

New York State Department of Health

*Office of Aging and Long-Term Care
Center for Regulatory and Policy Initiatives*

RFA #20422/SFS # DCF2025

Direct Caregiver Flexibility Questions & Answers

Questions below were received by the deadline announced in the RFA. The Department/NYSDOH is not responsible for any errors or misinterpretation of any questions received.

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA #20422. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

Question	Proposed Response
ELIGIBILITY	
Q1. Does it matter what kind of DOH approval we have, if its HHA or PCA?	A1. No. See Section II, Who May Apply, of the RFA for the minimum eligibility requirements.
Q2. Please confirm whether or not a for-profit entity that meets one of the licensed training program requirements as noted in the RFA (highlighted below) is eligible to apply for this opportunity. II. Who May Apply Minimum Eligibility Requirements: • Applicant must be prequalified in the New York State Statewide Financial System (SFS), if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA. • Applicant must be: o New York State Department of Health licensed Article 28 facility approved CNA training program; or o New York State Department of Health licensed Article 36 organization approved PCA and HHA training program; or o State Education Department (SED) approved PCA, HHA or CNA training program.	A2. Yes, a DOH or NYS SED approved training program that is also a for-profit entity is eligible to apply. Please see Section II. Who May Apply - Minimum Eligibility Requirements of the RFA.

Q3. We are in the process of applying for certification as a Minority- and Woman-Owned Business Enterprise (MWBE) and as HHA, PCA and CNA training providers. The entity is supported by over 30 years of combined expertise in registered nursing, organizational leadership, business administration, higher education, adult learning, and instructional technology. In our efforts to establish MHA and fulfill our mission, we identified the Direct Caregiver Flexibility Grant as a potential source of funding to support our work in Nassau County, and later the Westchester County region. However, as a newly founded non-profit entity, we would appreciate your guidance on whether we are eligible to apply for this grant.	A3. See Section II. - Who May Apply – Minimum Eligibility Requirements of the RFA. Eligible applicants are organizations with a DOH or NYS SED approved PCA, HHA or CNA training program at the time of the application.
Q4. Our organization currently operates a PCA training school approved by the DOH in Westchester, NY. Would this qualify us for the grant, or does it specifically require an HHA training program?	A4. See Section II. - Who May Apply – Minimum Eligibility Requirements of the RFA.
Q5. I am currently a DON for a nursing Rehab facility and is experiencing the CNA shortage first hand. I will love to do something to help with the shortage of staff. I would love to open up a CNA school in the state of NY and wanted to know if grant RFA #20422 is for opening up a CNA school or for funding a preexisting school? Look forward in hearing from you.	A5. See the Section II. - Who May Apply – Minimum Eligibility Requirements of the RFA. Eligible applicants are organizations with a DOH or NYS SED approved PCA, HHA or CNA training program at the time of the application.
Q6. On page one of the RFA, under Minimum Eligibility Requirements, what is an exempt entity for the Statewide Financial System (SFS) for purposes of this RFA? (p6, para 1)	A6. See Section IV. N. 1., Register for the Statewide Financial System, for information and instructions on registration and prequalification requirements.
Q7. As a therapeutic residential school for adolescent males with oversight from OCFS and NYSED, would our agency be eligible for this grant opportunity?	A7. See the Section II. - Who May Apply – Minimum Eligibility Requirements of the RFA. .
Q8. We are a solution provider for healthcare organizations, leveraging education as a strategy. We provide accredited training for CNA, PCA, and HHA. Given that our programs serve the organization, we accredit each of them through the location itself so that, in the long term, they can continue to educate and be feeder sites on their own, creating a much more sustainable pipeline. This also alleviates the clinical placement burdens as the healthcare organizations provide that as part of the	A8. See the Section II. - Who May Apply – Minimum Eligibility Requirements of the RFA.

agreement. With this in mind, we would have approvals before each site activation but technically would not have approval in advance of an RFA submission. Might you confirm if there is a way for the review committee to consider (us) as an eligible applicant regardless of this fact? We partner closely with (organization name removed), which is the GPO for over 30 health systems across NY. Therefore, our large footprint would allow for comprehensive regional access to providing training at scale and support the success of this opportunity. We have taken this approach in California with our caregiver program before. We also take this approach across 7 states with one system on CNA as well.	
Q9. This question relates to eligibility (page 6). Are public educational institutions eligible to serve as lead applicant or to serve as a subrecipient partner, if the institution has one or more approved programs?	A9. See the Section II. - Who May Apply – Minimum Eligibility Requirements of the RFA.
FUNDING	
Q10. How are the allocated funds distributed across the selected regions?	A10. See Section I. B., Available Funding of the RFA.
Q11. Is there a limited number of awards?	A11. See Section I. B., Available Funding, and Table 2 of the RFA.
Q12. What happens after the 5-year grant period? Will the awardees be responsible for incurring program-related costs once the grant concludes?	A12. All awards are based on available funding. At the end of the awarded contract, the Department will discuss contract closeout with awardees.
Q13. Can you please confirm that maximum amount of each award? According to the Table on pp. 5-6, the maximum award annually in each region (or in some cases each county) is \$816,304 per awardee per year for 2 years and \$826,087 per awardee per year for 3 years. Is that correct?	A13. Yes, that is correct. See Section I. B., Available Funding, and Table 2 of the RFA.
Q14. Does the Department have plans to continue funding for these centers after the grant period?	A14. Funding after the contract period has ended is dependent upon availability of funds.
Q15. (re: section IV.H - payment): Is the funding to be deployed in a reimbursement model? If so, are claims submitted quarterly or monthly? Is a claim to include ALL proof-of-expenses, including for example, verification of travel stipend amounts?	A15. See Section IV. H., Payment & Reporting Requirements of Grant Awardees.
GENERAL	
Q16. What regions can I apply for? Is it based where my DOH main school is based out of or I can apply for anywhere in the state?	A16. Per the Cover page of the RFA, multiple regions can be applied for, but each region will require a separate application.
Q17. What types of organizations do you see as being favored to apply to be a DCF?	A17. See Section V. C, Review & Award Process.

