

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

**Expanding the Capacity to Provide Hepatitis C Care and Treatment
And
Improving Medical Outcomes through Engagement and Retention in Care for HIV-
Infected African Americans/Blacks and Latinos in Select Upstate Regions**

Request for Applications: RFA# 08-0006/FAU# 0812241006

UPDATES TO THE RFA

On page 15, Section IV. Project Narrative; B. Component B; 4. Core Services, peer support services is listed as one of the core services that must be provided on-site. However, under VI. Completing the Application; B. Application Content; 1. Components A and B; 4. Program Design and Activities, item “e”, page 27, the wording on the item seems to make the provision of peer services optional. Peer services are a core service for components A and B that **must be** provided on site. Page 27, letter “e” should have read, “Describe peer services:.”

On page 19, it states that submission of a Letter of Interest is encouraged, although not mandatory. However, on pages 28-29 and 32, it is listed as a required attachment to the application. It is not mandatory to submit a Letter of Interest.

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 # 08-0006. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

**QUESTIONS SPECIFIC TO COMPONENTS A AND B - Expanding the Capacity to
Provide Hepatitis C Care and Treatment**

Question 1: Can you tell me what HepCAP is?

Answer 1: The Hepatitis C Assistance Program (HepCAP) would provide those programs funded through this component of the RFA with reimbursement for hepatitis C services provided

to uninsured HCV monoinfected persons. A full description of HepCAP can be found on pages 14-15 of the RFA.

Question 2: Under Component B, is there a possibility of funding hepatitis C treatment for HIV positive clients who receive their HIV care elsewhere?

Answer 2: No. As stated on page 15 of the RFA, “support is provided to programs that currently offer medical care, treatment and supportive services to HIV-infected persons, to enhance their capacity to provide on-site HCV treatment, including mental health and supportive services, to persons coinfecting with HCV.” HIV and HCV services must be co-located.

Question 3: If an agency has multiple sites, do all core services have to be provided at each of the sites?

Answer 3: No. As long as all of the core services are provided by the agency, it is acceptable for the core services to be provided at various sites within that agency’s structure.

Question 4: How is the State viewing applicants with more than one population (both HCV monoinfected and HCV/HIV coinfecting) if the same staff works with both populations?

Answer 4: Staff may be split over multiple budgets as long as their total percent of effort does not exceed 100%.

Question 5: Can clients participating in a HIV clinical trials program be co-enrolled in the HIV/HCV program under Component B?

Answer 5: If the clinical trial relates to hepatitis C, the answer is No. If the intent of the clinical trial is to evaluate an HIV medication in only HIV-infected patients, the answer is Yes.

Question 6: If an agency is working collaboratively with another agency to provide HCV services, should they apply separately or collaboratively?

Answer 6: Each agency must apply separately.

Question 7: Is there a requirement for a minimum caseload number?

Answer 7: No. Components A and B of the RFA do not have a minimum caseload requirement. We will be gathering baseline data during the first year that will enable us to set future standards for caseload requirements.

Question 8: Page 16 of the RFA indicates some examples of licensed mental health providers. For the purposes of this RFA, would a psychologist be considered an acceptable licensed mental health provider?

Answer 8: Yes.

Question 9: Because Component B of this RFA will be funded with Ryan White Part B funding, is it a requirement that the clients be uninsured?

Answer 9: No. The eligibility requirements for HIV/HCV co-infected clients who receive services through Component B of this RFA are no different from the eligibility requirements of anyone currently receiving services through a program funded with Ryan White Part B funds.

Question 10: If a provider currently has both HCV monoinfected clients and HIV/HCV coinfecting clients, can they use the combined statistics for both Component A and Component B of their applications?

Answer 10: No. The provider may apply for either or both components, but the statistics should be separated for each component.

Question 11: If an Article 28 licensed clinic falls under the umbrella of a not-for-profit agency, is it acceptable for the not-for-profit to provide the support services?

Answer 11: This would be acceptable provided that the clinic is the applicant and that the services are provided on-site.

Question 12: Please provide clarification regarding the requirement that funded organizations participate in program development activities coordinated through the AIDS Institute, such as learning network meetings. Will programs have to participate in person?

Answer 12: There will be opportunities for providers to participate in meetings, such as learning network meetings. On occasion, it may be necessary for providers to participate in person. Grant funds should be allocated to the travel line of the budget to cover the expenses in the event that an in-person meeting is scheduled.

Question 13: Do retention in care services include tracking and trying to engage HCV positive, treatment eligible individuals who have refused treatment?

