Request for Application (RFA) Addenda/Updates

Red text indicates additions to the original RFA text; strikethrough indicates deletions.

**Addendum #1:**

RFA p. 1, Cover page, key dates

Applications Due: October 27, 2016 by 3:00 PM EST (refer to page 5 of the RFA for additional details about application due dates)

**Addendum #2:**

RFA p. 6, Section III.B.1, paragraph 2

Awardees will receive a State Capital funds contract that will support the van/equipment purchase. Applicants will submit bids with this proposal that will be used to estimate the financial needs for the van and/or equipment purchase, demonstrate reasonableness of costs, and give the Department the preliminary information needed for budgeting the available Capital Funds. After award, all selected awardees will be required to find the lowest cost, responsive and responsible vendor for the purchase of the van and/or equipment. Responsive bidder is defined as an offeror meeting the minimum specifications or requirements as prescribed in a solicitation. The basis for this contract will be information provided along with the application to this RFA which will include detailed van and/or equipment specifications and an itemized budget supported by documentation of at least three (3) bids for the purchase of the van and/or equipment. Upon contract execution, contractors will order/reserve the vehicle and/or equipment through the State’s advance of a down payment of at least up to 50% of the total cost, and, will then purchase and receive the van and/or equipment with their own funds and be reimbursed (for all or a portion of the costs, based on submitted bids, budgets and available funds) via the State Capital funds cost reimbursable contract.

**Addendum #3:**

RFA p. 28, Section V.A.6(h)

Describe plans for establishing a scheduling system to maximize patient reach and reduce patient no-show rates. Include descriptions of any known barriers to achieving the screening goals, anticipated shortfalls, if known, and clear plans to show efforts to achieve those goals. Applicants may also indicate that regardless of, or in the absence of any such barriers, they anticipate being able to either reach or exceed the screening goals.
Addendum #4:

RFA P. 30, Section V.C, paragraph 3

There is a minimum passing score of 60. The highest scoring applicant in each of the ten (10) distinct service regions (Attachment 1) that meet all other award requirements as listed in the RFA will be ranked from highest to lowest score. Awards will be offered to the highest scoring applicant within each region until all available funds are exhausted or all service regions have been awarded. In the event of a tie score in any one service region, the applicant with the highest combined score on the ‘Statement of Need and Target Population’ and “Program Plan” sections will receive an award contingent upon, if needed, an approved CON [Certificate of Need].

Addendum #5:

RFA P. 30-31, Section V.C, paragraph 5

Applications will be accepted and reviewed on a rolling basis until all available funds are committed. The first round of applications are due on the date indicated on the cover of this RFA; additional application and award dates will be announced as needed pending the results of this RFA. Applications for regions awarded contracts in prior review cycles will not be accepted in subsequent review cycles. This funding opportunity is ongoing, until available funds are awarded, and as such, contract start dates will vary. The first HRI contracts are anticipated to begin February 1, 2017 and end January 31, 2020. The Department/HRI reserve the right to approach successful awardees in contiguous service regions to negotiate contract terms and expand reach.
Questions and Answers

Who May Apply – Minimum Eligibility Requirements (Section II)

Q1. We are a small community hospital in Smithtown NY. We have an interest in this RFP and are wondering what criteria must be met to qualify for this project.

A1. Eligible applicants are health care facilities/hospitals certified by the U.S. Food and Drug Administration (FDA) in accordance with the Mammography Quality Standards Act (MQSA) and accredited by the American College of Radiology (ACR) at the time of application (RFA p. 5, Section II.A). Applications from organizations that do not meet these requirements will not be reviewed nor considered for award.

Q2. The following question is regarding the above-referenced RFA p. 5, Section II.A. In order to apply for this RFA, are health facilities required to have radiology certification?

A2. Health care facilities/hospitals are eligible to apply if they are certified by the FDA in accordance with MQSA and accredited by the American College of Radiology at time of application. (See response A1.)

Q3. Our organization Western New York Breast Health c/o Erie County Medical Center Lifeline Foundation is interested in applying for RFA # CCH-MMV-2016-02 Mobile Mammography Vans. We have an existing mobile mammography coach that is certified by the FDA and is ACR accredited. Western New York Breast Health is a dba (doing business as) for Vivian L. Lindfield, MD, PC (breast surgeon). In the RFA, pp. 1 and 3, it states that awards will be made to health care facilities/hospitals. Do we meet requirements for "health care facility"?

A3. As described, Western New York Breast Health c/o Erie County Medical Center Lifeline is FDA certified for mammography and ACR accredited and is therefore eligible to apply. (See response A1.)

Q4. We are currently an Article 28 diagnostic and treatment center and interested in the mammography mobile van. Do we need to have a special license or is radiology on the operating certificate sufficient?