Q18. Does the RFA mean that DOH-approved CNA training programs in Article 28s, DOH-approved PCA and HHA programs in Article 36s-SED-approved PCA, HHA or CNA programs are eligible to apply to be either training centers or support hubs?	A18. Yes. See Section II. - Who May Apply – Minimum Eligibility Requirements of the RFA and Section III. Project Narrative/Work Plan Outcomes.
Q19. Can they apply to be both?	A19. Per Section I. A. of the RFA, the Department is seeking the establishment of at least one (1) Direct Care Training Center. (hereinafter, “Training Center”) in each of the ten (10) Economic Development Regions (“EDR”) of the State as listed in Table 1. The Direct Care Support Hubs will be a branch of the Direct Caregiver Training Centers. Meaning that the awarded contract will support both the training center(s) and the support hub. Per Section III. B., a Training Center Applicant may subcontract components of the Caregiver Support Hub Work Plan to be performed by the Applicant pursuant to the terms of its Application. If known, the Applicant is expected to state in their Application the specific components to be performed through subcontracts as well as the names of the subcontractors. Grantees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors and will be the primary contact for the NYSDOH. All subcontractors and subcontracts will be required to be approved by the Department of Health.
Q20. And does each training center need to provide CNA, PCA, and HHA training?	A20. See Section III. A & B., Project Narrative/Work Plan Outcomes.
Q21. Will SED programs be given greater priority to their applications because they can provide PCA, HHA, and CNA training directly while a DOH program can only provide PCA and HHA?	A21. No. See Section V. C, Review & Award Process.
Q22. Is the intent of the RFA consolidations and to this point, will more weight be given to applications where the applicant shows proof of connecting with other training programs a subcontractors in order to expand their geographic reach?	A22. See Section V. C, Review & Award Process.
Q23. Is the intent here that all training offered through this funding opportunity must be offered free of charge with a stipend?	A23. Yes. See Section I, A, Direct Caregiver Flexibility Training Centers and Section III.A., Project Narrative/Work Plan Outcomes.

Q24. Are there any other key details we should consider while preparing our application?	A24. See Section III. Project Narrative/Work Plan Outcomes.
Q25. The current structure of our HHA and CNA training programs is to first hire the trainees so that they are our employees during their time in the training, which allows for reduced risk, greater regulatory compliance, and quicker/easier job placement. Is this an allowable structure under the grant, or do trainees have to be completely unaffiliated during their time in the program?	A25. Yes.
Q26. Can an agency apply only to become a Direct Caregiver Support Hub, or must the applicant provide both training and support services?	A26. Per Section I. A. of the RFA, the Department is seeking the establishment of at least one (1) Direct Care Training Center. (hereinafter, "Training Center") in each of the ten (10) Economic Development Regions ("EDR") of the State as listed in Table 1. The Direct Care Support Hubs will be a branch of the Direct Caregiver Training Centers. Meaning that the awarded contract will support both the training center(s) and the support hub. Per Section III. B., a Training Center Applicant may subcontract components of the Caregiver Support Hub Work Plan to be performed by the Applicant pursuant to the terms of its Application. If known, the Applicant is expected to state in their Application the specific components to be performed through subcontracts as well as the names of the subcontractors. Grantees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors and will be the primary contact for the NYSDOH. All subcontractors and subcontracts will be required to be approved by the Department of Health..
Q27. As a PCA training facility, do we need to name CNA training partners in the application or ensure we have partners if awarded?	A27. See Section III. Project Narrative/Workplan Outcomes, pertaining to funded applicants (Grantees). In addition, see Section V. Completing the Application, 4. Program Structure and Activities.
Q28. As a PCA training facility applying for the Direct Care Training Centers, do we need to partner with Nursing homes as indicated in the RFA on page 7 or any educational facility that provides CNA training, such as colleges?	A28. See Addendum#2 to the RFA posted on 1/8/2025.. Funded applicants who provide training programs selected as Direct Care Training Centers for PCA and HHA training programs must partner or (subcontract) with at least two nursing homes or with a New York State Education Department (SED) approved CNA training programs that agree to enter students into CNA training and provide the stipends for time in training and travel as well as the scrubs, textbooks, learning materials, and supplies.
Q29. For applications submitted in relation to Economic Development Regions for which multiple awards may be granted in <i>specific</i> counties (e.g., Long Island and New York City), should respondents specify which county or counties they prefer? The specific county for which an award may be granted impacts aspects of responses including, but not limited to Budget Proposals, due to the location of existing facilities, infrastructure, staff, etc.	A29. Applicants applying for EDRs 4 (Long Island) and 6 (New York City) should specify which county/borough they are applying for. Awardees for EDRs 1, 2, 3, 4, 7,8, 9, and 10 are expected to serve the entire region for which they are given an award.

