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

Request for Applications (RFA):
Outreach, Prevention and HIV Primary Care Services for Substance Users

RFA #08-0004/FAU #080611144

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 0810611144. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

Question 1: Regarding Component A of the RFA, our intention was to continue transitioning our Health Care Coordinators, who at one time were solely responsible for HIV testing and counseling, into a larger role of providing case management services to our HIV positive patients. They would continue to be part of the multi-disciplinary team delivering positive test results, but their job responsibilities would involve primarily case management and working on retention in care. In this capacity, are the Health Care Coordinators eligible for grant salary funding, or would they be considered "dedicated counselors"?

Answer 1: Since the focus of Component A is working with HIV infected substance users in treatment, job titles and responsibilities that are geared toward providing case management, prevention with positives and retention in care would be fundable. Under this RFA, HIV testing is part of an integrated model that does not include dedicated HIV test counselors. Under integrated testing the medical staff administering the test would provide the test result. *Please see page 13 of the RFA, Guiding Principles, # 4.* If, however, delivering positive test results is in the context of the engagement in care process, then it would be consistent with the model outlined in the RFA and therefore fundable.

Question 2: In regards to Components A and B of the RFA, does the agency or organization have to be a substance abuse treatment program? Can a program apply that is an educational/prevention program?

Answer 2: Applicants for both Components A and B must be licensed by the NYS Office of Alcoholism and Substance Abuse Services (OASAS). *Please see page 11 of the RFA.*

Question 3: Our organization offers comprehensive medical care including HIV primary care. One of our sites offers outpatient, suboxone and opioid treatment in a region outside of New York City. Since there are only 1-3 grants being offered outside of NYC, would we be considered desirable for such a grant?

Answer 3: Eligible applicants for Components A and B of this RFA are limited to OASAS licensed drug treatment programs. *Please see page 11 of the RFA.*
In the near future, the AIDS Institute anticipates the release of a RFA to fund HIV Primary Care Services. Please continue to check the HRI and DOH websites for additional information.

Question 4: In regards to Component C, can we focus the testing on patients who are entering the detoxification unit? The patients are typically not in treatment and looking for a quick fix other than engaging in treatment.

Answer 4: The focus of Component C is to assist injection drug users and other active substance users to access drug treatment, learn their HIV status, and to assist those who are HIV infected to enter both drug treatment and HIV health care. Component C is not intended to focus on testing in-patient substance users undergoing detoxification. Grant funds associated with this RFA are not meant to support in-patient testing. *Please refer to page 16 of the RFA, Expectations of the Project.*

Question 5: Our agency is interested in applying for Component C. Under this component of the RFA, would we be allowed to serve at-risk populations? Is there a specific proportion of at-risk individuals and HIV-positive individuals that you are intending to serve through Component C?

Answer 5: The target population and focus of Component C is active substance users not in drug treatment. There is no proportion that must be HIV infected. However, as it is also a goal to assist active users to learn their HIV serostatus, it is expected that applicants will have a current CLIA (Clinical Laboratory Improvement Amendments) Certificate of a Waiver for HIV rapid testing. *Please refer to page 16 of the RFA, Expectations of the Project.*

Question 6: We are looking to implement rapid testing as part of our services. However, we currently do not have medical oversight. We are not a medical care facility, but we are a not-for-profit community based organization. We service HIV positive clients through case management. We also service clients who are not positive through workshops i.e., safer sex, etc. I am exploring the option of applying for the RFA to enhance the provision of HIV-related services for substance users. From what I am reading, I do not believe we would qualify for Component A because we are not a medical care and inpatient substance abuse program. We do not qualify for Component C because we do not provide onsite rapid HIV testing. I am not clear if we can apply for one component only or do we have to qualify for all three components. Can you please clarify for me?

