of personal health information for Behavioral Health and Developmental Disabilities services programs.

80) Question: Would a Crystal Reports desktop licensing and server licensing be eligible costs?

Answer: These would be eligible if used to support the initial purchase of licenses. The software must provide reports that relate to the needs of the Behavioral Health and Developmental Disabilities programs as outlined in the RFP.

81) Question: We are currently using an EMR system. In regards to this EMR, we would like to know if a Network Attached Storage is an eligible cost.

Answer: Network Attached Storage may be an eligible project expense. This grant will only pay for initial purchase or licensing for this. Ongoing expenses necessary for the maintenance of this storage would not be an eligible expense. Evidence of long term sustainability must be presented in the application.

82) Question: Is an Encryption System for our EMR an eligible cost item?

Answer: Encryption systems may be an allowable expense. These types of purchases will be reviewed on a case by case basis to determine their merit.

83) Question: We are currently using an EMR system. In regards to this EMR, we would like to know if a Tape Backup System for client data backup is an eligible cost.

Answer: A tape backup system is an allowable expense providing it is used to support the mission of this Behavioral Health/Developmental Disabilities grant.

84) Question: We would like to know if the following items are considered allowable as “other approved hardware”, as mentioned on page 10 of the RFP: HIPPA-compliant cross-cutting shredders, I-Pads, copiers, and hardware-based firewalls.

Answer: All equipment purchases must support HIT enabled Behavioral Health/Developmental Disabilities services. The applicant must show evidence of how these purchases support the mission of this Behavioral Health/Developmental Disabilities grant.

85) Question: Can funds from this RFP used to pay for retroactive purchases?

Answer: No, funds from this grant cannot be used to support retroactive purchases.

86) Question: Would the cost of providing community habilitation staff with laptops to document services and care plans be an eligible expense?

Answer: Yes, if these purchases are used to support Behavioral Health/Developmental Disabilities programs that are direct related implementation of managed care.

87) Question: Would the monthly fee for portable broadband services (for the purposes of community habilitation staff to enter PC data and communicate with families, supervisor, and colleagues, etc.) be eligible under this grant?

Answer: No, Monthly fees are not eligible expenses for this grant.

88) Question: Are hardware upgrades to each of our residential sites, which would be used to increase efficiency, stability and security of PHI entered by staff into Precision Care, a single database used for data collection and necessary to provide effective services and bill appropriately, be an eligible expense?

Answer: Yes, if hardware upgrades and other types of training are directly related to the implementation of managed care.

89) Question: Is training for the Precision Care system an eligible education expense?

Answer: Please see the answer to Question 88.

90) Question: Is the cost of wireless security at residential sites where systems are used for data selection an eligible expense?

Answer: The cost of the initial purchase of wireless security may be an eligible cost depending on how it's used to support specific Behavioral Health/Developmental Disabilities services. Ongoing wireless security costs are not eligible expenses. Applications must show evidence of how this type of purchase would relate to grant goals.

91) Question: Would the purchase of tablets to be used to upload e-med data for approvals be an eligible expense?

Answer: The purchase of tablets may be an eligible cost depending on how they are used to support specific Behavioral Health/Developmental Disabilities services. Applications must demonstrate evidence of how this type of purchase would relate to grant goals

92) Question: Can funds be used to hire a consultant to provide HIT technical assistance?

Answer Yes. The application must demonstrate evidence of how the consultant supports Behavioral Health/Developmental Disabilities programs and services.

93) Question: Since it will take up to six months for our agency to ramp up our services to the point where we will be generating enough Medicaid revenue to pay the approx. \$2,000 monthly license fee. We would like to include the first six months of the monthly license fee as a startup cost under this RFP. Is that an eligible expense?

Answer: Purchase of an initial license fee may be an acceptable use of grant funds depending on how this software relates to grant goals. This will be reviewed on a case by case basis to determine relevance to Behavioral Health/Developmental Disabilities services.

94) Question: Can our application address multiple issues/IT needs at multiple sites?

Answer: The application can address multiple projects at one site or one project across multiple sites. Applications will be reviewed on a case by case basis.