

**New York State Department of Health
AIDS Institute**

**Request for Applications (RFA): 2007 Clinical Education Initiative
Solicitation #07-0004/FAU #0710100809**

Modifications to the RFA

A corrected version of Attachment #9, the Application Checklist, is included in the last page of this document. Applicants should use this version instead of that originally posted on the Department of Health website.

Questions and Answers

Applicant Eligibility

1. Can one institution be awarded more than one “Center” grant?

Yes. Organizations may apply to serve as more than one center, but should submit separate applications for each. Each application will be judged on its own merit. Partnering organizations must designate one organization as the applicant.

2. Do subcontractors for the Substance Use and Prevention Center (Center C) have to meet the eligibility criteria of a contractor (i.e. minimum eligibility requirements)?

The RFA does not preclude applicants for Center C from proposing to subcontract with any type of organization.

3. This question is related to the Preferred Eligibility Requirements (Section VI-C, p.18) and the Applicants for Center C, Agency Description and Mission (Section VII-B p.30). Is it necessary for the applying agency to provide direct care to patients with HIV/AIDS and/or have an HIV/AIDS treatment program in place? Or is evidence of clinical education and training capacity sufficient to apply for the Prevention and Substance Use Center portion of the RFA?

Applicants should demonstrate experience providing both direct HIV clinical care to patients and HIV clinical education. Please refer to the Preferred Eligibility Requirements on p. 18 of the RFA. In addition, the Minimum Eligibility Requirements for all Centers (except F) state that applications will be accepted from the following not-for-profit organizations: Designated AIDS Centers, academic medical centers, or certified Special Needs Plans (SNPs). Please refer to the Minimum Eligibility Requirements on p. 5-6 of the RFA.

4. Can an organization applying to serve as the statewide Resource, Referral and Evaluation Center (F) also partner with another medical center (and current CEI contractor) to serve as a Center in a particular content area?

Please see the answer to question #1 above.

Scope of Programs

5. Regarding the application for the Clinical Education Center for Upstate Providers, if two institutions are collaborating, could there be a Director and a Co-Director to distribute the responsibilities given the broad area that will be covered?

Applicants are not precluded from proposing their own staffing arrangements. Applicants should propose and justify their staffing arrangements according to their program model. All program staff must be described and justified in the program narrative (see Section 4a of the Specific Application Instructions for each center) and on the budget forms.

6. In the RFA on p. 13, it refers to AIDS Institute-funded health centers that have received continuous training. For planning purposes, could we get a list of AI-funded health centers for all of upstate?

Yes, please see the Attachment 1 at the end of this document.

7. Under this RFA, will “Tele-Medicine” sessions qualify as “on-site” clinical education activity? (Tele-Medicine is two-way, real time interactive television communication)

Yes. Distance-learning technology represents one possible strategy to provide “real time,” interactive trainings throughout the state. Applicants should describe in detail the educational strategies and modalities they intend to use to implement trainings throughout the state. Please refer to Section 4b, p. 26 of the Application Instructions for Center A.

8. For the Upstate Center, you will allow 50% of the educational effort to be accounted for by conferences, which leaves 50% for “on-site” trainings; 50% will be barely possible to cover the large geographic area of upstate. Would you consider web-based trainings under the category of on-site trainings?

Web-based trainings will be acceptable if they provide real-time interactions with the target audience. Applicants should describe in detail the educational strategies and modalities they intend to use to implement trainings throughout the state. Please refer to Section 4b, p.26 of the Application Instructions for Center A.

9. For Center A, the Upstate Center, will the CEI Line cover the entire state, or is it for upstate only?

The CEI-Line will cover the entire state, and will be a toll-free, statewide consultation line. Please see p. 14 of the RFA for a complete description of the CEI Line.

10. Can you estimate the number of calls the CEI Line will generate per quarter or per year?

No; however, we can provide the number of calls that have been reported to the current CEI database for a one-year period. Please see Attachment 1 at the end of this document.