Answer 6: To be eligible for either Component A or B, the applicant must be a substance abuse treatment program licensed by the NYS OASAS and a licensed Article 28 provider as well as meet the HIV primary care case loads of 90 individuals for Component A and 75 individuals for Component B. Eligibility for Component C requires that the applicant have a current CLIA

waiver for HIV rapid testing (as of the submission date of the application). There are three distinct components and three distinct eligibility criteria. Applicants meeting the eligibility requirements may apply for one component. In addition, applicants that apply for Components A may also apply for Component C and applicants that apply for Component B may also apply for Component C. A separate application must be submitted for each component. *Please refer to pages 11 -12 of the RFA, II. Who May Apply (Eligibility Requirements).*

Question 7: Regarding Component C of the RFA, after referrals to detoxification, drug treatment and health care services are made, how long does the agency need to track clients who enter drug treatment? Please refer to page 29 of the RFA, 5. Evaluation/Quality Improvement Design, letter g.

Answer 7: Letter "g" referenced in the question is only related to Component A of the RFA. Under Component C, the expectation is that the applicant agency demonstrates how it will track and confirm clients' entry into substance treatment.

Question 8: We are not sure which one of the RFAs posted on the websites is to enhance the provision of HIV-related services for substance users. Could you direct me more specifically to the subpage?

Answer 8: The Substance Use RFA is listed on the DOH and HRI websites under RFA #08-0004. The title of the RFA is, "Outreach, HIV Prevention and Primary Care Services for Substance Users". The link for the NYS Department of Health webpage that hosts this RFA is as follows: http://www.nyhealth.gov/funding/rfa/080611144/

Question 9: Can we apply for only one component, Component C?

Answer 9: An applicant can apply for only Component C. See Answer 6 above. *Please also refer to page 7 of the RFA, B. Description of Program.*

Question 10: In reference to Component C, is it acceptable to conduct HIV testing within substance abuse treatment facilities, in addition to doing testing to substance users not currently in treatment?

Answer 10: No. Since substance abuse treatment facilities are considered medical settings, the federal recommendations that guide this RFA are that HIV testing should be integrated into the treatment facilities' routine medical care, such as at admission or at annual physicals. Under Component C, the priority is to test active users not in treatment.

Question 11: We are currently providing services under "Transitional Case Management" as the staff title and service model. Is this still an acceptable term? We noticed that the RFA does not talk much about Case Management, and we want to make sure we are using the correct terminology.

Answer 11: As you note, you provide "Transitional Case Management"; those funds are included in this RFA under Component C. While the term "Transitional Case Management" does not appear in the document, the equivalent tasks such as engagement of active substance users, and the services such as referral for substance treatment, as well as the expectations and outcomes such as confirming client entry into substance treatment, are delineated and will be funded under Component C of the RFA. Since transitional case management is a generic term that is not widely used or understood, the RFA focuses on the expectations, program services and guiding principles as defined within the document.

Question 12: In regards to Component C and the bi-directional service agreements: do we need to attach agreements with every organization with whom we have a linkage and/or referral relationship (per page 16), or do we only need to attach agreements with agencies who will be performing program services listed on page 17 that our agency may not be performing? For example, if we were to not provide Naloxone education ourselves, but referral to another agency, would we need to attach a service agreement with that agency?

Another way of asking this question is, if we are able to provide all the program services on page 17 ourselves, could we conceivably not attach any bi-directional service agreements? And, if that's the case, would it still help our case to attach bi-directional referral agreements with the many agencies we already work with under our current Substance Abuse Initiative grant?

Answer 12: Regarding bi-directional agreements, since you are not a drug treatment program and the focus of Component C is to assist active substance users to enter addiction treatment/services or health care, referrals would be required. It is only necessary to attach bi-directional agreements with agencies that perform program services associated with Component C of the RFA.

Question 13: In regards to Component A, our agency has sites in both Brooklyn and Manhattan. Do we determine which region to apply for, or do we apply and your agency makes the assignment? If we apply or are assigned to Brooklyn, can our Manhattan sites be included in the grant; and conversely, if we apply or are assigned to Manhattan, can our Brooklyn sites be included in the grant?