Q30. If these 23 centers are funded, what will become of existing DOH Training Programs across the state, and what will their operations look like / how will they be funded over the next five years?	A30. This question does not pertain directly to RFA 20422.
Q31. Assuming many or most proposals request 95%-100% of the max budget (\$816k), and given that all proposals will essentially include the same work plan, the question is begged: will differentiate an excellent proposal from a very good one? That is, specifically: insofar that "# of trainees trained annually" might be a differentiator, how do you account for the difference in titles trained? E.g., one Training Center might produce 200 trainees, most of whom are PCAs; another might only produce 110 trainees, but most of them are CNAs? Please explain how the quantity <> quality/skill-level balance is taken into account in your evaluations.	A31. See Section V. A, Application Format/Content and Section V. C, Review & Award Process.
Q32. Recent DOH grant contracts have taken a long time to be executed (e.g., Increasing Training Capacity in Facilities); what assurances can you offer that these DCF award contracts will be in place by Oct 1, 2025?	A32. See Section IV. G, Term of Contract.
Q33. Would you consider pushing back the final submission deadline by one week (as you did with the FAQ deadline)?	A33. No.
Q34. Is there a certain ratio mandated (expected? hoped for?) between PCA and CNA and HHA for certification?	A34. No.
Q35. How do we indicate a desire to work in a specific county? (E.g., a program located on Long Island that is better positioned to serve Suffolk rather than Nassau County)	A35. See Attachment 1, Application Cover Sheet, to indicate the Economic Development Region the application is for.
Q36. There are 5 awards for NYC. Are applicants expected to provide services in all 5 boroughs? Will each of the 5 NYC awards be disbursed by borough or will awardees be expected to provide services in each borough? Each of the 5 awards will be capped at \$816,304 annually?	A36. A separate application is required for each borough within New York City in which an applicant wishes to operate as a Training Center. Awards are for individual boroughs, funded at the amount listed in Section I. B. Table 2, of the RFA.
Q37. Can you make available a list of nursing homes with approved CNA training programs? (both DOH and SDE)	A37. It is the responsibility of the applicant to identify approved CNA training programs in the region.
SUBCONTRACT	
Q38. I understand an applicant can subcontract but does the training center need to offer training in all three?	A38. See Section I.A., Background/Intent, Direct Caregiver Flexibility Training Centers. Training for all three titles (PCA, HHA and CNA) must be made available either directly or through subcontract.

Q39. And if the training center offers all three, do all three need to be offered gratis plus stipend for the trainee?	A39. See Section I. A. Direct Caregiver Flexibility Training Centers, and Section III. A. Direct Care Training Centers.
Q40. For training programs that plan to contract with other entities to offer all required components to trainees, are the other entities required to be in the same region as the training program or in the same region as is being applied for? (pages 4, 7)	A40. The entities are not required to be in the same region, although the services would need to be delivered in the same region in which the trainees are being trained.
Q41. For training programs that plan to contract with other entities to provide all required components to trainees, do the names of the contracted entities need to be specified in the application? (pages 4, 7)	A41. See Section V. 5. Budget Proposal/Cost of the RFA.
Q42. How will subcontracting work with respect to the stipend process? For example, will confirmation of class attendance be required to release stipends?	A42. Awardees must work with their potential subcontractors to establish a process.
Q43. Is it necessary to have subcontracting agreements in place before the awards are granted?	A43. No. Per Section III, a Training Center Applicant may subcontract components of the Caregiver Support Hub Work Plan to be performed by the Applicant pursuant to the terms of its Application. If known, the Applicant is expected to state in their Application the specific components to be performed through subcontracts as well as the names of the subcontractors. Grantees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors and will be the primary contact for the NYSDOH. All subcontractors and subcontracts will be required to be approved by the Department of Health
Q44. When will the support hubs be announced?	A44. Per Section I. A. of the RFA, the Department is seeking the establishment of at least one (1) Direct Care Training Center. (hereinafter, "Training Center") in each of the ten (10) Economic Development Regions ("EDR") of the State as listed in Table 1. The Direct Care Support Hubs will be a branch of the Direct Caregiver Training Centers. Meaning that the awarded contract will support both the training center(s) and the support hub.
Q45 Can organizations partner with multiple support hubs simultaneously?	A45. The Awardees need to provide or subcontract for provision of support services.
Q46. Is there a limit to the number of subcontractors a training center can have?	A46. See Addendum #2 posted on 1/8/2025. No, there is no limit to the number of subcontractors a training center can have for either the training or for the Caregiver Support Hub.
Q47. Is there a limit on the number of subcontractors?	A47. . See Addendum #2 posted on 1/8/2025. No, there is no limit to the number of subcontractors a training center can have for either the training or for the Caregiver Support Hub.
Q48. In order to expand the career flexibility of aides and trainees, the RFA requires awardees that offer training in one aide title to subcontract with another training	A48. Yes.

