NYS Department of Health (DOH) and Health Research, Inc. (HRI)
AIDS Institute, Division of HIV Health Care
Bureau of HIV Ambulatory Care Services, Primary Care Section

Request for Applications (RFA):
Community-Based HIV Primary Care and Prevention Services

RFA #09-0002/FAU #0904221202

Questions and Answers

All questions are stated as received by the deadline announced in the RFA.
The 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 # 0904221202. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

Question 1:
Where do I go on the internet to download the Community-Based HIV Primary Care and Prevention Services RFA?

Answer 1:
The document is posted and accessible for download from the following websites:
http://www.hrinet.org/funding and http://www.nyhealth.gov/funding

Question 2:
How can I receive alerts for RFA announcements and other funding opportunities?

Answer 2:
It is suggested that providers subscribe to the Contract Reporter. State and federal grant opportunities funded through the Department of Health are posted in this publication. In addition, providers should check the DOH and HRI websites for postings.

Question 3:
I am an existing grant funded Primary Care Initiative provider. Will I have the opportunity to continue to receive funding under the current grant contract? Or is this funding proposed as a replacement for the current Primary Care Initiative funding?

Answer 3:
This is not new money. This is existing funding which currently supports the Primary Care Initiative. Current contractors funded under the Primary Care Initiative must apply for continuation funding through this RFA, must now meet the eligibility requirements outlined in

the RFA, and must successfully compete in order to receiving continuation funding. Potential applicants are encouraged to review the RFA carefully. Successful applicants will address the program elements outlined in the RFA and incorporate the guiding principles in their proposed program. Please see pages 9-10 of the RFA, Section III. Who May Apply.

Question 4:
Our agency offers quality health care and supportive services for people living with HIV/AIDS. We operate an adult day health care (ADHC) program and a resident health care facility (RHCF) as well as a Skilled Nursing Facility (SNF). We are now expanding to offer community wide primary care, in addition to the HIV/AIDS specific services. Are we eligible to apply for Component A of the RFA given that the agency is in the process of expanding from HIV/AIDS specific services to community wide primary care?

Answer 4:
In order to be eligible for Component A applicants must currently provide both general care to the public and continuous medical care to a minimum of 90 HIV/AIDS patients at the same site. Please see pages 5-6 of the RFA for a description of the three components of this RFA and pages 9-10 of the RFA, Section III .Who May Apply.

Question 5:
Our company is based in Mumbai, India. We are interested in participating in the tender mentioned above and hence want to get more information about the same.

Also we would like to be informed of future tenders from your organization. Hence, we request you to add our name to your bidder's list and do inform us about upcoming projects, tenders.

Answer 5:
In order to be eligible for funding through this RFA your agency must be serve the residents of the State of New York.

Question 6:
We are a current provider funded under the Primary Care Initiative. We do not provide HIV or general primary care on-site. We are located in a geographic area that is not included in Components B and C. Can we request support for just HIV testing and enhanced outreach? Are we eligible for any components of the solicitation?

Answer 6:
Please see Answer 4 above for Component A eligibility. Since you are not located in the geographic area included for Components B and C, you would not be eligible to apply for these components.

Regarding HIV testing, this RFA is seeking to fund integrated HIV testing within a general care setting. Dedicated counselor models for community HIV testing and enhanced outreach are no longer within the scope of services funded through this initiative. Other RFAs from the AIDS Institute's Division of Prevention may include community HIV testing and outreach within their scope of services.

Question 7:
How is "Primary Care" defined in this RFA? Are Family-Centered Care models for HIV Primary Care eligible to apply? *(Reference: p. 5 "Component A will fund HIV primary care services within a community health setting that also provides general care to the public…")*

Answer 7:
Please refer to pages 9-10 of the RFA for applicant eligibility requirements and preference factors. This RFA is seeking to support the following core services: comprehensive primary medical care for HIV-positive clients, medical case management, partner counseling and referral services, prevention services for HIV-positive individuals, retention in care, and integrated HIV testing (Refer to pages 14-16 in the RFA). Collateral services provided under Family-Centered Care Models are not supported through this RFA.

Question 8:
Does an agency working with a young adult population, adolescents and women meet the preference outlined on page 9 of the RFA: *"Responsive to community issues and address the needs of an aging HIV population.…"* Is this RFA flexible in its conception of an "aging population"?