A4. To be eligible, the facility must be FDA certified to provide mammography in accordance with MQSA and accredited by the ACR at the time of application. Having radiology on the operating certificate is not sufficient. A facility certified for either Medical Services – Other Medical Specialties (new service category) and/or Diagnostic Radiology (obsolete service category) may provide Diagnostic Radiology. Facilities applying for this funding opportunity must be certified to provide screening mammography AND must, upon award, after purchase of van and equipment, and prior to beginning screening, have their mammography unit inspected and licensed by the Bureau of Environmental Radiation Protection or by the New York City Department of Health and Mental Hygiene’s Office of Radiological Health if they are operating within the five boroughs of New York City.
Q5. Can the hospital foundation apply for the grant on behalf of the hospital or does the hospital itself need to be the applicant?

A5. The hospital foundation may apply for the grant on behalf of the hospital, as long as the hospital meets the minimum eligibility requirements as stated in the RFA. (See response A1)

Scope of Work - Purchase, equip and obtain all needed certifications and licenses to operate a mobile Mammography van (Section III.B.1)

Van and Equipment Specifications

Q6. Page 6, Section B.1, paragraph 2 of the RFA states, “Upon contract execution, contractors will reserve the vehicle and/or equipment through the advance of a down payment of 50% of the cost”. Do the Physicians pay out of pocket for this 50%?

A6. No. In order for the awarded operator contractor to order/reserve the vehicle, the State will advance up to 50% of the total cost of the van and/or equipment to the contractor. (See Addendum #2). The contractor will be responsible for making the balance of the payment upon delivery, or in accordance with the terms of the purchase agreement. The State will reimburse for all or a portion of the balance paid (based on submitted bids, budgets, and available funds) via the cost-reimbursable State Capital Funds contract. (Note that the HRI Operations contract is also cost-reimbursable contract.)

Q7. Page 6, Section III.B.1(b)(i) of the RFA mentions fixed, full field digital mammography unit. Should we be looking to purchase full field digital mammography (FFDM) as opposed to FFDM with tomosynthesis?

A7. Tomosynthesis, while growing in use, is not yet the recommended standard for breast cancer screening, and is not covered by all insurance plans. Applicants should consider their practice area and sites and priority screening population when selecting screening technology for the van. Applicants are not prohibited from including FFDM with tomosynthesis in their itemized van and/or equipment budgets provided along with this application, but, are also not required do so.

Certifications, Licenses and Certificate of Need (CON)

Q8. RFA, p. 7, Section III.B.1(c) states, “By end of year one, obtain all necessary training on van and van equipment use and register the mobile van as part of the facility’s NYSDOH [New York State Department of Health] Center for Environmental Health/Bureau of Environmental Radiation Protection X-ray equipment registration certificate”. Is this done for mammography?

A8. Yes. The New York State Department of Health (the Department), Center for Environmental Health, Bureau of Environmental Radiation Protection registers mammography equipment.
Q9. Regarding RFA p. 7, Section III, B.2(a), does the current MQSA and ACR accreditation carry over into this mobile unit or would a new full package application be required?

A9. RFA section III.B.2(a) refers to required staff functions and staff skills and credentials. Individuals’ credentials apply at whatever site they work. If the question refers not to the staff credentials, but is instead referring to the MQSA and ACR certification of mammography sites, then mobile mammography vans and affiliated hospitals or fixed facilities have separate FDA identifications (IDs) and thus separate applications. However, fixed facilities can modify their ACR accreditation as if they were adding another mammography room to the fixed site. The credentialing of staff will be identical, however, the required quality assurance may be different for the mobile van versus the identical fixed unit.

Q10. On RFA p. 7, Section III.B.1, the footnote states that Article 28 facilities must submit a CON application no later than the application due date. Can costs related to preparing and filing a CON be retrospectively reimbursed to awardees with grant funds?

A10. Costs related to preparation and submission of the CON are NOT allowable on the HRI Operational Costs budget. As stated in the RFA, p. 31, Section V.C, paragraph 1, “Any cost related or in response to this RFA is the obligation of the applicant and not the responsibility of the Department of Health or HRI.” Additionally, these costs are accrued prior to the HRI contract start date and are, therefore, not reimbursable on that contract. However, it may be possible for applicants to seek reimbursement for these costs from the State, outside of the contracts awarded via this RFA. CON Schedule 8B, line item 4.2 is labelled Planning Consultant Fees, and line item 4.5 is labelled Other Fees (Consultant, etc.). CON applicants can submit those costs in the CON. Questions about if, how and how much of these costs are reimbursed should be directed to the Bureau of Financial Analysis at (518) 402-0953. Please also see Addendum #1, change in RFA application due date to October 27 which also changes the CON due date to October 27, 2016.