Answer 13: Yes. As long as there is a connection to the HCV program (i.e., the clients are participating in a hepatitis C support group(s)). However, tracking and engaging HCV treatment eligible individuals should not be the main focus of the program.

Question 14: Are maintenance and follow-up of clients not on hepatitis C treatment eligible under this RFA?

Answer 14: No. The intent of this RFA is to support services being provided to HCV-infected persons receiving HCV treatment. However, we recognize that a certain amount of follow-up time is recommended after finishing HCV treatment. This should not be the focus of the program design. This RFA will not cover maintenance of patients not eligible for treatment.

Question 15: Do clients have to be treated on-site at an agency and not through referral?

Answer 15: Applicants must provide hepatitis C treatment on-site, not through referral.

Question 16: In RFA, Section 3(a) it asks “Briefly describe your agency,..., highlighting all ... HCV or HIV/HCV coinfection related services currently provided to the target population by your agency.” Section 3(e) asks “Describe your agency’s experience in providing HCV services, including HCV treatment.” Section 3(f) asks “Describe all existing HCV or HIV/HCV coinfection related activities/services, including length of time these services have been provided.” Section 3(h) asks “Describe the type and quantity of HCV or HIV/HCV services provided, including any outcomes.” Could you please differentiate what is being asked in these questions?

Answer 16: Section 3(a) is asking for a description of your agency, including a list of existing HCV or coinfection services. Section 3(e) is asking about your experience in providing those services listed in 3a and your experience in program development. Section 3(f) is asking about those same services and the length of time in providing those services. Section 3(h) is asking about those same services but also wants to know the quantity and the outcomes. It is really one question, broken down into different components.

Question 17: It was stated on the Q & A conference call that the target population for Component B consists only of those receiving hepatitis C treatment. IVDUs are a majority of our program’s HCV positive clients and are considerably more difficult to engage in treatment. We have a PHS-funded Hepatitis C Treatment Adherence program that will end on November 30, 2009.

Our experience with this program shows that with sufficient counseling, education, and care coordination, HCV positive eligible clients will engage in treatment. However, the process of engaging them can take months. Is it possible for this grant to cover services provided to eligible, treatment-resistant clients during this engagement period?

Answer 17: The intent of the RFA is to provide support for on-site care and treatment of HCV infected persons. We recognize that it does take time to engage individuals, especially IDUs, into HCV treatment. Limited outreach and engagement are allowable, however, this should not be the main focus of your program design.

Question 18: One of the core services required to be provided is mental health screening, assessment, monitoring and treatment, to be provided by a psychiatrist or psychiatric NP (page 15 – 16). Can provision of these services also include the MH professionals who are included in Attachment 13 (RWHIV/AIDS Treatment Modernization Act Guidance for Part B Contractors (which states: *Psychological and psychiatric treatment and counseling services, including individual and group counseling, provided by MH professional licensed by the NYSDOE and the Board of Regents to practice within the boundaries and scope of their respective profession. This includes Psychiatrists, Psychologists, Psychiatric Nurse Practitioners, Masters prepared Psychiatric RNs, and Licensed Clinical SW. All mental health services must be provided in accordance with the AIDS Institute MH Standards of Care.*)?)

Answer 18: Yes. Please remember that all services, including treatment, must be provided on-site. Also, note that Registered Nurses and Licensed Clinical Social Workers cannot prescribe medications according to State laws.

Question 19: Our agency would like to hire a coordinator who would oversee the program and manage the grant. Ten percent of the salary would be for administrative functions. We would consider the majority of the coordinator's responsibilities (overseeing and coordinating the program activities including working with peers, participating in support groups, case management, education and outreach) clinical in nature to support funding the remainder of the salary. Would that be correct?

Answer 19: Percent of effort and duties of staff are to be determined by the program.

FUNDING RESTRICTIONS

Question 20: If an applicant receives their clients by referral from a community hospital, are they eligible for funding?

Answer 20: Yes.

Question 21: Component B of the RFA refers to treatment of chronic hepatitis C infection in patients coinfecting with HIV and HCV. Can the funds be used to treat acute HCV in HIV/HCV coinfecting patients?

Answer 21: Yes.

Question 22: Can funds be used to cover Suboxone treatment when not covered by other sources?

Answer 22: No. The intent of this RFA is for program infrastructure, not reimbursement for medications.

Question 23: Can grant funds be used to pay for a registered dietician?

Answer 23: Yes.