11. For Center B: Are teleconferences/videoconferences and on-line training modules acceptable formats for training?

Distance-learning technology represents one possible strategy to provide “real-time,” interactive trainings throughout the state. Applicants should describe in detail the educational strategies and modalities they intend to use to implement trainings throughout the state. Please refer to Section 4b, p. 28 of the Application Instructions for Center B.

12. For Center B, the provision of a 24-hour PEP Line to respond to calls within 20 minutes sounds very difficult to accomplish. How have programs accomplished this in the past?

Currently, each CEI program handles its PEP Line differently, but most programs utilize the Infectious Disease on-call paging system to ensure coverage during evening and weekend hours.

13. As patients often access PEP Lines, should a provision be made for addressing them or referring them to centers that provide Post-Exposure Prophylaxis?

The Clinical Education Initiative is a provider education initiative, and the RFA does not address issues related to patient management.

14. Can you furnish data on PEP calls received through CEI over a one year period?

Yes, please see Attachment 1 at the end of this document.

15. For Centers B (PEP, Testing and Diagnosis) and C (Prevention and Substance Use): what is the expected percentage effort of the Medical Director? Is this position limited to a certain discipline?

Applicants should propose staffing and percentage allocation of time and effort of all staff in the program narrative (see Section 4a of the Application Instructions) and

budget forms to assure appropriate oversight and supervision of relevant activities. The Medical Director should be a physician.

16. In the RFA on page 19, the last bulleted topic for the Prevention Curriculum includes Prevention of Secondary Disease: Preventive Medicine. In the NYSDOH HIV guidelines, the exact wording from the website used for this subcategory includes: Immunizations, OIs, Diabetes, Lipid Screening and Cardiovascular Risk, Mental Health.

<http://www.hivguidelines.org/GuideLine.aspx?pageID=260&guideLineID=81>

Will the prevention curriculum include training on these topics (omitting, probably, the mental health topic which would be the domain of the mental health center for excellence)?

The Prevention Curriculum should include training on all topics listed under the prevention of Secondary Disease on the [hivguidelines.org](http://www.hivguidelines.org) web page cited above. Trainings provided by this Center should address all issues related to preventive care for patients with HIV.

17. This question refers to the Technology Center (E): In addition to the Administrative Director, can we have a Medical Director to be in charge of the content and other medical-related issues? Are we supposed to develop our own educational materials in addition to adopting the materials developed by the other CEI centers, the NYSDOH AIDS Institute, and other national and international sites?

Applicants are not precluded from proposing their own staffing arrangements. All program staff must be described and justified in the program narrative (see section 4a of the Application Instructions) and on the budget forms. The Technology Center will develop multi-media clinical education materials. This center will also assist other CEI centers in developing and posting materials to the website. Please see the Program Priorities for this Center as described on p. 22 of the RFA.

18. For the Technology Center (E): Can the positions of the Administrative Director and Project Manager be filled by the same person and the Production Manager be filled by one person?

Please see the answer to question #17 above.

19. Can clerical staff be hired for the Technology Center (E)?

Please see the answer to question #17 above.

20. It seems that according to the RFA, the Technology Center (E) will be charged with assigning presentations for the entire state. That is a responsibility that seems to be shared by the Upstate Center (A) and obviously, the idea is that all the centers will collaborate and provide each other with presentations. But it is likely that we are going to have a transition period. How long do you think the transition period will be

before the Technology Center has all the webcasts available, and what are we going to do during that transition period? Is there something you are looking for us to design during that time, or how will that work out?

This question cannot be answered until contracts are awarded and work plans are approved.

21. Under Section VI, Project Narrative: Description of CEI Centers, Part VI-E Technology Center, Program Priorities, Website Development, it states: “The Center will design the organizational framework for posting educational materials, as well as edit, maintain, and update content.” In order to facilitate these responsibilities, can the CEI subsection of hivguidelines.org be housed on a separate server that mirrors the site architecture of hivguidelines.org, preserving the user interface and navigation? All content, function, and design will be coordinated with JHU staff.