Answer 13: Applicants that propose providing services at sites located in multiple regions are requested to designate the region to which they are applying based on the region where they have the largest number of clients. This designation should be made on Attachment #3, Application Cover Page.

Please note an error in the last paragraph on page 8 of the RFA.

It currently reads:

"Agencies with multiple sites will be assigned to a region based upon the proposed site serving the largest number of clients. For the purposes of this RFA, each borough of New York City is considered a region."

It should read:

"Agencies with multiple sites should submit the application based upon the proposed site serving the largest number of clients. For the purposes of this RFA, each borough of New York City is considered a region."

Question 14: We are currently funded to provide HIV counseling, testing, referrals and partner notification (CTRPN) using dedicated counselors in a drug treatment program. Is CTRPN part of Component A or Component C?

Answer 14: In accordance with federal recommendations, drug treatment programs are considered medical settings; as such HIV testing should be integrated into routine medical care, as part of the admission or annual physical. Components A and B of this RFA focus on services for HIV positive substance users in drug treatment. The focus of Component C is on substance users not in drug treatment and assisting them with learning their HIV status and accessing addiction and/or health services. Component C is not limited to drug treatment programs licensed by OASAS. *Please refer to page 17 of the RFA, C-3, Program Services. All services listed in numbers 1-11 will be expected from applicants funded under Component C of this RFA.*

Question 15: In regards to Component A of the RFA it states on pages 26, "HIV positive clients known to be receiving continuous medical care at another facility should not be considered as potential clients", but on page 28 n. and o. refers to engaging and supporting continuous medical care for those *not* receiving medical care at your agency; m. also addresses prevention needs of HIV positive clients at your agency, please clarify.

Answer 15: Clients receiving medical care elsewhere *cannot* be counted toward meeting the minimum primary care caseload of 90 for Component A but should be included when projecting the number of clients to be served through case management, retention in care and prevention with positives activities. On page 28 of the RFA letters l. through q. address requirements for both components and, therefore, there is language related to onsite and off site primary care.

Question 16: The following questions are regarding Component A of the RFA:

a. Attachment 5: Component A Service Grid: The type of data requested is unclear, i.e., the number of HIV positive clients receiving service vs. the number of HIV positive clients receiving ongoing "service". Are we being asked to submit current vs. projected numbers?
b. Attachment 10: Board of Directors/Task Force Form: Are we allowed to use both our clinic and MMTP task force names in addition to our institutional board list?
c. Attachment 12: Funding History for HIV Services: We are required to list "program or fiscal deficiencies noted by the sponsor". Are we required to list every deficiency or only significant unresolved deficiencies?
d. Attachment 13: Agency Capacity Information: Do you recommend we show people who provide effort in the areas noted, but who are not normally listed on a budget as paid or "in-kind" such as grants manager, department administrator, IT support staff, etc.?

Also, the model we propose under this RFA will be to "outsource" physician(s) to the MMTP primary care clinics at two locations in NYC. We request guidance on how the hospital may apply as a multi-site center (p.8), specifically, is the clinic considered one of the MMTP "sites"? If so:

- There are some services under Component A that may be provided onsite or by referral. If these services are provided at the clinic, and the clinic is a site, are services considered "onsite" and not referred? And as such may the services provided at the clinic be funded?
- Should the clinic be listed as subcontract/consultant? Will this affect the application as a multi-site center?
- As we currently are funded to provide services at a clinic to substance users (page 31, i), what will happen to those clients from the MMTP? Will they be required to switch their medical care to one of the two MMTP sites? If they choose to remain at the clinic, may the services they receive at the clinic – including primary HIV medical care, continue to be funded under this contract?

We make one request: the RFA indicates that questions and answers will be posted on June 16th. Institutional policy requires applications to be submitted to the Board and our internal submission deadline is June 17th. Could we get the answers before they are posted?