Q11. As an Article 28 facility, unless special provisions are made, a mobile van would be considered a new extension clinic and therefore require an Administrative CON to be filed. This is unusual to require a CON to be filed prior to the issuance of a grant award. Would the Department consider revising this requirement to apply only to Article 28 providers who receive a grant award? At a minimum, would the Department consider waiving the processing fee, until an award is made and the CON is reviewed?

A11. Awards made as a result of this RFA are contingent upon submission of an acceptable CON proposal to insure that successful applicants are able to fully implement the scope of work upon contract execution and within the stated timelines. Therefore, to receive awards, applicants should submit the CON by the RFA application due date (see Addendum #1). The filing fee is required by regulation and cannot be waived. (See response A10.)
Scope of Work – Design, staff and implement a mobile mammography screening program (Section III.B.2)

General

Q12. Are there minimum hours and days per week the van must be providing services?

A12. There are no specific hours and days per week the van must be providing services. However, Article 28 hospital applicants should be aware that mammography vans are considered hospital extension clinics and thus are subject to Part 10 NYCRR § 405.33. This regulation was recently amended to require any general hospital or extension clinic certified as a mammography facility to provide extended hours for screening mammography services. More information is available at http://www.health.ny.gov/regulations/recently_adopted/docs/2016-05-18_ext_mammography_hours.pdf

Q13. Does the grant program require an Electronic Medical Records (EMR) system?

A13. No. FDA certified mammography facilities are required to meet MQSA quality standards for medical audit, outcome analysis, medical recordkeeping and reporting requirements. Hospital and health facilities must comply with Rules and Regulations of the State of New York (NYCRR) Title 10 PHL Title: Section 405.10 - Medical records, which do not mandate an EMR.

Q.14 Regarding RFA p. 9, Section III.B.2(k) (and RFA p.28, Section V. A.6(f)), in order to demonstrate sustainability, how far into the future do awardees need to show a plan? 1 year? 2 years? 5 years? 10 years?

A14. There is no term for the sustainability plan. Applicants should describe how they intend to sustain mobile mammography operations beyond the three-year, HRI Operations contract award in accordance with one of the three models described in the RFA.

Q15. Will there be ongoing submission requirements to demonstrate awardees’ action plan for years subsequent to the grant? If so, is it tied to the expected life of the van?

A15. Once the required sustainability plans and final reports have been provided, reviewed and approved, and, documentation of sustainability plan completion (van ownership transfer, dispositioning to another facility or van liquidation) are complete, awardees will not have to submit additional reports. (See response A39.)

Service Regions

Q16. If awarded a grant may we use the van in an area adjacent to that designated? For example, we are in New York City (NYC) but would like to cross into Nassau County to do mobile mammography. May we OR should the application be for more than one area or include adjacent areas? Or should we only plan on servicing the primary area? (Attachment 1)
Q17. Since there are ten (10) regions and six (6) to ten (10) awards will be given, would it be allowed for us to partner with another service region in New York State on this application? This way we could cover two (2) service regions (Central New York and North Country or Central New York and Southern Tier?). Would this be allowed or even encouraged?

A16/17. Applications should be limited to provision of services in only one of the ten (10) designated service areas identified in Attachment 1. (The Department/HRI reserve the right to approach successful awardees in contiguous service regions to negotiate contract terms and expand reach. See Addendum #5.)

Q18. Our facility is in the Southern Tier. In reviewing the packet for mobile mammography it appears that we would have to travel through all counties to provide screening services. Is this indeed what we should expect to do or will there be other mobile units in that area.

A18. Yes, successful awardees will provide the full scope of work throughout one of the entire designated service regions identified in Attachment 1. The intent of this funding opportunity is to award between six (6) and ten (10) contracts, one in each service area. (See RFA, pp. 8 – 10, Section III.B.2(a-c, g), and 3(a-c, e.).)

Q19. To confirm, the RFA seems to imply that each “Service Region” will receive one award, and the awardee will be responsible to serve their entire service area (10 regions, 10 awards). Is this a correct assumption? Again to confirm, as we are a New York City region provider, if we were the successful awardee, we would be providing mobile mammography services in all five boroughs. Is that a correct assumption?

A19. Yes. Successful awardees will provide services throughout the entirety of one (1) of the ten (10) regions identified in Attachment 1. (See response A18.)

Q20. If a region does not pursue or is not awarded a mammography van, could an awardee in a contiguous region expand their reach into it?

A20. This funding opportunity is ongoing, applications will be accepted and reviewed on a rolling basis and awards will be offered to the highest scoring applicant within each region until all available funds are exhausted or all service regions have been awarded. The Department/HRI reserve the right to approach successful awardees in contiguous service regions to negotiate contract terms to expand reach. (See Addendum #5.)