The Technology Center will elaborate the existing CEI section of the HIV Guidelines website, and a new website or URL will not be created.

22. For all Centers of Excellence except Upstate: How would a downstate-located Center provide training coverage for the entire state—i.e. through core faculty that travels, subcontracted faculty, or subcontracted institutions? What is the preferred model?

Applicants may propose any program model for providing trainings throughout the state. There is no preferred model. We expect that there will be close collaboration between the Centers of Excellence and the Upstate Center.

23. For all Centers of Excellence (Centers B, C, D): How would a center assess training needs of all geographical regions of the state? Is this partially or wholly the responsibility of the Resource, Referral and Evaluation Center?

Each Center of Excellence will assess the training needs of the entire state for its particular content area. The Resource, Referral and Evaluation Center will provide consultation for a health center’s general educational needs upon request.

24. All of the clinical education centers are responsible for outreach and promotion of the respective topics to be offered at multiple sites, and in the case of the Upstate Center (A), at regional conferences and workshops held at cluster locations (50%). The liaison role of the Resource, Referral and Evaluation Centers seems to be somewhat of a redundant activity (i.e. soliciting and managing requests for education on specific topics from community-based providers) as each CEI would be handling and/or coordinating requests for such training. Could the AI clarify what its expectations are for this activity? Similarly, each CEI will be assessing training needs and then developing an education plan for provider sites. Could the AI elaborate on the consultative support/ assistance to health centers in developing an agency-based education plan (see p. 24 of the RFA)?

*Each Center of Excellence (B through D) will assess the needs of its target audience throughout the state for its particular content area. The Upstate Center (A) will solicit requests for general HIV clinical education and training for health care providers throughout the upstate regions. Center F will manage a broader range of requests from agencies throughout the state by providing consultative support to health centers who request assistance in **developing a comprehensive training plan** for both clinical and non-clinical staff on HIV-related issues. Center F will play a coordinating role for the other Centers while also providing more in-depth consultation on the overall HIV education needs of health centers requesting its services throughout the state.*

25. The Description of the Clinical Education Center for upstate Providers (A) and Mental Health Center (D) do not include the requirement that “evaluation of all trainings will be conducted with guidance from the CEI Resource, Referral and Evaluation Center in order to inform each center’s Quality Management Program and to assess outcome for CEI overall.” [See p. 17 and 19] Rather, the RFA simply states on p. 15 and 22 under the job responsibilities of the Clinical Education Manager that he/she will implement program evaluation and collection and reporting of program data to the AIDS Institute. Is the omission of the evaluation statement in both Centers A and D an oversight?

All Centers will be required to report on a core set of data elements to be determined by the AIDS Institute and the Resource, Referral and Evaluation Center that reflect their clinical education activities. Please see p. 6 of the RFA, Section IV-B, General Program Requirements.

26. For Center F: on p. 38 of the RFA, under Program Activities, item e, the applicant is asked to include a list of HIV educational organizations with contact information and the types of trainings offered by each organization. Is the list an attachment and not counted in the twenty-five double-spaced page limitation?

The list of HIV educational organizations with contact information and types of trainings offered may be included as an attachment and will not be counted in the twenty-five double-spaced page limitation.

27. Will the AI provide a current list of the Authorized Training Agencies (ATAs) with contact information and the types of training offered by each organization?

Please see Attachment 2 for a list of the Authorized Training Agencies with contact information.

28. For the Resource, Referral and Evaluation Center (F), can we propose support staff that are not located in our New York office?

Applicants must meet the minimum eligibility requirements, and they may propose any staffing arrangements. All program staff must be described and justified in the

program narrative (see Section 4a of the Application Instructions) and on the budget forms.

Administration

29. Should food costs be included in conference costs in the budget?

State funds under this initiative are intended for direct program costs. The initiative will support the cost of “light refreshments” only. However, centers are not precluded from seeking other sources of funding for costs related to food and beverages.