Question 24: If the medical staff of a provider agency is receiving continued support from a liver specialist or gastroenterologist as a consultant, would that provider meet the funding requirement?

Answer 24: Yes. As stated on page 11, letter "b" of the RFA for Components A and B, "applicants are expected to have on-going consultation and clinical decision making support from a liver specialist(s) or gastroenterologist(s)."

Question 25: Is it allowable for an applicant to budget for a client's medications that are not eligible for other coverage?

Answer 25: No. The intent of this RFA is not to reimburse for medications.

Question 26: Can grant funds be used to obtain pegylated interferon?

Answer 26: No.

Question 27: Can grant funds be used to pay for occasional/periodic specialist services (i.e., a gastroenterologist)?

Answer 27: Yes. Occasional/periodic services of a specialist would be fundable.

Question 28: Can grant funds be used for patient incentives?

Answer 28: Yes. Incentives should be used to support the basic needs of the individuals receiving the incentive, such as transportation and food.

Question 29: Can grant funds be used to provide treatment for conditions other than hepatitis C in the HCV-infected client?

Answer 29: No. The intent of the RFA is to fund HCV treatment related services.

Question 30: Can grant funds be used to monitor clients who are coinfecting with HIV and HCV, but are not receiving HCV treatment?

Answer 30: No. The grant funds are intended to support hepatitis C treatment related services.

Question 31: If a client has other medical conditions, can grant funds be used to provide treatment for those other conditions?

Answer 31: No. Grant funds may only be used to support HCV treatment related services and cannot be used to cover other primary medical care services.

Question 32: Can grant funds be used for the assessment and treatment preparation of clients who are HCV infected and eligible for treatment?

Answer 32: Yes.

Question 33: Can grant funds be used to monitor HCV infected clients who are not eligible for treatment?

Answer 33: No. The intent of the RFA is to support HCV treatment related services.

Question 34: Under Ryan White HIV/AIDS Treatment Modernization Act Guidance, Part A/B Contractors, Attachment 13 - Core Services 1. Can funds be used for uninsured and

underinsured patients, to pay for medication through the grant, and if not how should we envision covering the cost of the medication aspect of treatment?

Answer 34: Funding cannot be used to cover medications. There are patient assistance programs through both HCV treatment manufacturers that can assist in getting the treatment for uninsured and under insured patients.

Question 35: In Component A, under travel, may dollars be applied for out of state and international conferences?

Answer 35: In Component A, travel can be requested for in state, out of state, and international conferences provided it is related to the program and justification is included.

Question 36: Can grant funds be used to cover food for support groups?

Answer 36: Yes, grant funds may be used for food.

Question 37: The funding can be for one or the other, mono or coinfecting, correct?

Answer 37: Yes, there is funding available for HCV monoinfected individuals (Component A) and HIV/HCV coinfecting individuals (Component B).

Question 38: What is the source of the money, NYS AIDS Institute and the Ryan White Care Act (RWCA)? Is the RWCA funding available through the hepatitis C language in the Care Act?

Answer 38: Component A (HCV monoinfected) is funding available through the New York State budget. Component B (HIV/HCV coinfecting) is funding available through the RWCA for the care of persons with HIV/AIDS.

Question 39: Can the grant be used to fund a program that was previously funded through another source if that grant is ending?

Answer 39: Yes, as long as the criteria listed in the RFA is met.

Question 40: Is funding available for the NY metropolitan area and what would be the population requirement (HIV/Hep C coinfection)?

Answer 41: There is funding available for the NY metro areas in both Components A and B of the RFA. Component A's target population is HCV monoinfected patients. Component B's target population is HIV/HCV coinfecting patients. Please refer to pages 8 and 9 of the RFA for further details about the funding.

PEERS

Question 42: Under section IV. Project Narrative; B. Component B; 4. Core Services, page 15, peer support services is listed as one of the core services that must be provided on-site.

However, under VI. Completing the Application; B. Application Content; 1. Components A and B; 4. Program Design and Activities, item “e”, page 27, the wording on the item seems to make the provision of peer services optional. Is it a required service or not?

Answer 42: Peer services are a core service for components A and B that must be provided on site. Page 27, letter “e” should have read, “When peer services are provided, describe:”

Question 43: Peer services are listed on page 16 of the RFA as one of the core services that is required to be provided on-site. However, on page 27, letter “e” of the RFA reads, “If peer services are provided . . .” Are peer services a requirement under Components A and B of this RFA?

Answer 43: Yes, peer services are a required core service under both Components A and B of this RFA. Page 27, letter “e” of the RFA should have read, “When peer services are provided...”