Q21. It is unlikely that the North Country region in New York State will have enough eligible population or enough resources to submit an application for this. Although they have severely underserved women, the numbers are not great. In St. Lawrence County there are only two (2) mammography facilities, in Lewis County only one (1) and in Jefferson County only two (2). Things are equally sparse in Franklin, Essex and Clinton Counties. In order to fully cover the state, I would suggest that the number of regions be reduced to nine (9), and the six (6) North Country counties be rolled into the Central New York region. Would this be possible?
A21. This funding opportunity is intended to address the lack of fixed site mammography facilities described in the question. Mobile vans will provide breast cancer screening services to women who lack regular access because they reside in poorly served inner-city or remote rural areas (RFA p. 4, Section I.C). Additionally, estimates indicate that there are sufficient eligible populations within each designated service region (see responses A22 and A23). Service regions will not be altered other than as stated in the RFA and Addenda, above.

**Numbers Screened**

Q22. Do you have any idea of where the 3,600 mammography per year came from? This is 18 per day if we assume 200 workdays (remember snow, van servicing, etc., will delete some days - also low scheduling which could cancel a trip to a far-away site). That is a lot for one tech, one machine without even accounting for no-shows.

A22. Screening goals were developed based on the estimated eligible average risk screening population of New Yorkers and experience with mobile mammography van implementation as documented in articles such as, Carkaci,S., Geiser, W.R., Adrada, B.E., Marquez, C., & Whitman, G.J., (2013). How to Establish a Cost-Effective Mobile Mammography Program. *American Journal of Radiology* (201), ppW691-W697. doi:10.2214/AJR.12.9825. The screening goals also take into consideration the overall goals across all of the new Breast Cancer Programs, as stated by the Governor in his 2016 State of the State address – to achieve a 10% increase in breast cancer screening rates over five years.

Applicants are expected to develop screening schedules that address anticipated no-show rates. (See RFA p.10, Section III.B.3(d.) Example strategies to address no-show rates include; developing a broad base of partners throughout the service area with whom to conduct promotion and identify screening event sites that maximize reach and reduce no-shows, implementation of evidence-based strategies to improve cancer screening rates, such as client reminders; and evidence-informed strategies such as linkages to patient navigator or peer educator programs that can address client barriers that may lead to no-shows.

Successful awardees are expected to make every effort to achieve the screening goals. As work plans are implemented and throughout the course of the contract periods, the Department/HRI staff will monitor awardee performance, assist with identification of partners and strategies to improve screening rates, and may adjust goals as needed and appropriate.

Q23. We have learned from others who have mobile mammography vans that it takes an hour every day that the van has moved to recalibrate it, so that cuts down also, plus the travel time for staff. I did some population calculations, and determined that women ages 50-74 make up 14% of the total population. So that gives the four (4) counties in the Central New York van region a population of 115,143 eligible women. For the six (6) North Country counties, the same is 60,609. In contrast, the New York Metro area has 1,168,215 women in the same age range - ten (10) times as many as Central New York and 20 times as many as the North Country. It does not seem reasonable to require the same absolute numbers of mammographies to be done in these wildly disparate regions. A percent of the eligible population would make much more sense.
Can you revise the required number of mammograms based on the above information or make the required number of mammograms a percent (%) of the eligible population?

A23. The screening goals were developed based on the estimated eligible average risk screening population of New Yorkers, the Governor’s Breast Cancer Program goal, and experience with mobile mammography van implementation. The eligible estimates provided for the above service regions (Central New York, North Country and New York Metro), indicate that there are sufficient populations within each service region to accommodate the RFA awardee screening goals. All awardees will have the same screening goals and annual HRI operational budgets; reductions in goals may result in subsequent reductions in budgets. Successful awardees are expected to make every effort to achieve the screening goals. As work plans are implemented and throughout the course of the contract periods, the Department/HRI staff will monitor awardee performance, assist with identification of partners and strategies to improve screening rates, and may adjust goals as needed and appropriate. (See response A22.)

Q24. In multiple sections it is stated an annual screening volume of 3,600 patients is required. What happens if this volume goal is not met?

A24. As work plans are implemented and throughout the course of the contract periods, the Department/HRI staff will monitor awardee performance, assist with identification of partners and strategies to improve screening rates, and may adjust goals as needed and appropriate. (See responses 22 and 23.) Subsequent adjustments to HRI operational contract values may be considered, consistent with the RFA, “Contract renewals are dependent upon satisfactory performance and continued funding. The Department/HRI reserves the right to revise the award amount as necessary due to changes in funding availability” (RFA p. 13, Section IV.G.).