program to ensure that trainees have access to training for all 3 aide titles. However, some training programs offer all three programs sequentially and eliminate duplicative content. This is an efficient way to enable truly stackable credentials. Is this model permitted under the grant?	
Q49. The RFA specifies that a training program may subcontract with another training program to carry out training for a title that it is not approved to offer. May an awardee or a training program subcontractor contract with another organization that is not an approved training program to supply nurse educators for the training programs?	A49. Nurse educators are approved when a training program is approved by the Department of Health or the State Education Department.
Q50. The grant specifies that each applicant can apply for more than 1 region, but no more than one application per region. Can a subcontractor be part of more than 1 application per region?	A50. Yes.
Q51. Are there any limits on the ability of an awardee to contract with another organization to supply qualified instructors for the awardee's training programs?	A51. Yes. Only DOH and NYS SED approved training programs are eligible to apply and are expected to adhere to the guidelines of the approving State agency with respect to instructors.
Q52. Can you please clarify whether an organization can propose both as a lead on its own application and as a subcontractor on another organization's application?	A52. Yes.
Q53. If a Training Center subcontracts its Support Hub operations, how does the funding flow in order to reach the Support Hub? (e.g., State to Support Hub directly? State to TC to SH?)	A53. Awards for all activities are made to the funded applicant(s) of RFA 20422.
Q54.If a Training Center partners with another organization to be its Support Hub, can that Support Hub post jobs for the Training Center? Must it? Must it also post jobs from other Training Centers in that Economic Development Region?	A54. Section III, A requires the Training Center to, "provide trainees with a list of PCA, HHA and CNA job openings in the EDR, updated for the duration of the contract."
Q55. If a school can train PCAs and HHAs but isn't approved to train CNAs, does the partner school it collaborates with have to be in the same Economic Development Region?	A55. No, however the partner (subcontractor) is expected to provide the training in the same Economic Development Region as the PCA or HHA training program receiving an award.
EXPENSES/BUDGET	
Q56. We have a state approved training program that needs funding to be sustainable. Would the grant award cover costs like trainers, materials, etc.?	A56. Bidders must submit a proposed budget as part of Section V.5. Budget Proposed/Cost Proposal. Please refer to this section for eligible expenses.
Q57. What could funds be used for?	A57. See Section III. Project Narrative/Work Plan Outcomes of the RFA along with Attachment 6 of the RFA for details.

Q58. Are capital expenses (light facility upgrades, furniture and technology, etc.) an allowable expense if they are directly tied to the facilities where training will take place?	A58. Yes.
Q59. Are salaries for program managers and administrative support an allowable expense, or just salaries for training instructors?	A59. Salaries are an allowable expense.
Q60. Will letters of support from community partners and/or subcontractors be allowable and part of the scoring process for our application?	A60. No. See Section V. Completing the Application.
Q61. We would like to clarify the expectations. The amount of each contract (\$816,304) is expected to cover minimum wage stipends and associated costs for participants in training, <u>in addition to</u> program development. How many individuals do you expect to receive training through this funding? If we provide for monthly HHA and CNA classes of 20 students each – 240 students total -- we already exceed the cap on the contract.	A61. See Section I. B. Available Funding And Section V.A.5 Budget Proposal/Cost of the RFA.
Q62. Can we utilize the funds to increase pay to RNs to support recruitment and retention?	A62. See Section I. A. Background/Intent of the RFA.
Q63. Is it mandatory to provide scrubs if it is not necessary for the role or learning, such as PCA?	A63. No.
Q64. What if we get too much demand? Are we able to only accept up to the dollar allotted?	A64. See Section I. B. Available Funding. A contractor may submit a budget modification between line items in their established budget if required. No additional funds at this time will be allotted to the overall contract value.
Q65. On page 27 of the RFA it states that funding may only be used to expand or create new activities but not supplant funds for currently existing activities.	A65. Funding must be used towards activities as described in the RFA. It is up to the bidder to provide justification for all budgeted items.
Q66. For a NH with a NATP how would they be able to utilize the funds if they already run classes. Could they run additional classes to expand the number of classes? Would this apply to new classes let's say they run in the summer after funding. Could this pay the staff costs?	A66. An award could be used for salary expenses. See Section V. A. 5, Budget Proposal/Cost Proposal, "This funding may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff activities."
Q67. Is there an admin fee cap?	A67. No.
Q68. Is there an administrative fee cap?	A68. No.
Q69. What are some examples of ineligible budget items?	A69. See Section V. A. 5. All costs must be related to the provision of the Direct Care Training Center activities as well as be consistent with the scope of services, reasonable and cost effective.