Answer 16: In response to your questions:
a. Attachment #5: "Receiving service" and "receiving ongoing service" differentiates between clients receiving episodic versus continuous medical care.
b. Attachment #10: The list of members of the Board of Directors/Task Force is for the agency submitting the application.
c. Attachment #12: Funding history should include all deficiencies within the last three (3) years related to HIV grant funded services.
d. Attachment #13: The budget should indicate positions to be funded through this application; there are opportunities in the narrative to indicate in-kind contributions of other staff.

The applicant organization for Component A must be an OASAS licensed drug treatment program. It is the intention of Component A of the RFA to fund HIV services for substance users in drug treatment (or those who have completed). In instances where the applicant agency has multiple sites and HIV services and drug treatment are linked, services within the agency's network is not an outside referral. Whether or not services are funded depends on how it is articulated in the application. Funding a specific site will be based upon the applicant's ability to meet the requirements outlined in the RFA. Program design should not limit or dictate clients' choice as to where they are to receive medical services.

The final response to the submissions submitted during the Question and Answer period are those posted to the website on 6/16/09.

Section II Technical Questions and Answers

Question 1: The Population Data sheet is missing an age category. It skips from 30-39 years to Over 50 years, without including 40-49 years. There is also an overlap of one year in the first and second age groups for 13 year olds.

Answer 1: A corrected Attachment 7 follows this text and will be posted on the website(s) on June 16, 2009.

Question 2: Attachments 11B and 11C, Vendor Responsibility Questionnaire and the Vendor Attestation Form, are not included in the RFA.

Answer 2: The Vendor Responsibility Questionnaire and Vendor Attestation Form will be posted to the website on June 16, 2009.

Question 3: Attachment 4, the Application Checklist, includes a request for "a copy of your most recent Yearly Independent Audit". Does this mean an audit of our substance abuse program, e.g. CARF audit? Could you clarify what type of audit you mean?

Answer 3: The Yearly Independent Audit is an audit conducted annually on the books and records of the entire organization by a certified public accountant hired by the Board of Directors.

Question 4: The second paragraph on Page 20 of the RFA references Attachment 12 as the "Agency Contact Form". Is this correct?

Answer 4: No. Attachment 12 is the "Funding History for HIV Services". The Agency Contact Information Form is not included as a separate form. The agency contact information should be entered on the Application Cover Page (Attachment 3).

Question 5: May we send the letter of intent for RFA 08-0004/ FAU #080611144 to you electronically?

Answer 5: Yes, you can submit the letter of intent electronically to the following e-mail address: aisarfa2009bml@health.state.ny.us

Question 6: Is the commitment letter from the Board Chairperson due on June 24th with the letter of interest? Or is it just included in the application?

Answer 6: Only the letter of interest is due on June 24th. The commitment letter from the Board Chairperson is to be submitted with the application.

Question 7: On page 20 of the RFA it states that Attachment 15 is for information only; however, in other places it says that Attachment 15 must be sent in with the application. Can you clarify?

Answer 7: There is a typographical error in the following statement in the first paragraph on page 20 of the RFA.

It currently reads:

"Each application should meet all RFA requirements and include all attachments except for Attachments 1, 6A, 11A and 15, which are for the applicant's information, only, and Attachment 2, the Sample Letter of Interest Form."

It should read:

"Each application should meet all RFA requirements and include all attachments except for Attachments 1, 6A, 11A and 14, which are for the applicant's information only, and Attachment 2, the Sample Letter of Interest Form."

Attachment 15 must be completed and submitted with the application. Attachment 15 describes AIDS Institute Reporting System (AIRS) implementation. Attachment 14 is information on **HIV QUALITY IMPROVEMENT STANDARDS**. Attachment 14 is for the applicant's information.

Question 8: With regards to the letter of interest, if the deadline was missed can the application still be submitted?