Q25. RFA page 28, Section V.A.6(e)(viii) states that a care coordination or case management program is required to be established to ensure follow-up from screenings is achieved. In any program of this type there is a no-show rate. What are the responsibilities or “penalties” upon the grantee for “no show” patients? Is there a reduction in grant funding? For a patient who is a “no show” for follow-up care, is there a reduction to achieving the 3,600 annual screening requirement?

A25. In this instance, follow-up care relates to post-screening mammography follow-up services, such as follow-up for abnormal findings on screening mammography. Successful awardees are required to establish partnerships with fixed location facilities across their service regions that can provide follow-up, diagnostic services. Note that vans purchased as a result of this award shall NOT provide diagnostic screening. (RFA p. 6, Section III.B.1(a).) The 3,600 annual screening goal refers to mammography screening, not diagnostic follow-up services, which are not provided on the van. Therefore, follow-up care no-shows do not impact achievement of the 3,600 annual screening goal. The Department/HRI may review data related to timeliness of follow-up for abnormal screenings received on the mobile van and work with awardees to address client barriers to receipt of diagnostic services. Where possible, the Department/HRI may help the awardee to identify a sufficient number of diagnostic providers to participate in the program to deliver follow-up services. Applicants are encouraged to propose strategies to address barriers to follow-up care, such as, for example, formal agreements with community
based agencies for patient navigation, transportation, or day care services or, budgets that include costs for travel vouchers for clients in need of follow-up care. (See responses A22 and A24.)

**Q26.** The requirement that we screen 3,600 women the second and third year of the grant is a challenge – particularly in the more rural areas of the state. There can be significant travel times, and we don’t want to routinely have staff working overtime, so this can really limit the day. For example, if it takes 1 ½ to 2 hours to get to and from a location, we can be dealing with a 3 ½ hour day to do screening (because we must offer a lunch break). How did we arrive at this number for a target? Are there thoughts to revise it?

**A26.** Please see responses above regarding how the screening goals were set (responses A22 and A23). Applicants should address any known barriers to achieving the screening goals in their applications, along with clear plans to demonstrate efforts to achieve those goals. (See Addendum #3.)

**Q27.** Is there a disadvantage to having applicants submit a proforma with patient exam projections that exceed the first, second and third year recommendations?

**A27.** Applicants are asked to address whether or not they anticipate being able to meet or exceed the goals as part of their application response. There is no disadvantage to submitting projections that exceed the screening goals. (See Addendum #3)

**Staffing**

**Q28.** RFA p.8, Section III.B.2(a)(iii) states, “Program Coordinator is responsible to prepare financial and strategic models”. Can you explain what strategic models mean?

**A28.** Strategic models refers to development of plans to reach or exceed screening goals, maximizing patient reach and reducing patient no-show rates. It includes, for example, development of strategic partnerships with organizations and health systems throughout the entire service region.

**Q29.** Regarding RFA, p. 8 Section III.B.2(a)(v), for patients who come from a referring doctor, are scripts required? If patient does not have a script, or does not have a referring doctor, the radiologist reports the findings to the patient. If the findings are abnormal and the patient does not follow the doctor’s suggestions (e.g., see a surgeon, require biopsy, etc.), how is that handled to ensure everything is done correctly in case of a malpractice claim?

**A29.** Awardees are required to comply with 10 NYCRR 16.19 (a). Or, awardees that screen clients that do not have a primary care provider or referring physician’s order, need to apply to the NYSDOH as required by 10 NYCRR 16.22 before beginning to offer screening services. Awardees will also implement strategies for patient follow-up after screening mammography to facilitate client receipt of necessary care (diagnostic follow-up, treatment, etc.). (See RFA p. 8, Section III.B.2(d) and p. 9, Section III.B.2(f) and (h).)
**Q30.** RFA p. 8, Section II.B.2(e), “Implement mammographic screening services in accordance with best practices established by the American College of Radiology. http://www.acr.org/~/media/ACR/Documents/PGTS/guidelines/Screening_Mammography.pdf” – in the guidelines, 16.22 –Mammography number 3. Is the radiologist required to teach self-breast examinations and if so can that be done with pamphlets?

**A30.** No, the radiologist is not required to teach self-breast examinations.

**Completing the Application – Application Content – Proposals for Van/Equipment Specifications and Budget (Section V.A.3)**

**Q31.** Can we obtain a sole/single source exemption for the vehicle/mammography unit and, if not, are we required to go with the lowest bid regardless of the impact on operating costs and safety/quality concerns?

**A31.** No, applicants should submit three bids. However, applicants are not required to go with the lowest bid. The bids that are required to be submitted with this proposal will be used to support the estimated financial need for the van and/or equipment purchase, demonstrate reasonableness of costs, and give the Department the preliminary information needed for budgeting the available Capital Funds. After award, all selected awardees will be required to find the lowest cost, responsive and responsible vendor for the purchase of the van and/or equipment. Responsive bidder is defined as an offeror meeting the minimum specifications or requirements as prescribed in a solicitation.