Answer 8:
There are other grant opportunities through the AIDS Institute for children, young adults, and adolescents. As described in the Background/Intent section on page 5 of the RFA, the intent of this RFA is to address the needs of a growing HIV-positive population in NYS that is over 40.

Question 9:
Will clinical sites focused on HIV primary care within larger hospitals be given equal preference in the application? Clinical sites being defined as: serving the general population, those living with HIV, and those at high risk for HIV.   These sites have multiple clinics and resources including: onsite primary care, medical case management, mental health services, prevention, counseling, treatment education and adherence services, counseling and testing, as well as sub-specialty care e.g., cardiology, endocrinology, dental, etc. *(Reference: p. 10, "For Components A and B, preference will be given to applicants that are a community-based ambulatory care facility. For the purpose of this RFA, a community-based ambulatory care facility is located at a site removed from a central hospital complex…")*

Answer 9:
Hospitals that meet the eligibility requirements as defined on page 9 of the RFA are eligible to apply under this RFA. For Components A and B, preference will be given to applicants that are a community-based ambulatory care facility. For the purposes of this RFA, a community-based ambulatory care facility is located at a site removed from the central hospital complex.

Question 10:
Should we provide the Funding History for the lead agency or for the full consortium (all 6 sites) included in the application? *(Reference p. 25 "Attachment #15: Provide HIV funding history for your organization for past three years…").*

Answer 10:
Funding histories for all facilities that are part of the application should be included in the application.

Question 11:
Regarding Section II. A. Applicant Eligibility Requirements, can the lead applicant be not-for-profit 501(c) (3) organization that collaborates with a for-profit health organization/clinic with an Article 28?

Answer 11:
The lead applicant has to meet **all** of the eligibility requirements listed on page 9. This includes being a licensed Article 28 facility.

Question 12:
Are Designated AIDS Centers (DACs) eligible to apply?

Answer 12:
The DAC must meet all eligibility requirements defined on page 9 of the RFA. Applicants should also carefully review the preference factors listed on pages 9-10.

Question 13:
Our organization has minimal experience with government contracts. Is it an "obstacle" to have a grant consultant help with the application?

Answer 13:
There is no specific guidance on who should complete the application. Applicants should carefully review the RFA to ensure that the agency: meets all eligibility requirements, and provides responses consistent with the intent of the solicitation.

Question 14:
For Component A, is the minimum of 90 HIV/AIDS patients per site? Are the 90 patients referenced on pages 5 and 9 the same 90 patients?

Answer 14:
The intent of Component A of the RFA is to provide funding to applicants who propose to serve, at a minimum, 90 HIV-positive patients. Providers currently serving fewer than 90 patients must articulate well how they intend to meet this requirement. The reference on page 5 is the same 90 patients as referenced on page 9.

Question 15:
Page 10 of the RFA states, "For Components A and B, preference will be given to applicants that are a community-based ambulatory care facility. For the purpose of this RFA, a community-based ambulatory care facility is located at a site removed from a central hospital complex." Under what circumstances would you consider funding a community-based ambulatory care facility that is part of a central hospital complex? Will this solicitation fund a community-based HIV primary care facility that is part of a central hospital complex in a community where there are multiple primary care facilities that are removed from a central hospital complex?

Answer 15:
All applicants that meet the eligibility requirements are eligible to apply. In accordance with page 10 of the RFA, the preference is to fund sites removed from the central hospital complex.

Question 16:
Please clarify, under Component A, regarding the 90-patient eligibility requirement. Is a provider who currently serves HIV+ patients, whose primary care services are funded by the Early Intervention Services (EIS) program under HRSA, eligible to apply for services that are not covered by EIS?

Answer 16:
Grant funding from this RFA cannot be used to supplant existing funding. Regarding Component A, all services that are required under this RFA (see Scope of Services and Program Requirements pages 14-16) must be provided to a minimum caseload of 90 HIV-positive patients. Please be reminded that integrated HIV testing to general primary care patients must also be provided under Component A of this RFA.

Question 17:
We want to propose STD screening and treatment on and offsite in a package of HIV/STD testing. Is STD a fundable service?

Answer 17:
Staff providing both HIV and STD testing as part of comprehensive primary care are fundable under this RFA. However, costs for devices and processing of specimens are not available.

Question 18:
Do you require that diabetes and cardiovascular prevention services be offered on site? Or can we propose doing diabetes and cardiovascular prevention services and refer out the diabetes and cardiovascular treatment component? Do you require that the physical exercise program be provided onsite?