Answer 8: The deadline for the letters of interest is June 24, 2009. As stated on page 19 of the RFA, "Submission of a letter of interest is <u>not</u> a requirement for submitting the application".

Question 9: For a new organization that has not received any funding, are they still eligible to apply with no funding history? Or paid staff at this time?

Answer 9: Yes. Organizations with no funding history or paid staff can apply. On page 11-12 of the RFA under Section II. WHO MAY APPLY, the eligibility requirements are listed. Applicants must meet the eligibility requirements as described. In addition, for all components, **preference** will be given to applicants:

- that target communities of color, and
- who have at least two years of experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports

Question 10: Regarding Component C of this RFA, if we don't have a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver for HIV rapid testing, but have an agreement with another provider who does have the waiver to do the lab work, is this acceptable or would we not be eligible for this component?

Answer 10: Effective the date of filing the application, the applicant organization must have a CLIA Waiver for HIV rapid testing to be eligible to apply for Component C.

Question 11: Is it possible to use other budget pages from a previous RFA from the AIDS Institute or convert the Word document into Excel?

Answer 11: It is not advised to use any previously issued budget forms from other RFAs. The budget pages in Excel are posted on the website with this Question and Answer document.

Question 12: For Component C, on page 26 of the RFA, do all sections labeled "a-o" have to be answered in three pages?

Answer 12: Yes. However, the attachments referenced do not count towards the three page limit.

Question 13: For the yearly independent audit, should the document be numbered to flow in numerical sequence within the application or can the audit be attached at the end of the application?

Answer 13: This document should be included at the end of the application per the order specified on Attachment 4, Application Checklist. Sequential page numbering of the document as part of the application is not required. However, the document should be clearly labeled as the "Yearly Independent Audit".

Question 14: Does the Yearly Independent Audit need to be submitted twice? If the Yearly Independent Audit is submitted with the vendor responsibility form, do I need to attach a second copy to the end of the proposal?

Answer 14: Only one copy of the Yearly Independent Audit is required to be submitted with each application.

Question 15: Should the bi-directional linkages be numbered sequentially within the application?

Answer 15: The bi-directional linkages do not need to be sequentially page numbered within the text of the application. The bi-directional linkages may be attached to the application in the order specified on Attachment 4, "Application Checklist". Please clearly label the submissions, "Bi-Directional Service Agreements".

Question 16: In regards to Component C of the RFA, the CLIA Certificate of Waiver for HIV rapid testing is not listed on Attachment 4, Application Checklist. Where should this be included?

Answer 16: In the last sentence of the first paragraph on page 8 it states that the CLIA Waiver must be attached to the application. The Application Checklist does not reference the CLIA. This document may be added at the end of the application after the Yearly Independent Audit.

Question 17: Attachment 7, Population Data Sheet, and Attachment 10, Board of Directors/Task Force: are they available in WORD or should they be hand typed?

Answer 17: Both Attachments 7 and 10 will be posted on the website in a WORD format.

Question 18: Attachment 10, under the column labeled “term”, should the term limit or years of service be listed?

Answer 18: The term limit should be listed.

Question 19: Are 2 applications required to be submitted if the provider has multiple sites located in different boroughs?

Answer 19: No. The applicant is expected to designate the primary region to which they are applying for funding on Attachment #3, Application Cover Page. Please refer to Question and Answer 13 under Section I: Program Related Questions and Answers.

Question 20: If an application is received after 5PM on July 2, 2009, will it be considered?

Answer 20: It is the applicant’s responsibility to see that applications are delivered to the address stated in the RFA prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the Department of Health’s discretion but there are no guarantees. Applicants should make every effort to ensure that all applications are received before the deadline.

Question 21: The budget forms are incomplete. Can you send us the complete set of budget forms?

Answer 21: The budget forms provided for the RFA process do not include the "Other than Personal Services" (OTPS) detail pages. Please list dollar values for all OTPS items on the cover page and provide a description of those items using the justification page(s).