Question 44: Please clarify what the expectation is for peer services?

Answer 44: Peer services are a core service that must be provided on-site. Peers should share as many characteristics as possible with clients (i.e. HCV positive, same gender, same race/ethnicity, etc.). An example of an appropriate peer service may be a peer led support group.

Question 45: Can grant funds be used to develop a peer program?

Answer 45: Yes.

Question 46: Can grant funds be used to provide stipends to peers?

Answer 46: Yes.

Question 47: Do peers have to be co-infected to provide services under Component B of the RFA?

Answer 47: Peers funded under Component B of the RFA do not necessarily need to be co-infected; however, peers generally share multiple characteristics with the clients they serve.

Question 48: Where can peer training be obtained? Can a coordinator experienced in working with peer support groups provide peer training?

Answer 48: Some resources for peer training include the Harm Reduction Coalition, the Legal Action Center, GMHC (legal department), and the NYSDOH AIDS Institute website. Yes, a coordinator experienced in working with peer support groups can provide peer training.

Question 49: If peer support groups are to be held, how frequently are they expected to be held, and does a staff person need to be in attendance?

Answer 49: The frequency and staffing requirements are determined by the program.

Question 50: Are there a minimum number of patients expected to attend peer led support groups?

Answer 50: There is no requirement for the number of patients participating in peer led support groups.

Question 51: Can a stipend be paid to the peer(s) involved, and incentives to the attendees of peer led support groups?

Answer 51: Yes. Stipends for peers are allowed. Incentives for attendees of peer led support groups are also allowed, but please note that incentives should be used to support the basic needs of the person receiving the incentive (e.g., transportation, food, etc). Cash incentives are not allowable.

APPLICATION SUBMISSION

Question 52: May I apply for both Components A and B? If so, do I need to submit separate applications?

Answer 52: Yes, you may apply for both components A and B of the RFA; however, as stated on page 5 of the RFA document, you must submit a separate application for each component.

ELIGIBILITY

Question 53: The funding is available for hospitals or facilities that provide care/treatment for HCV, correct?

Answer 53: The **Minimum Eligibility** requirements as stated on page 10 are:

- Applicant must be a not-for-profit health care organization licensed by the NYSDOH under Article 28 of the NYS Public Health Law.
- All applicants must demonstrate that all core services listed on pages 14-16 will be offered on-site.

DOWNLOADING THE RFA

Question 54: We just received an email re: the availability of state and federal funds to expand treatment for hepatitis C. The email attachment gave two links to use to download the RFA; unfortunately, neither site has the RFA available yet. Do you have another source we can use to download the RFA?

Answer 54: Please use this link: <http://www.nyhealth.gov/funding/>

APPLICATION FORMAT/PAGE LIMITATIONS

Question 55: Should applicants include attachments, such as flowcharts, maps, etc. with their application? Will the attachments be counted toward the page limit?

Answer 55: If the attachment(s) will assist the applicant in providing a clear and concise view of their proposed program, they should include them. The attachments will not be counted toward the page limit.

Question 56: Are copies of linkage agreements counted toward the page limit?

Answer 56: No.

LINKAGE AGREEMENTS

Question 57: When an applicant has many linkage agreements (i.e., over 100) with various agencies, should they include copies or send a list of the agencies they have the linkage agreements with?

Answer 57: For providers with a large number of agreements, the applicant agency should send copies of only those agencies where the linkage would be relevant. Please do not send linkage agreements unless they are relevant to the hepatitis C program activities.

Question 58: The RFA states that applicants are expected to have clearly defined and articulated bi-directional linkage agreements focused on specific services needed by the target population, which are not available on-site. Such agreements must be in writing and should include a system for tracking and documenting outcomes of the referral process. Are applicants required to have all bi-directional agreements in place and attached to the RFA by 12/08/09 or prior to contract awarding?

Answer 58: It is not a requirement; however, as stated on page 10 of the RFA, preference will be given to organizations that demonstrate well established linkages and have written agreements with other agencies.

Question 59: Can we submit active existing Linkage Agreement copies that are 2 or 3 years old?

Answer 59: The linkage agreements should be valid and relevant to the HCV program.

QUESTIONS SPECIFIC TO COMPONENT C - Improving Medical Outcomes through Engagement and Retention in Care for HIV-Infected African Americans/Blacks and Latinos in Select Upstate Regions

Question 60: The RFA indicates that funding will be awarded in regions of Upstate New York where there is no access to Ryan White Part A funds, and where at least 50 percent of the total persons living with HIV and AIDS are from communities of color. As a provider in

Rochester/Monroe County who does receive Ryan White Title III funding. Is this considered Ryan White Part A? Would this make Rochester/Monroe County ineligible to apply for this funding opportunity?