Answer 18:
Services to meet the needs of aging HIV patients (e.g. diabetes, cardiovascular needs, and physical exercise programs) can be addressed either directly by the applicant agency or by referral. These services do not need to be provided on-site.

Question 19:
Do you know what the qualifications are for a medical case manager? If not, do you know where I can get that information?

Answer 19:
For the purposes of responding to the RFA, proposed medical case management staff should have the education, experience and competence to deliver the services as described in the RFA.

Question 20:
Will this RFA fund HIV counseling and testing services for a multi-site Article 28 and hospital provider at agency program sites not offering the HIV/AID treatment onsite and/or not an Article 28? Follow-up treatment would be offered by the Article 28 sites.

Answer 20:
In Component A of this RFA, all services included in the "Scope of Services and Program Requirements" (pages 14-16) must be offered at all sites proposed in the application. Please see Answer 4 above for additional information.

Question 21:
Can attachments, other than those required by the application, be added to the proposal without being included in the page count?

Answer 21:
Additional attachments can be added to the application only if they are supplemental to the requested attachments. An applicant may submit an additional page that enhances the completion of the required attachments, but cannot submit other attachments with the purpose of supplementing or enhancing the content of the narrative application.

Question 22:
Our agency has sites in the NYC boroughs of Manhattan and the Bronx. Can we apply for Component B for only services in the Bronx, or should we apply for Component A for both locations?

Answer 22:
The eligibility for Components A and B are different. Please see Answer 4 above for eligibility requirements for Component A. Component B requires the community health setting to have 80% of the patients in care be HIV-positive patients. Please see pages 5-6 of the RFA. Additionally, Component B funding is for regions of Upstate New York only. Applicants for Component B must be located outside the five boroughs of NYC, Long Island and the Lower Hudson (see pages 7-8 of the RFA). Component C has a different scope of services. Component C is for mobile HIV medical care and is exclusively for services in Upper Manhattan and the Bronx.

Question 23:
If Component A funds are for primary health centers that provide "general care to the public" in addition to HIV primary care, does a Hospital qualify?

Answer 23:
Please see Answer 4 above. In addition, successful applicants for Component A will conduct integrated HIV testing in a general primary care setting as well as implement a comprehensive HIV primary model. Please see pages 14-15 in the RFA for services required for applicants funded under Component A, B and C of this RFA.

Question 24:
Component A will also fund integrated HIV testing for patients who present for multiple health needs not specific to HIV care. HIV testing is also the first bullet point on page 5 of the RFA. Is HIV testing an essential part of the application? If testing is already provided through other funding sources, is that acceptable?

Answer 24:
In Component A, integrated testing as part of general primary care is required and is an essential part of the application. Dedicated counselor models of testing that is supported by other funding can take place at applicant sites, but integrated and routine HIV testing as part of general primary care must also be conducted.

Question 25:
On the top of page ten the RFA says preference will be given to sites "located at a site removed from a central hospital complex." Would an applicant with a location removed from the hospital complex that provides STD testing and pediatric care of index patients' children meet the standard of treating people for multiple health needs not specific to HIV Care?

Answer 25:
For Component A, all required services outlined on page 14-16 must be provided at the same site. All Applicants must provide both general primary care and HIV primary care. Please see Answer 4 above.

Question 26:
My agency is located in Brooklyn. Are Brooklyn sites ineligible to apply for Component B?

Answer 26:
Component B is only for select upstate NY areas. Brooklyn sites are not eligible.

Question 27:
Our agency has two locations serving a total of 120 HIV/AIDS patients. Page 5 of the RFA reads, "Component A will fund HIV primary care services within a community health setting that also provides general care to the public. Continuous medical care to a minimum of 90 HIV/AIDS patients must be provided at the site."

Answer 27:
To be eligible for Component A, each site must provide both primary care and HIV primary care. All sites included in an application must provide all required services as described on pages 14-16 of the RFA. An applicant with multiple sites where there are at least 90 HIV-positive patients

at one or more sites but fewer than 90 HIV-positive patients at other sites is eligible for funding at sites currently serving less than 90 HIV-positive patients if the applicant demonstrates that they will increase the caseload at those sites to 90 or more, or if the applicant proposes to deliver services at those sites with a single, centralized clinical, administrative, and data management infrastructure. This will avoid duplicating costs at sites with smaller caseloads.

