Interim Access Assurance Fund (IAAF) for Large Public Hospitals

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DSRIP Schedule

- 1. IAAF
- 2. Design Grant Awards
- 3. DSRIP Awards

What is IAAF?

- •Funding made available through the \$8 billion MRT Waiver.
- •Interim financial opportunity for eligible public hospitals to preserve health care services essential to low income communities.
- •Sustain and expand critical services through 4/1/15 until a Delivery System Reform Incentive Payment (DSRIP) transformation application can be submitted, approved and funded.

Opportunity to Assess Applicant's

- Programs serving low income communities
- Financial situation
- Potential for participation in an integrated delivery system.

Eligible Applicants

- NYC Health and Hospitals Corporation
- SUNY Medical Centers
- Erie County Medical Center
- Nassau University Medical Center
- Westchester Medical Center

Hospital Systems Submitting Multiple Projects

- ➤ Applicants representing multiple hospitals may submit a single application with several projects
- Each project should specify the hospital it is for and the grant amount requested
- Applications with multiple projects should include a rank order of those projects

IAAF Eligible Costs

Must be directly related to the operation of the facility, including but not limited to:

- Personnel (salaries, wages, benefits)
- □Supplies and non-capital equipment
- Utilities
- ☐ Administrative services
- □ Communications
- ☐ Record keeping, data collection and information processing

What IAAF Cannot Pay For

Excluded Costs

- Capital expenditures, including but not limited to:
 - Construction
 - Renovation
 - Acquisition of capital equipment, including major medical equipment.
- Consultant Fees
- Retirement of long term debt.

Payments

- •Payments to awardees will be made on a monthly basis through the payment mechanism for payment of Medicaid adjustments.
- •Monthly payments will depend on the recipient's monthly financial and activity reports, which include actual revenues and expenses for the prior month, projected cash need for the current and the coming month, and progress achieved toward reaching goals agreed upon with the Department.
- •Therefore, ultimate payments may differ from the initial award.

Budget Submission With Your Application

- •An Excel budget spreadsheet is to be submitted as part of the IAAF application. It will include the following:
 - Projected Income
 - Projected Operating Costs
 - Balance Sheet
 - Amount of State Assistance Needed

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Erie County Medical Center	Nassau University Medical Center		
Health and Hospitals Corporation	West	Westchester Medical Center	
SUNY Medical Center	_		
Authorized Contact Person First Name	Last Nam	е	
Contact Title			
Facility Address	City	NY Zip	
Phone Fax	Email		
Reporting Timeframe Fill in the end date for the most recent reporting year			
Fill in the end date for the most recent reporting year Department of Health and on which your eligibility s	statement and application are based		
Fill in the end date for the most recent reporting year Department of Health and on which your eligibility s	statement and application are based Year		

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Financial Information and Justification

Amount of funding requested, and supported by attached budget, to maintain operations through March 31, 2015. Funding may not be used for capital projects, retirement of debt, consultants or program expansion.

Submit all of the following: (HHC and SUNY should submit all requested financial data for their systems as a whole and for each of the hospitals for which they are applying)

- Project Narrative (see below)
- Latest Full Audited Financial Statements
- Latest Internal Balance Sheet, Income Statement, and Statement of Cash Flow
- 2013 Breakdown of Utilization (Inpatient and Outpatient by payer and service line, as applicable)
- April 1, 2014 March 31, 2015 Budget by Month (form attached)
- o April 1, 2014 March 31, 2015 Monthly Utilization Projections
- Aging Schedule for Accounts Payable
- System (if applicable), Hospital and Project/Initiative Budgets (form attached) with monthly projected grant funding request for each project or initiative for which funding is requested

Project Narrative

Describe the project or initiative for which funding is requested. The description should address the following points: If the applicant oversees multiple hospitals, specify which hospitals will participate; how this initiative is responsive to the needs of low income communities being served by the hospital; how community need was determined; how this initiative addresses any gaps in health care services for Medicaid recipients and uninsured, how this initiative enhances access to health care for Medicaid recipients and the uninsured; availability of other provider resources offering similar services; affiliations with other health care providers as part of this initiative including health care providers that are financially distressed; level of financial need to sustain the initiative through March 2015; the consequences of not receiving the requested funds; other sources and amounts of financial assistance the applicant can pursue; how the initiative will be sustained after funding expires; a description of the geographic area and population served. (Narrative may be attached and may not exceed 15 pages).

Notarized Signatures

Hospital Board Chair or Secretary

Chief Financial Officer or Equivalent

Dates to Remember

Comments due on IAAF solicitation May 14, 2014

Final solicitation release May 16, 2014

Applications due May 30, 2014

Awards announced as soon after June 2, as possible.

Questions