Q70. Eligible expenses for applicants are delineated on page 27 and include “Supportive services such as assistance with accessing public benefits such as food and housing support.” Are the “support services” included under “Program Details” on page 8 (i.e. case management, English as a Second Language (“ESL”) training, resume preparation, legal services, childcare, employment supports, remediation or other transitional services) all eligible expenses to the extent they’re provided directly by the Training Center? May a Training Center provide all of the aforementioned directly as eligible expenses, or are any of the support services limited to referrals/assistance accessing only?	A70. Yes. Supportive services may be provided directly with the use of the award or may be limited to referrals/assistance accessing. Supportive services should be detailed in the application and budget.
Q71. English for Speaker of Other Languages is a major area of need for the homecare workforce. As a certification readiness tool, is pre-certification ESOL an allowable expense?	A71. Yes.
Q72. Is it possible for SED schools to include in the "cost per student" Student Fee **in addition to Administrative Costs** to be paid with grant funds? What about in DOH schools?	A72. No.
Q73. Post contract, how flexible is the budget? For instance, if an awardee keeps within its budget, can money be moved between line items? (E.g., discovering that travel stipends are projected to exceed the amount budgeted, and moving funds from Outreach/Marketing to Travel Stipends) -- what procedures and requirements would accompany such a change in spending plans?	A73. Per Section V.A.5, all costs must be related to the provision of the Direct Care Training Center activities as well as be consistent with the scope of services, reasonable and cost effective. Budgets may be modified with Department approval through a Budget Modification process through the Statewide Financial System.
Q74. This question relates to Budget (page 26 and 27). Under eligible expenses for direct care training center (page 27), is the cost of published tuition per participant an allowable expense or do costs for training delivery need to be included within the other categories of costs (e.g., instructor salaries, staff salaries, supplies).	A74. The cost of delivering the training must be included in the budget submission. Training must be free to trainees.
Q75. For additional learner supports, are the costs of developing online tools and enhanced training allowable expenses?	A75. Yes.
Q76. Does the cost of travel mean from the individual trainee’s residence to the closest training center? (p4, para 4)	A76. Yes.
STIPEND	

Q77. How are trainees compensated if they are not considered employees? Should they be 1099?	A77. The terms of the RFA and subsequent contract do not require any specific treatment on this subject. The answer may depend on the Applicant/Awardee and should be discussed with appropriate tax and employment counsel.
Q78. At what frequency must stipends be paid to candidates? (e.g., daily, weekly?)	A78. An Applicant may specify in its application the frequency with which stipends will be paid. See, for example, RFA Section V. A. Completing the Application, Bid factor questions 4. f. and 4. o.
Q79. Are there any specific conditions tied to stipend payments, such as class completion or attendance verification?	A79. Receipt of stipend should be based on attendance.
Q80. Do stipend payments need to match the training schedule? i.e. full-time training will pay minimum wages for hours that match the training schedule?	A80. Applicants should specify in their application the basis on which stipends will be paid.
Q81. Will the stipend be based on the minimum wage for home care workers, or will it follow the general NYS minimum wage?	A81. The stipend should follow the NYS minimum wage.
Q82. Is it permissible to pay students the state min wage rather than the higher home health aide rate? Is paying students more than min wage looked upon favorably?	A82. A stipend at the NYS minimum wage is acceptable.
Q83. If a trainee does not complete the required training in any of the programs they selected for training, are they obligated to return any of the stipend? (p. 4, para 6)	A83. No.
Q84. If a CNA training program indicates they will pay stipends to trainees, to attend their provider-based training, how will the Center monitor this and who should they report any problems to if they do not pay the trainee? (p7, para 15)	A84. Applicants should indicate how they will ensure expectations from subcontractors in their application.
Q85. Can stipends be paid via a third-party provider -- e.g., a Visa Gift Card provider? If so: we pay the gift card provider, they pay the trainee, we prove the trainee was paid, you reimburse us -- is that correct? Monthly? Can we send one payment for minimum wage and travel stipends, or do payments need to be separate?	A85. While stipends can be paid by a third-party provider, they are to be based on minimum wage x classroom hours. Gift card fees are not an allowable expense on the contract and cannot be transferred as an obligation to the trainee being paid. One payment can cover the minimum wage and the travel.
Q86. How are stipends meant to be disbursed? Through payroll (taxable payments) or via proxy (gift cards)? Or, is it up to the awardee?	A86. Payment of stipends is up to the awardee. An Applicant should consult with its employment and tax counsel in preparing its application, to ensure its complete