**Q32.** Are we required to get multiple quotes for the mobile mammography vehicle and mammography unit in the vehicle? We work with an established mammography vendor and would prefer to install their unit in the van due to superior image quality as well as to save on reduced training and maintenance contracts.

**A32.** Yes. The bids required to be submitted with this proposal are to support the estimated financial need for the van and/or equipment purchase, demonstrate reasonableness of costs, and give the Department the preliminary information needed for budgeting the available Capital Funds. After award, all selected awardees will be required to find the lowest cost, responsive and responsible vendor for the purchase of the van and/or equipment. Responsive bidder is defined as an offeror meeting the minimum specifications or requirements as prescribed in a solicitation. (See response A31.)

**Q33.** Who owns the van? Does the State maintain a lien on the van title for the duration of the grant program?

**A33.** For cost-reimbursable contracts, all right, title and interest in such Property shall belong to the State. See Master Grant Contract here, pages 17-19, Section D, Property: http://grantsreform.ny.gov/sites/default/files/docs/nys_master_contract_for_grants_8_14.pdf
**Q34.** On RFA, p. 5, Section I.D, paragraph 2, it notes that the State Capital funds appropriation supporting this initiative totals $5M. Will the $5M be distributed between the six (6) to ten (10) awardees?

**A34.** Yes.

**Q35.** What portion of the $5M State Capital grant available for vehicle and equipment purchasing is available per awardee?

**A35.** The quotes required to be submitted with this proposal are to support the estimated financial need for the van and/or equipment purchase, demonstrate reasonableness of costs, and give the Department the preliminary information needed for budgeting the available capital funds.

**Q36.** Is there a limit per awardee for the amount of State Capital funds available for the purchase of the van and equipment?

**A36.** There is no prescribed limit at this time. The quotes required to be submitted with this proposal are to support the estimated financial need for the van and/or equipment purchase, demonstrate reasonableness of costs, and give the Department the preliminary information needed for budgeting the available capital funds.

**Q37.** What is the process for State Capital funds, i.e., will awardees work with the vendor and let the vendor know the payments will come from the grant? How long before the State Capital funds are received?

**A37.** In order for the awarded operator contractor to order/reserve the vehicle, the State will advance up to 50% of the total cost of the van and/or equipment, as provided in the contractor’s budget, to the contractor. (See Addendum #2.) The awarded operator contractor will be responsible for making the balance of the payment upon delivery, or in accordance with the terms of the purchase agreement. The State will reimburse the contractor for all or a portion of the balance paid, based on submitted bids and budgets and available funds, via the cost-reimbursable State Capital contract. Once successful applicants are notified of award, the State will provide further instruction on how to competitively procure the van and/or equipment. The voucher (for the advance), will be paid within 30 days of the date of the contract execution. There are many factors affecting contract execution. The State will work with the awarded contractors to facilitate timely execution of the State contract.

**Q38.** Are the vehicles titled in the name of the awardee?

**A38.** The vehicle will be titled to the State of New York.

**Q39.** Regarding RFA p. 28, Section V.A.6(e)(ix), at the end of the grant, how is ownership of the van transferred? Will there be an exchange of funds for the transfer?
A39. Applicants should refer to the Master Contract for Grants, pages 17, Section D. Property, 1.b. If the State consents in writing, the Contractor may retain possession of Property owned by the State, as provided herein, after the termination of the Master Contract to use for similar purposes. Otherwise, the Contractor shall return such Property to the State at the Contractor’s cost and expense upon the expiration of the Master Contract.

Q40. Regarding RFA, p. 5, Section I.D, paragraph 1, if the HRI contract is renewed annually for three (3) years for financial support yet the State Capital funds contract is for a two-year period, what happens during that third year?

A40. The State Capital funds contract is solely for the purchase of the van and/or equipment which should be complete within the first nine (9) months of the contract period (RFA, p. 6, Section III. B.1). The HRI contract provides three (3) years of operating expenses. The State will consent in writing, in year three (3) that the Contractor may retain possession of Property owned by the State, as provided herein, after the termination of the Master Contract to use for similar purposes.

Q41. For existing mobile mammography programs that are interested in applying for a grant through this funding opportunity to “expand or upgrade” their services, would a request for upgraded digital mammography screening units to replace outdated equipment be an eligible expense for funding?

A41. Yes. Applicants that are currently operating mobile mammography van programs and wish to expand or upgrade their services may apply for this funding opportunity and, propose to use the State Capital funds to support expansion or upgrades to existing mobile mammography screening units (see also RFA p.5, Section II.B). The HRI Operational budget will not cover these costs.