Question 28:
Page 10 of the RFA states, "Applicants are required to demonstrate consumer participation in program development." Can the applicant include a full time paid position for a Peer Advocate on this grant proposal? And, if so, is there is a standard job title we can use to protect the confidentiality of this staff member (the term Peer Advocate removes the choice for the individual to self-disclose their status)?

Answer 28:
Staffing for proposed programs is to be determined by the applicant organization. There are no restrictions on whether staff are peers or not, and there are no specifications of what job titles should be utilized. The RFA only requires that all proposed staff have the experience, education and competence to deliver the assigned service(s). Consumer participation in program development is defined by the applicant. Please see page 10 of the RFA, "Involvement of Consumers".

Question 29:
Would services such as mental health screening, counseling, referral, and nutrition education be funded under this initiative?

Answer 29:
No services other than those described on pgs. 14-16 of this RFA will be supported by this funding. Mental health screening, counseling, and nutrition education are not funded under this RFA.

Question 30:
If a health care entity is applying for funding for HIV services provided at community health centers, could a hospital-based HIV clinic which is part of the health care entity, also qualify for funding as an additional site? Could HIV counseling and testing services provided in the hospital-based medical clinics also be funded? All are Article 28 facilities.

Answer 30:
To be eligible for Component A, each site must provide both primary care and HIV primary care. All sites included in an application must provide all required services as described on pages 14-16 of the RFA. An applicant with multiple sites where there are at least 90 HIV-positive patients at one or more sites but fewer than 90 HIV-positive patients at other sites is eligible for funding at sites currently serving less than 90 HIV-positive patients if the applicant demonstrates that they will increase the caseload at those sites to 90 or more, or if the applicant proposes to deliver services at those sites with a single, centralized clinical, administrative, and data management infrastructure. This will avoid duplicating costs at sites with smaller caseloads.

Integrated HIV testing can be provided at hospital based medical clinics as part of delivery of general primary care, as long as the site provides all other required services.

Question 31:
Under Component A, for applicants with multiple sites, should responses to questions on agency information address the entire HIV patient population served or only the sites included in the application? Specifically, should the "Population Data Form" (Attachment 12), the "Service Grid and Timeline" (Attachment 11), and "Statement of Need" (page 24) be completed using numbers for the entire agency or only for the sites that are part of the application?

Answer 31:
Responses should include information on all sites that are proposed to be funded through this RFA. To be eligible for Component A, each site must provide both primary care and HIV primary care. All sites included in an application must provide all required services as described on pages 14-16 of the RFA. An applicant with multiple sites where there are at least 90 HIV-positive patients at one or more sites but fewer than 90 HIV-positive patients at other sites is eligible for funding at sites currently serving less than 90 HIV-positive patients if the applicant demonstrates that they will increase the caseload at those sites to 90 or more, or if the applicant proposes to deliver services at those sites with a single, centralized clinical, administrative, and data management infrastructure. This will avoid duplicating costs at sites with smaller caseloads.

Question 32:
Can a map be included as an attachment showing the locations of sites? If yes, would this map be included in the page limit?

Answer 32:
Attachments 11 and 12 must be completed for each of the applicant sites. Maps can be included with Attachment 12 (Population Data Form) and will not be counted toward the application page limit.

Question 33:
In applicant organization (page 25, 3e), are Attachments 13 and 14 sufficient or is a narrative description also required?

Answer 33:
There must be a complete response to the information requested in 3e on page 25.

Question 34:
The RFA states that entities cannot apply for both Components A and B, but applying for Components A and C are acceptable. Correct?

Answer 34:
Yes. Applicants can apply for Components A and C as long as they meet the eligibility criteria for both components and submit separate applications for each.

Question 35:
In preparing the application for Component A, if our umbrella institution has both hospital-based and community-based primary care programs for HIV+ clients, can both be counted towards the baseline number of 90 clients, or should only the clients in the community-based programs be counted?

Answer 35:
See Answer 4 above. To be eligible for Component A, each site must provide both primary care and HIV primary care. All sites included in an application must provide all required services as described on pages 14-16 of the RFA. An applicant with multiple sites where there are at least 90 HIV-positive patients at one or more sites but fewer than 90 HIV-positive patients at other sites is eligible for funding at sites currently serving less than 90 HIV-positive patients if the applicant demonstrates that they will increase the caseload at those sites to 90 or more, or if the applicant proposes to deliver services at those sites with a single, centralized clinical, administrative, and data management infrastructure. This will avoid duplicating costs at sites with smaller caseloads.