	understanding of the nature and cost of its performance under its application. The RFA does not specify a particular structure or relationship.
Q87. What additional guidance can you provide about calculating travel stipends outside of NYC? (i.e., beyond metro passes; e.g., is \$0.67/mile the current rate?) How would such mileage costs be validated by the awardee? by the State?	A87. See Section III.A Direct Care Training Centers, Provide trainees reimbursement for travel to and from trainings for mileage or fares (i.e., bus/train/subway). Must follow the U.S. General Services Administration (GSA) per diem rates .
Q88. What tax obligations does an awardee face for paying student stipends? (e.g., W9? 1099?)	A88. An Applicant should consult with its employment and tax counsel in preparing its application, to ensure its complete understanding of the nature and cost of its performance under its application. The RFA does not specify a particular structure or relationship, apart from the terms of the Work Plan, Attachment 6 to the RFA.
CLASSES/TRAINING	
Q89. Is there a minimum amount of classes and students that an awardee will be expected to handle? What is the volume that is expected to be shown for the awardee?	A89. No. The volume will vary per region, per time of year. The Department is unable to predict volume.
Q90. Does the Department have minimum class size requirements?	A90. No.
Q91. If awarded, will the training be conducted in person, virtually, or through a hybrid model?	A91. See Section I. A. Direct Caregiver Flexibility Training Centers of the RFA. Training may be conducted virtually if a funded applicant has approval to conduct hybrid training (i.e., a mix of in-person and virtual) as specified by the authorizing State agency (DOH or SED).
Q92. How many approved training sites is an applicant expected to have?	A92. See Section I.A., Background/Intent, Direct Caregiver Flexibility Training Centers. Training for all three titles (PCA, HHA and CNA) must be made available either directly or through subcontract
Q93. Could you provide more details about the training structure? Specifically, how long does each instructor work with students or groups?	A93. See Section V. A. Program Specific Questions. Applicants need to explain to the Department through this RFA their proposed training structure and how they will work with students or groups. Training programs must demonstrate to the satisfaction of the approving State agency that the trainees receive the required minimum hours of training.
Q94. Will there be defined expectations or rules for candidates during class participation?	A94. Approved DOH and NYS training programs have requirements that must be met by trainees to achieve completion and certification.
Q95. Can the training facility utilize its own code of conduct and enforce it when deciding if someone can remain in the class or continue to receive the benefits?	A95. The RFA does not require alteration to approved training program requirements; however, reporting of changes to enrollment will be expected.

Q96. Is the agency free to follow its own code of conduct regarding dismissals or readmission?	A96. The RFA does not require alteration to approved training program requirements; however, reporting of changes to enrollment will be expected.
Q97. Can a student "ladder" through and benefit twice (or possibly 3 times) the program? I.e., can one student benefit from the free training to become a PCA, then, sometime in the remainder of the 5 years, register again to upskill to a higher level of certification?	A97. Yes.
Q98. For DOH Hybrid approved schools, the understanding is that "hybrid" hours are conducted synchronously, and those synchronous hours **can include** e-learning modules; is it possible for PCAs to complete a portion of their training by completing e-learning modules **asynchronously**? What about HHAs?	A98. Hybrid training program requirements will not change for funded applicants of this RFA.
Q99. For purposes of training, will individuals who are trained at the level of a CNA be considered eligible to be home health aides as indicated by the regulatory definition of home health aides promulgated by CMS in the 2018 Conditions of Participation for Home Health Agencies revisions? (p 7, para 13)	A99. No, as New York State policy has not changed with respect to the additional tasks needed by a CNA in order to work as a home health aide.
Q100. Do the Training Centers have to provide training for each of the following: home health aide, personal care aide and certified nurse assistants programs? Some of the RFA states that the Centers can subcontract for training such as CNA. Please clarify. (p. 4, para 2)	A100. Yes, either directly or through a subcontractor. Refer to III A. Direct Care Training Centers
Q101. Do applicants have to be approved to provide services in the ED regions for which they are applying? Currently, NYS DOH approved training programs can only provide services in their approved geographical regions as indicated on their provider license. (p4, para	A101. No.
Q102. Are the training centers intended to replace existing home health aide, personal care aide and certified nurse assistant training programs? The narrative indicates that Centers may subcontract with approved training programs to supplement the Center's training. (p4, para 4)	A102. No.
Q103. What will be the status of existing approved training programs for HHA, PCA and CNA that are not linked as prime applicant or subcontractor to a training center selected under this RFA?	A103. This RFA provides for expanded training in addition to existing approved training programs.
Q104. Is a student permitted/eligible to attend a training center in an EDR other than the EDR in which they reside if that training center is closest to the student's residence? (p4, para 4)	A104. Yes.