30. For the Technology Center (E), in addition to personnel costs, there will be costs for hardware and software. The current description of budget and the budget form do not mention hardware and software. Are these costs allowable?

Yes, costs for hardware and software are allowable and should be budgeted under Equipment.

31. For the Technology Center (E), there will be costs associated with offering CME credits. Are these costs allowable in the budget?

Yes, costs associated with offering CME credits are allowable and should be budgeted under Miscellaneous items.

32. Are the budget forms available electronically to complete?

*Yes, the budget forms may be downloaded from the DOH website at:
<http://www.health.state.ny.us/funding/rfa/0710100809/index.htm>*

Other

33. What is the minimum amount of state-wide trainings per year that is acceptable?

Applicants should propose the number of trainings they will provide based on the needs for clinical education among the target audience.

34. Must the medical director be a physician? Would a PA or NP be acceptable?

The medical director should be a physician.

35. Has the speaker honorarium amount changed? (i.e. \$500/training session)

The speaker honorarium is capped at \$500 per training session.

36. What topics are covered by currently available CME credits through the SPH at Albany?

Please see Attachment 1 for the topics currently available for CME through the Albany School of Public Health.

37. Will the AIDS Institute continue offering CME through the Albany School of Public Health? Can nursing credits be added?

The AIDS Institute expects to continue offering CME through the Albany School of Public Health for the courses listed in Attachment 1; the addition of nursing credits is currently under negotiation.

38. Will the CME credits be available for enduring materials? Enduring materials apply to the technology piece; as of now, CME credits are only available through the Albany School of Public Health for oral didactic lectures. Will CME credits be available for technology-based curriculum?

*CME credits should be offered for the web-based materials produced by the Technology Center. The AIDS Institute expects to continue offering CME for the courses listed in Attachment 1. The AIDS Institute anticipates that enduring materials comprising oral presentations of the approved curriculum will be included for CME through the Albany School of Public Health. Materials used solely for self-study that do not involve oral presentations (live or recorded) will **not** be available for CME through the Albany School of Public Health.*

39. Will we have access to the number and types of trainings offered statewide last year for all CEI sites?

Yes, please see Attachment 1 at the end of this document.

40. What is the anticipated relationship between CEI and AETC?

The AETC provided guidance and advice, which were considered during the planning process for the RFA. The AIDS Institute is committed to working in close collaboration with the AETC and intends that the work of CEI complements the work of the AETC.

41. What is the review process, who will be evaluating and grading the proposals?

A panel convened by the AIDS Institute will conduct a review of applications from eligible applicants. The panel will be comprised of AIDS Institute staff. Applications will be reviewed and evaluated competitively using an objective rating system reflective of the required items specified for each section of the application. The

application with the highest acceptable score for each Center will receive the award. Please see p. 39-40 of the RFA for a description of the Review Process.

42. Can you tell us what agencies were present at the Applicant Conference and provide copies of the PowerPoint slides?

The following agencies were present at the Applicant Conference on December 14:

*Cicatelli Associates
Callen-Lorde Community Health Center
Bronx-Lebanon Hospital
SUNY Downstate
NY/NJ AETC
St. Vincent's Hospital
Columbia HIV Mental Health Training
Westchester Medical Center
NDRI
HHC/Metro Plus
NY-Presbyterian
SUNY Syracuse
Albany Medical Center
Upper Hudson Primary Care Consortium
Erie County Medical Center
University of Rochester Medical Center*

Please see Attachment 3 for the PowerPoint slides presented at the Applicant Conference.

43. Can you tell us what organizations are currently funded under the Clinical Education Initiative?

*Albany Medical Center
Bronx-Lebanon Hospital
Erie County Medical Center
Nassau County Medical Center
New York Hospital Queens
St. Vincent's Hospital
Strong Memorial Hospital (University of Rochester)
SUNY Brooklyn
SUNY Syracuse
Upper Hudson Primary Care Consortium
Westchester Medical Center*