

Vital Access Provider Assistance Program (VAPAP) Question and Answers

Question Number	Question	Answer
1	Is funding already received under VAPAP contingent on Departmental approval of the facility transformation plan?	Yes
2	Does year one begin Jan 1 2015, year two begin Jan 1 2016 and year three begin Jan 1 2017?	Yes
3	Must the PPS Lead organization approve the VAPAP transformation plans in order to receive a VAPAP award?	The PPS Lead must certify that the plan is consistent with achieving its DSRIP goals and objectives. The Department must approve the plan to receive VAPAP funding.
4	When will maximum VAPAP awards be announced?	As soon as possible.
5	Will the transformation plans submitted to the state be subject to FOIL?	The submissions under the VAPAP program are subject to the Freedom of Information Law. Exemptions from such law are found in Section 89 of the Public Officers Law. Any facility that believes that their submission contains information that is proprietary, trade secret or critical infrastructure information should identify such information and submit a detailed justification for exemption. Critical infrastructure information is information that is vital to the health, safety, welfare or security of the state, its residents or economy. It should be noted that exemptions in Section 89 of the Public Officers Law are not blanket exemptions and apply only to specific and identified information. Submitters are advised to identify such information and submit requests for exemptions with their material submission.
6	Please clarify the submission timeline.	Facilities will work with the Department and KPMG in July and August, the final draft due to DOH September 8th and final approvals granted no later than September 30. The month of September will allow for edits to the plans as necessary.

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7	Does the participation of any facility in the VAPAP program change the responsibility or commitments of any PPS (or PPS Lead) regarding the continuing operation/viability of such a facility in its PPS network, and if "yes", what is that change?	No, participation in VAPAP does not change the responsibility or commitments of any PPS as regards to the continuing operation/viability of a VAPAP eligible facility in their network; the PPS is, as it has always been, responsible for ensuring that services are delivered to their attributed population.
8	What is the role of the PPS in the process of developing and implementing VAPAP transformation plan?	The PPS should understand the facility's transformation plan and the implications that this plan has on their approved DSRIP projects. The facility's plan must contribute to the PPS's ability to deliver on these projects for their attributed populations. The Lead PPS must approve the transformation plan(s).
9	Does the PPS simply approve that the transformation plan is complete and in accordance with their projects?	The PPS is asked to attest to their understanding of the facility's transformation plan and the implications that this plan has for their approved DSRIP projects, and that the plan is not inconsistent with their approved DSRIP initiatives.
10	Does the PPS have to provide feedback and input as part of the planning process?	To the extent that feedback and input will support the development of a plan that the PPS can attest to and will better serve the population attributed to the PPS, it would be beneficial to provide this feedback and input.
11	Does the PPS bear responsibility for the plan and its success? If so, what level of responsibility?	Participation in VAPAP does not change the responsibility or commitments of any PPS with regard to the continuing operation/viability of a VAPAP eligible facility in their network; the PPS is, as it has always been, responsible for ensuring that services are delivered to their attributed population.
12	If a PPS doesn't agree with a provider plan, what recourse does the PPS have?	PPS Leads must certify that facility plans are not inconsistent with its DSRIP goals and objectives in order to receive Departmental approval.
13	If the provider doesn't agree with the PPS' assessment of their plan, what recourse does the provider have?	Facilities must obtain PPS sign off of their plans. Facilities must evolve and contribute to the goals of DSRIP as envisioned by the PPS. Facilities unwilling to do so must exist outside of DSRIP and exhibit independently operational stability.

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14	What is the process of mediation in terms of a conflict between the PPS and the provider during the creation and approval of the transformation plan? (Note: the DOH has previously indicated they would “get involved” with the provider if there were any issues leading to conflict)	If conflict between the PPS and the VAPAP facility cannot be resolved between the parties, the Deputy Commissioner of OPCHSM must be notified of the specific issues.
15	Will there be additional sources of funding for facilities beyond VAPAP if they require a longer timeframe for their transformation to a sustainable model? If not, what guidance do you provide to facilities that do envision a transformation plan that is longer than two years?	VAPAP State funding is included in the SFY 2015-16 and 2016-17 budgets. VAPAP facilities are expected to achieve financial feasibility within three years without such ongoing State support.
16	What incentives (penalties/rewards) will be associated with achieving (or not) performance goals and targets within the VAPAP transformation plan process?	There is no guarantee of funding beyond the VAPAP appropriations of 2015-16 and 2016-17. Facilities falling short of goals will be subject to management actions of their Lead PPS and the Department of Health.
17	What sort of alignment does the DOH expect between the VAPAP transformation plan and the PPS’ required plans for distressed providers (section 9, sustainability)?	There will be a direct relationship between the goals of the PPS and the facility, including financial management.
18	A potential delay in awarding the CRFP funding will require a greater reliance on the VAPAP transition fund.	CRFP funds will be awarded as soon as possible.
19	Delays in CRFP funding will mean a delay in moving forward/ operationalizing the transformation plan. Because of this there will be longer reliance on VAPAP supporting operations, thus potentially increasing the risk to the VAPAP budget.	CRFP funds will be awarded as soon as possible.
20	Since the hospital received IGT funds, should the sustainability plan be created assuming continuation of IGT funding?	Although all funding is subject to the annual enactment of the NYS budget, if IGT funds were included in a facility's initial application, the facility should be consistent and continue to include the funds in the projections.