Q105. How often does information about training opportunities and training requirements have to be updated? (p. 4 para 5)	A105. The frequency is up to the Applicant. Training opportunities are also a requirement of the Support Hub as described in Section III. Project Narrative /Work Plan Outcomes, B. Direct Caregiver Support Hubs, Career Development.
Q106. How long does a trainee have to complete the requirements of training? Currently, they have prescribed timeframes to complete the specific training programs.	A106. The prescribed time frame to completing training should not change based on this RFA.
Q107. There is no mention of the home care worker registry in this RFA. Will the Center be required to adhere to the rules and regulations applicable to entering and adhering to home care worker registry requirements? Or are there plans to discontinue the registry? (p 4, para 2)	A107. Yes. There are no plans to discontinue the Registry.
Q108. Will the training center be obligated to follow the same prescribed time parameters for data information submission and issuance of certificates once training is completed? (p. 5 para 1)	A108. Yes. The guidelines and prescribed parameters for data information submission and issuance of certificates will not change based on this RFA.
Q109. How soon after completion of training are trainees to be issued their training certificate? Currently, there are strict guidelines regarding this. (p 5, para 6)	A109. The guidelines will not change based on this RFA.
Q110. Are the home care worker registry rules for entering information about the training type, names of registered students, names of students who have completed the training, class sizes, locations, and approved instructors the same for the Center as for the currently approved training programs? (p4, para 2)	A110. The rules will not change based on this RFA.
Q111. If the Home Care Worker Registry rules and regulations apply to the Center and the Center subcontracts with approved training programs for the HHA, PCA programs who is responsible for entering the information in the registry? (p4, para 2)	A111. Each approved training program has responsibility for entering the information into the Home Care Worker Registry.
Q112. The Alternative Competency Demonstration is designed to standardize the process used throughout New York State to exempt qualified individuals from required basic training for Personal Care Aide. The narrative on page 4 of the RFA, indicates that an ACD must be made available for individual home health aides whose certification lapsed due to not working on a skilled case in the last 24 months. Has a standardized competency demonstration been developed for home health aides or do the same standards as described in the Guide for Operation of a Home Health Aide Training Program continue to apply? (p 4, para 4) (p.7, para 2)	A112. The standards in the Guide for Operation of a Home Health Aide Training Program will not change based on this RFA.
Q113. How can trainees complete all three programs concurrently? Or is there an anticipated model that would have them complete one then another and then another? (p. 5 para 1)	A113. It is not the intention of this RFA to have trainees complete all three programs concurrently, but to be offered the opportunity to complete all three trainings.

Q114. If a student wants to complete the CNA training after the home health aide training, will they have to complete the entire CNA curriculum? (p. 5 para 1)	A114. Refer to the requirements of the State agency which approved the training program.
Q115. What standardized curriculums are required for training? (p 7, para 1)	A115. Standardized curriculums that are approved by the Department of Health or the State Education Department are required for training.
Q116. How will foreign language curriculums and course materials be approved? (p 5, para 6; p 7 para 1)	A116. Foreign language and course material approval should follow the existing process.
Q117. What are the language requirements for instruction? Are all classes to be taught in English unless otherwise approved? (p 5, para 6)	A117. Classes approved for instruction in a foreign language may train in that language with approved instructors.
Q118. If an instructor teaches in another language, how will their competency in that language be assessed and/or approved? (p 7, para 1)	A118. Competency in a language is reviewed at the time application for approval as a training program is submitted to the approving agency.
Q119. Will there be a standardized assessment form used across all 10 regions for assessing an individual student's needs? (p 5, para 6)	A119. No.
Q120. Will NYSDOH post training schedules in a central location on their website? (p 7, para 1)	A120. No. Awardees will be expected to post training schedules on their website.
Q121. Will approved instructors continue to be indicated on the home care worker registry? (p 7, para 1)	A121. Yes.
Q122. Will the classes, class sizes, instructors and locations continue to be required to be posted on the home care worker registry? (p 7, para 1)	A122. Yes.
Q123. Support Hubs' assessment of individual needs): what if any standardized assessment tools are we required to use? Can you confirm that assessments can be completed electronically / through virtual interactions?	A123. Assessment tool and modality is to be selected by the Applicant.
Q124. For online certification training, what is allowable? Online, asynchronous training? Online, instructor lead?	A124. Approved online training programs must follow existing requirements.
Q125. (re: section III.A) -- Prometric testing (i.e., the CNA certification exam) -- if a PCA/HHA school does not offer CNA training but subcontracts an approved CNA school that includes Prometric testing, who tests the trainee? (i.e., can the sub-contracted CNA school do the training and the prometric testing? which training program's name goes on the certificate of completion? how would the money flow to pay that sub-contracted school to do the testing?)	A.125. The CNA training program is responsible for the Prometric testing and the training program's name would be on the certificate of completion. Payment to subcontractor for testing must be arranged by the Applicant.