Question 36:
The application emphasized the importance of caring for an "aging" HIV population. Does that mean that programmatic activities should be tilted towards this end of the age spectrum as compared to adolescents and young adults? Or is a spectrum of service provision, across the lifespan, acceptable?

Answer 36:
A spectrum of service provision across the lifespan should be provided by applicant agencies to respond to patient needs. Special attention, should, however, be paid to the over 40 patient population and their needs. The intent of this application is for the provision of adult primary care.

Question 37:
In terms of allowable expenses, can funding be used to augment (not replace) mental health services (psychologists and psychiatrists)? Can it be used to hire case managers, substance abuse counselors, social workers, nurses, medical assistants, etc. if the argument is made that doing so will enhance provision of services and patient retention in care?

Answer 37:
Mental health and substance use services are not fundable services under this RFA. Applicants need to determine what staffing pattern and staff qualifications will allow them to deliver all required services with the goal of improving health outcomes. Please refer to pages 14-16 for scope of services funded under this RFA.

Question 38:
Under this RFA, can cultural activities (engagement of clients in art, writing, drama, etc.) be funded if these are recommended by clients and are areas that would enhance their engagement in overall services?

Answer 38:
No. Cultural activities cannot be supported though this RFA.

Question 39:
Can there be more than one clinician involved in program development: quality assurance (QA), education and training etc. if the total amount adds up to 20%?   Can two clinicians split these responsibilities and devote 10% effort each?

Answer 39:
Yes. Two clinicians can be supported for 10% each in the application to support program development, QA and education and training.

Question 40:
The RFP states that funding may be used to support 20% of clinician's time for program development and direction, etc. Is that one clinician per site or may a program with multiple sites request 20% of funding for a clinician at each site?

Answer 40:
If there are multiple sites proposed in an application, each site can budget for up to 20% of a clinician's time to support program development, QA, education and training.

Question 41:
Can applicants offer HIV testing at medical sites other than the applicant's site?

Answer 41:
Under Component A, integrated HIV testing is required at all sites proposed in the application. The grant is not supporting off-site HIV testing or a dedicated HIV test counselor model.

Question 42:
Budget page 29 letter (i.) states that funding can only be used to expand existing activities. Does this include extending the current HIV Primary Care activities now funded?

Answer 42:
Yes.

Question 43:
Under Component A, can two federally approved Community Health Centers apply together with one agency being identified as the lead agency?

Answer 43:
Under Component A, two Article 28 facilities may apply together. To be eligible for Component A, each site must provide both primary care and HIV primary care. All sites included in an application must provide all required services as described on pages 14-16 of the RFA. An applicant with multiple sites where there are at least 90 HIV-positive patients at one or more sites but fewer than 90 HIV-positive patients at other sites is eligible for funding at sites currently serving less than 90 HIV-positive patients if the applicant demonstrates that they will increase

the caseload at those sites to 90 or more, or if the applicant proposes to deliver services at those sites with a single, centralized clinical, administrative, and data management infrastructure. This will avoid duplicating costs at sites with smaller caseloads.

Addendum to RFA:

1) There is an error in the RFA document. The document indicated that the page limit is 14 pages. The page limit of the application is not to exceed a total of 13 pages. The Program Summary is not counted in the page limit.

2) In the Solicitation Budget Forms, the Summary Budget Form cells in the "Amount Requested from AIDS Institute" column are protected and will not allow the user to enter amounts. In order to correct this problem, please use one of the following methods to unprotect the cells:

To Disable Protection *(no passwords required)*

Microsoft Excel 97-2003
- select *Tools* menu
- select *Protection*
- select *Unprotect Sheet*

Microsoft Excel (2007)
- select *Review* menu
- select *Unprotect Sheet*

IMPORTANT
The cell for "TOTAL" contains a formula and should not be overwritten. It will automatically calculate the total of the cells above it.

The cells for "Personal Services" and "Fringe" contain formulas that bring forward totals from subsequent budget pages. ***These two cells should also NOT be overwritten.*** They will be filled in when the corresponding budget page fields are calculated.

3) With regard to eligibility, an applicant with multiple sites where there are at least 90 HIV-positive patients at one or more sites but fewer than 90 HIV-positive patients at other sites is eligible for funding at sites currently serving less than 90 HIV-positive patients if the applicant demonstrates that they will increase the caseload at those sites to 90 or more, or if the applicant proposes to deliver services at those sites with a single, centralized clinical, administrative, and data management infrastructure. This will avoid duplicating costs at sites with smaller caseloads.