Completing the Application – Application Content – Budget (Section V A 8)

Billing for screening services

Q42. With regards to the budget planning, are we able to bill out a patients’ insurance and if they do not have insurance, would we bill through the New York State Department of Health Cancer Services Program (CSP) program? Or do we have to account for the cost of reading from our Radiologist to be included in the budget?

A42. Reimbursable, revenue generating clinical services should not be included in the HRI Operations Budget. Insurance plans may be billed for insured clients. Clients who do not have insurance and are otherwise eligible, may be enrolled in the local CSP. The contracted imaging provider must be a credentialed participating provider in the local CSP to receive reimbursement for mammogram screenings at the CSP maximum allowable rates.

Q43. For patients who have Medicaid, Medicare or other insurance coverage, is the awardee required to bill for the mammography screenings, and required to collect any applicable co-pays?
A43. Yes, successful applicants will coordinate insurance billing and administration for all insured clients including Medicaid and Medicare or other insurance coverage and collect any applicable co-pays as required. As an essential preventive service, and, per amendments to NYS Insurance Laws § 3216, 3221 and 4303 effective January 1, 2017, there should be no applicable co-pays unless the client is covered under a policy that is not subject to State Insurance Law.

Q44. If billing is required for patients who have insurance coverage, would providers with patients covered under Medicare be subject to the new “site neutral” reimbursement regulations?

A44. Successful applicants will coordinate insurance billing and administration for all insured clients. Billing insurance for reimbursable clinical services are subject to applicable insurance rules. For further information regarding Medicare rules, please consult Medicare.gov.

Q45. We are able to continue to bill for those with insurance, correct, there is no reference or prohibition in the document?

A45. Yes, successful applicants will coordinate insurance billing and administration for all insured clients. (See responses A42 and A43.)

Q46. The grant covers the cost of the operation of the vehicle and the program, but you are NOT expecting us to provide the services for free, correct?

A46. That is correct. Successful applicants will coordinate insurance billing and administration for all insured clients. Awardees are required to become a participating provider with the local CSP contractors in their service regions to assist eligible uninsured and underinsured patients to enroll in the CSP and to receive reimbursement for CSP-eligible services. Once awards are made, the Department will facilitate collaboration between awardees and local CSP contractors. (See responses A42, A43, and A45.)

**Allowable HRI Operations Budget Costs**

Q47. Are costs incurred by sites where a van is located eligible for grant reimbursement (i.e., if the van is located in the parking area of a church or social service agency, does the grant cover the cost for electricity supplied to the van location site, or the costs for use of space for a waiting room, etc.)?

A47. These are allowable costs for the HRI operations budget and may be built in to the application budget if needed as determined by the applicant.

Q48. Are all costs related to the operation of the van covered by the grant, including gas, tolls, and insurance costs? What happens if operating costs unexpectedly, but with justification, exceed the grant award?

A48. These are allowable costs for the HRI operations budget and may be built in to the application budget if needed as determined by the applicant. The HRI operations budget should
not exceed $1,070,000 annually. Successful awardees should identify discretionary budgets or partners to support operational costs that exceed the $1,070,000 annual funding awarded via this grant. Additionally, successful awardees will generate revenue through insurance billing for all insured clients and, through the CSP for clients who do not have insurance and are otherwise eligible. (See responses A42 and A46.)

**Q49.** The ten regions have very different populations and demographics that impact resource needs for the program. Will the grant award take into account cost variances to operate the program in the different regions? For example, in a densely populated region, will the grant award pay for additional case management staff to reach out to “no show” patients?

**A49.** This is an allowable cost for the HRI operations budget and may be built in to the application budget if needed as determined by the applicant. The application budget and subsequent HRI operations contract award will not exceed $1,070,000 annually for each awardee.

**Q50.** Regarding RFA, pp. 7 and 8, Section III, is funding for a culturally-competent patient navigator an allowable program expense for HRI funding through this initiative?

**A50.** If the patient navigator’s work is related to the required scope of work and the approved work plan, then yes, this is an allowable expense for the HRI operations budget.

**Q51.** RFA p. 28, Section V.A.6(e)(viii) states that a care coordination or case management program is required to be established to ensure follow-up from screenings is achieved. Are the costs for a care management program covered by the grant?

**A51.** Yes, this is an allowable expense for the HRI operations budget and may be built in to the application budget if needed as determined by the applicant.

**Q52.** Do funds also cover insurance, registration, etc.?

**A52.** These are allowable expenses for the HRI operational budget.

**General Budget Questions**

**Q53.** RFA pp. 41 – 47, Attachment 7, HRI Operations Budget Instructions, indicate that a submitting entity without a federally approved administrative cost rate agreement cannot directly bill administrative costs, and must formulate a method for allocating administrative costs. Is it safe to assume that such entities can submit budgets with administrative costs set at 10% of the total direct costs, and that there is no need to address the cost allocation method at the time of application?