Answer 60: No. Ryan White Title III (now known as Part C) funds are not the same as Ryan White Part A funds. Rochester/Monroe County is eligible to apply for funding under Component C of RFA#08-122411006.

QUESTIONS RELATIVE TO MULTIPLE COMPONENTS

AIRS

Question 61: Is the use of the AIRS data system a requirement?

Answer 61: Use of the AIRS data system is a requirement for Component B. AIRS is NOT a requirement for Component A at this time; however, it will become a requirement in subsequent funded contract periods.

AWARD PROCESS

Question 62: When do you expect notice of awards to be made?

Answer 62: The approval process can take some time. It is anticipated that contracts will be executed by July 2010.

VENDOR RESPONSIBILITY

Question 63: If an agency is registered on-line with the office of the State Comptroller, are they required to submit paper copies of the Vendor Responsibility Form?

Answer 63: As indicated on page 21 of the RFA, "All applicants regardless of submitting on-line or with a paper questionnaire should also complete and submit the Vendor Responsibility Attestation (Attachment 11). Registered agencies still need to complete attachment 11, which is an attestation. There is a check box on that attestation form indicating that there is a copy on file.

APPLICATION SUBMISSION

Question 64: How should applications be delivered? Must they be hand-delivered or can they be mailed? Should Federal Express be used? Is fax or email definitely unacceptable?

Answer 64: Applications can be mailed or hand-delivered. If mailing, applicants are encouraged, but not required, to use an express service. Applications will not be accepted via fax or email. Please see page 19 of the RFA.

Question 65: If an application is received after 5PM on December 8, 2009, will it be considered?

Answer 65: 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 documented 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 66: What is the address that applications should be mailed to?

Answer 66: Applications should be mailed or hand-delivered to:

Valerie J. White
Deputy Director, Administration and Data Systems
New York State Department of Health, AIDS Institute
ESP, Corning Tower, Room 478
Albany, New York 12237

BUDGET

Question 67: In looking over the budget forms, I am not finding a place to delineate our rent, utilities, phone, supplies, travel, postage, printing, etc. costs. I saw in the instructions to enter the total of such costs to the Summary Budget page on lines C, D, E, and F. I wonder, though, where to enter the breakdown of the total costs for each line?

Answer 67: 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 Summary Budget page and provide a description of those items using the justification page(s).

Question 68: Are the budget pages provided on the website in an Excel format?

Answer 68: Yes, the budget pages are included on the website in an Excel format.

Question 69: If we are already an AIDS Institute funded program, should we use the forms we already have? They include the information requested in Attachment 5.

Answer 69: No. Applicants should complete the information requested on the forms provided as Attachment 5, regardless of whether or not they are currently funded by the AIDS Institute.

Question 70: We are budgeting for shared costs on OTPS items. Does the methodology need to be consistent with the percent effort used on staff positions being funded?

Answer 70: No, the methodology does not need to be consistent with personal services. The methodology for shared OTPS costs needs to be consistent across contracts funded by the applicant's agency, but does not necessarily need to mirror personal services.

Question 71: Does the 10% rate for administrative costs refer to the maximum indirect rate, and if so is this negotiable at all?

Answer 71: Agencies may request up to a maximum of 10% for administrative costs. This is not negotiable.

LETTER OF INTENT

Question 72: Is a letter of intent mandatory? It is listed as a required attachment on page 28, number 7 of the RFA, but on page 19, letter “D”, it says it is not mandatory. Can you clarify?

Answer 72: It is not mandatory to submit a letter of intent.

FUNDING

Question 73: There are three parts of the RFA and it includes Upstate and NYC, correct?

Answer 73: Yes, there are three components of the RFA. Funding is available for upstate and NYC under Components A and B. Please refer to the Funding Tables listed on pages 8 and 9 of the RFA. Under Component C, funding is available to regions that do not have access to Ryan White Part A funds (Buffalo, Rochester, Syracuse, Albany, and Mid-Hudson regions).

Question 74: Is funding anticipated beyond one year?

Answer 74: Contracts will be awarded under this RFA for a 12-month term, with an anticipated start date on or about July 1, 2010. Awards may be renewed for up to four additional one-year periods based on satisfactory performance and the availability of funds.