SUPPORT/MENTORSHIP	
Q126. Mentorship, supervision and support have been described on p 8, paragraph 9. What are the qualifications of the mentors? (p 8, para 9)	A126. The Applicant is expected to develop mentor qualifications.
Q127. Is there a prescribed timeframe for the availability of mentorship, supervision and support functions after the trainee has completed training or do you envision this to be an ongoing service of the Center to be offered on an ongoing basis? (p 8, para 9)	A127. No. Applicants should describe their plans in their application.
Q128. On page 8 you indicate new aides should be paired with mentors. Is it your expectation that the training center will develop mentorship programs after they have completed training and have started employment? (p 8, para 9)	A128. No. Applicants should describe their plans in their application.
Q129. How will the Center be made aware of job opportunities as indicated on p 7 so that they can post them to make students/trainees aware? (p7, para 7). Will providers be required to notify the Center? (p7, para 7)	A129. Applicants must develop and describe their plan to provide all services listed in the RFA.
Q130. On page 7, you indicate that individuals must be connected to training programs to receive additional training. Do you mean training outside of the training center? (p7 para 11)	A130. Connection should be to training partners or subcontractors who can provide the free training for specific titles. Please see Addendum #2 to the RFA posted on 1/8/2025.
Q131. Can you explain what you mean by “benefits of additional training programs” as indicated on page 7? (p7, para 13, 14)	A131. This means opportunities for employment pertaining to the certifications.
Q132. Can you explain what you mean by “flexibility of additional training programs” as indicated on page 7? (p7, para 18)	A132. This means opportunities for employment, including flexibility with respect to amount of time worked (e.g., part-time, full-time).
Q133. Will HCWR data be incorporated or available for the training center reporting? Will the training center be maintaining 2 sets of data? One for the training center and one for the registry. Much of the data participant details as described on page 9 appear to be similar to the home care worker registry data. (p 8, para 9)	A133. HCWR data will be available to Awardees; however, as data must be reported on OSOS forms, Awardees may wish to establish training center data collection.
Q134. Will the training center be expected to do health benefit and insurance screening on students or potential students? The assessment and referral of students for health care services will require access to health insurance benefits information. (p 10, para 5, 6)	A134. Applicants should indicate the assessments they intend to utilize in their application.
Q135. Is there an expectation that trainees be referred to health insurance benefit coordinators? (p 10, para 5, 6)	A135. No. Applicants should indicate which referrals they propose to make in their application.

Q136. Are financial and legal counseling services to be paid through the funding award? (p 10, para 5, 6)	A136. If the Applicant proposes financial and legal counseling services are to be paid through the award, it should be indicated in the budget of the application.
Q137. How will the direct caregiver training centers & support hubs relate to or engage with the resources, services and supports provided under the state's planned HELP (Healthcare Education and Life-skills Program) programs?	A137. The Direct Caregiver Flexibility RFA (# 20422) and the Healthcare Education and Life-skills Program (RFA # 20529) are separate independent RFAs.
Q138. Is there a guidance on a process how to identify potential trainees?	A138. No.
Q139. Is there a guidance on a process how to identify the list of employers and employment opportunities for each direct caregiver?	A139. No.
Q140. Does the Department envision a role for the WIOs (i.e., TEF, Caring Gene, FLPPS) under this program?	A140. Applicants should describe roles of any partners in their application.
Q141. Is any additional compensation to be paid to Mentors or to Mentees for their participation in a mentorship program?	A141. Compensation decisions remain with the Applicant.
REPORTING	
Q142. Some of the information collected and reported on p. 11 appears to be information that can be collected from the home care worker registry and from the CNA registry, will this information no longer be collected? (p11, para 1)	A142. There are no changes to reporting requirements outside of this RFA.
Q143. Job placement information as described in the Empire State Development (ESD) Trainee Information Form on page 9, paragraph 7, is the same or similar to that entered in the home care worker registry by employers once an individual has completed training and obtained employment. Some trainees will not be able to obtain employment until they can fulfill CHRC requirements for such. Will obtaining this information from the HCWR be available for the Center to access without creating duplicative systems for tracking or is this information considered confidential? (p 9, para 7)	A143. No.
Q144. About the monthly reporting (e.g., registrations, completions, secured jobs, etc) -- does any of this feed into any performance based adjustments in our funding (up or down), or is it strictly for program utilization tracking?	A144. Monthly reporting is required by Empire State Development for tracking outcomes.
Q145. Can the OSOS form be completed and signed by the trainee electronically?	A145. Yes, the form can be completed and signed electronically by the trainee.
Q146. Are **trainees obliged** to provide Wage and Retention data? (For just 12 months following the completion of training?)	A146. While we cannot require that training participants provide their initial wage or wage after 12-months, we do expect that staff make their best effort to have the trainees share this information and/or use alternative means to collect).

MWBE	
Q147. We work with a service provider that is woman-owned, but they're not registered as a MWBE entity; can they submit an application in early 2025 and be included in our MWBE utilization plan?	A147. The inclusion of a non-certified MWBE on a utilization plan is not acceptable. The utilization plan should identify certified MWBEs that can be utilized to provide the required services/commodities. The utilization plan can be updated as the contract progresses if the referenced vendor is successfully certified.
Q148. What project expenses are likely to be "eligible" for MWBE goals? If these expenses don't add up to 30% of the budget, are we to submit a form requesting these goals be waived?	A148. For not-for-profit entities, eligible expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation. For for-profit and municipality entities, the total value of the contract is considered to be eligible. A waiver can be submitted and considered if the established goal value cannot be spent with MWBEs.
Q149. For NFPs working in a consortium, where the partner org(s) are not Minority or Business Owned Enterprises, what do you advise in scenarios where the NFP applicant may not be able to meet the 30% goal? Is there a waiver request form, and if so, when and how might that get added to our proposal / contract workflow?	A149. See Attachment 5a for For-Profit Applicants or Attachment 5b for Not-For-Profit Applicants, Form #2. The form, an updated utilization plan, and supporting documentation must be completed and submitted with the application.