**A53.** Yes. Applicant entities that **DO NOT** have a federally Negotiated Indirect Cost Rate Agreement (NICRA) may include funds in the budget for reimbursement of costs for common or joint objectives that cannot be identified specifically with a particular project or program but that are necessary to the general operation of its activities as indirect costs at a maximum amount of
10% of their total direct budget. There is no need to formulate an alternative method for allocating administrative costs. Applicant entities who \textbf{DO} have a federally approved NICRA should budget indirect costs according to their current rate agreement and should submit a copy of their rate agreement with their application.

**Q54.** RFA p. 15, Section IV.J.4(a), HRI General Terms and Conditions, states that a copy of the contractor’s federal indirect cost rate and fringe benefit rate is required. Please clarify what this means.

**A54.** For any applicant agencies that currently have a federally NICRA, the document must be received by HRI before reimbursement of any contract related expenses. This is also required if an applicant agency has a federally approved fringe rate agreement. If an applicant does not have a federally approved fringe rate, then they must provide documentation which demonstrates the methodology for allocating fringe costs. This may include a copy of the prior year’s financial audit, or a breakdown of fringe benefit components and the percent allocation of each that makes up the total fringe benefit rate. If a contractor does have a NICRA and federally approved fringe rate, and if at any time during term of the contract period the federal rates are lower than what is currently approved, HRI will reimburse at the lower federal rate. (See response A53.)

**Q55.** Is there a required or suggested funding match?

**A55.** No.

**Q56.** How long after submission of monthly invoices can awardees expect reimbursement?

**A56.** For the HRI contract, monthly invoices that have been reviewed by HRI [staff] for accuracy and approved for payment will be submitted to HRI as they are received. Checks for reimbursement are then processed and mailed to the contractor within two (2) business days. State Finance Law §179-f requires New York State to pay vendors by the required payment date of 30 days from the date vouchers are received.

**Purpose/Intent, Background, Problem/Issue Resolution (RFA Section I)**

**Q57.** I am the Administrator for University Diagnostic Medical Imaging in the Bronx. We are an ACR, "Breast Imaging Center of Excellence" and can easily see additional patients here in our main facility at the Hutchinson Metro Center. Although I understand the concept of mobile units and can see where bringing mammography to the neighborhoods looks functional and attractive, it would be clinically superior to subsidize patient travel to our Hutchinson Metro campus for a high level quality of care. I am suggesting that you consider sending patients to UDMI for the highest quality breast care which includes the ability to escalate cases to diagnostic as well as Breast MRI and Breast Biopsy all under one roof. "Continuity of care" is the single most important aspect of breast health and has been recognized by the highest governing bodies that only those facilities that offer full line support from screening to biopsy should covet the title of ACR, "Breast Imaging Center of Excellence".
**A57.** This mobile mammography van funding opportunity is one initiative included in the Governor’s comprehensive State programming, the goal of which is to increase the total number of women screened for breast cancer and reduce its devastating burden in NYS. This initiative in particular seeks to address structural barriers to screening mammography in every NYS county and New York City borough, providing screening services to women who lack regular access to preventive health care because they are socioeconomically disadvantaged or reside in poorly served inner-city or remote rural areas. Successful awardees will engage health care systems and providers in their service regions to ensure provision of follow-up care and treatment as needed. Successful awardees will be encouraged to reach out to facilities such as yours, as we encourage your facility to reach out the successful awardee in your service region, to facilitate provision of high quality, continuous care.

**Q58.** RFA, p. 3, Section I.B, paragraph 2 refers to “…and promotion of private sector four-hour leave policies for breast cancer screening.” Can you please clarify what this means?

**A58.** This refers to one of the Governor’s Breast Cancer Programs that promotes adoption of four hours of annual paid leave for employees for breast cancer screening. The Governor promotes adoption of this policy by private employers, mirroring the policy that exists for State employees and, new legislation signed by the Governor this spring which extends this leave for New York City public employees. To learn more about this initiative, visit the Governor’s website at: https://www.ny.gov/new-york-state-breast-cancer-programs/new-york-state-breast-cancer-services#private-sector-4-hour-leave-for-breast-cancer-screening.

**Q59.** How would we find out what hospitals may be bidding on the RFA # CCH-MMV-2016-02 Mobile Mammography Vans package? We offer the latest and most state of the art mammography mobile van in the world, but the way this RFA is proposed, we have no way of competing in the process.

**A59.** This procurement is for the selection of mobile van **operators**. Once the final award decisions have been made, all selected awardees will be required to find the lowest cost, responsive and responsible vendor for the purchase of the van and/or equipment.