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21	If a Hospital applied for VAPAP and has not been contacted, does that imply that they are not eligible?	Eligible facilities have been in contact with the VAPAP team of analysts and are generally aware of the calculated 2015-16 need.
22	How specific should the initiatives in the transformation plan be? Currently we have initiatives broken down into Revenue, Cost, etc. Should they be kept in these broad categories or broken down by individual project?	The initiatives should include specific details surrounding their purpose and objectives, implementation plan, expected outcomes. They should also be linked to the broader categories of root causes identified (revenue, direct cost, etc.).
23	Some of the initiatives will add costs in addition to saving money (ex. Affiliation with a union hospital will cause existing salary and benefits expense to rise). Should this be included in the transformation plan?	Yes. The financial impact in the initiatives tab of the Excel document should be net of any adverse financial impact associated with the initiative (e.g. costs for a revenue initiative, or lost revenue for a cost savings initiative).
24	If an initiative requires further planning that will take longer than the timeframe to fill out the plan, can conservative high level estimates on the financials be used?	In most cases financial projections for the proposed initiatives will be subject to uncertainty; the facility is expected to describe the level of uncertainty within their narrative, along with assumptions that they have made in building these projections. In cases where a high level of uncertainty exists the facility should outline the risk inherent in the initiative and the mitigation strategies or contingencies as appropriate.
25	Where is the facility to address contingency planning for those projects that are highly dependent on CRFP outcomes?	Section E question 7 asks the facility to identify risks to that initiative. In the case where an initiative is dependent on a CRFP grant, it would be appropriate to identify that here and outline a contingency plan within this section.
26	Is the Notepad area on the Excel template to be used to address only areas of concern on the financial projections? And is it limited to the examples provided or can the facility also address other concerns regarding their numbers here (ie. If one year of financials is an outlier can they use the Notepad to explain what happened)?	All items needing explanation may be addressed in the notepad, not just financial explanations.

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27	Should tab C projections include trend lines, debt servicing, etc. that may impact the numbers going forward?	Projections should include realities that will be facing the facilities in the coming years. If there are trends (etc.) impacting over the coming periods those should be considered as part of the projection analysis
28	Is it ok if tab C projection numbers do not match the initial VAPAP submission in April?	Yes, however please be aware that funding from the State has been built based on the April numbers submitted. A request for further funds at this point may not be guaranteed.
29	If initiatives are somewhat risky, will the State make exceptions in the future for further funding if necessary? What will the facility be beholden to in terms of the financial commitments they are making?	Facilities are beholden to all commitments made in the transformation plan. If future funding is required for sustainability it should be considered as part of the relationship with the PPS or that of contingency planning.
30	On the Financial Projections tab, should we include any anticipated VAPAP or DSRIP funding or do you want to see a pure baseline without those funding mechanisms?	Anticipated funding should be included and clearly identified.
31	Are the performance measures on tab 'E' of the Transformation Plan Template.xls file to be calculated using the data on tab 'C-Financial Projections' alone? Or should the calculations also include the impact of initiatives found on tab 'D-Initiatives'?	Performance Projections should include the blended impact of financial and operational efforts including initiatives displayed on TAB D.
32	Given that VAPAP years run congruent to calendar year and VAPAP year 1 is 2015, is it necessary to populate the Year 1 Quarter 1 and Quarter 2 Projected columns? Projections for the beginning of 2015 were not part of the VAPAP application materials ('actuals' only were requested). Or will these columns be removed in the template revisions that will be forthcoming?	As time passes projections will be replaced with actual values.
33	Can the Department provide the formulas for the performance measurement ratios that they would like us to use for Tab E of the Excel template? There are multiple approaches to calculating and we would like to ensure that we are using the Department's preferred formula.	Effective August 27, 2015, these are now displayed on the <u>Instructions</u> TAB of the template.