

New York State Department of Health AIDS Institute (NYSDOH AI) & Health Research, Inc. (HRI)
HIV Primary Care Models for Treatment Adherence to Combination Antiretroviral Therapy (Solicitation
Number 07-0005)
QUESTIONS & ANSWERS

Correction: The RFA for Primary Care Models for Treatment Adherence to Combination Antiretroviral Therapy incorrectly identifies the anticipated start date for awards as 7/1/2008. The **correct** anticipated start date for awards made under this RFA is 10/1/2008.

1. The current RFA, HIV Primary Care Models For Treatment Adherence to Combination Antiretroviral Therapy, states that "Preference will be given to models that offer services on-site as part of an integrated "one stop shop" approach."

We wish to propose a program of medication management and Modified Directly Observed Therapy (MDOT) that will add additional services and a more intense level of intervention to our existing Treatment Adherence Program. We anticipate that program services will be co-located in our primary care clinic, and the adjacent Treatment Adherence Program office. Only the specific service of home-based MDOT, consisting of a daily delivery, observation and documentation of ingestion of combination antiretroviral medication, will be provided off-site at the patient's home. All other services, including intake and assessment, patient education and counseling, care coordination, interdisciplinary case conferencing, reassessment, etc., will continue to be provided on-site.

Given that Directly Observed Therapy is a strategy to minimize barriers to adherence by bringing therapy to the patient who demonstrates an inability to adhere to less intensive interventions, does the proposed program model meet the criterion of co-locating services via a one-stop process of accessing services?

Yes.

2. Will there be a pre-application guidance call for RFA #07-0005/FAU #0712070914?

No.

3. We want to double check that we are to mail to you the letters of interest for the HIV Primary Care Models for Treatment Adherence to Combination Antiretroviral Therapy.

All letters of interest should be sent to:
Beth Woolston, LMSW
NYSDOH AIDS Institute, Rm 259
Empire State Plaza, Corning Tower
Albany, NY 12237

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4. If an agency plans to serve all 5 boroughs of New York City, is it required to submit 5 different applications? Per page 5 of the guidelines, New York City and Long Island appear to be one region.

New York City and Long Island are considered one region for this RFA. Agencies need only submit one application if they plan to serve any or all of the geographic areas within the region.

5. We would like to apply to serve New York City. Is that considered one region? If yes, do we check off the boroughs we will serve? (Our patients/clients come from all over the City, so it would not be accurate/appropriate to apply to serve Manhattan only.)

New York City and Long Island are considered one region. Only one application is needed if you plan to serve any or all geographic areas within the region. Applicants planning to serve multiple boroughs in NYC should check off all boroughs as appropriate.

6. We currently receive a grant from MHRA, Inc. of New York City to provide treatment adherence services.

Are we eligible to apply for this NYSDOH/AIDS Institute RFP for HIV Primary Care Models for Treatment Adherence to Combination Antiretroviral Therapy?

I understand that we cannot apply for funding to support services that are already funded through the MHRA contract. However, we have a strong model of HIV treatment adherence in place and envision expanding and enhancing the model in a proposal in response to the AIDS Institute RFP.

Are we eligible to apply, given the MHRA funding, as long as we request funding for services not already funded?

Yes. You are eligible to apply if you are an article 28 licensed facility even if you receive other funding for Treatment Adherence Services. Grant funds can not be used to supplant funding that supports current services.

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7. Is it possible to access the names of the agencies currently being funded for treatment adherence through the DOH/AIDS Institute?

The following organizations are currently funded under the Treatment Adherence Initiative:

*AIDS Community Resources
Albany Medical College
Albert Einstein College of Medicine/Yeshiva University
NYCHHC – Bellevue Hospital Center
Beth Israel Medical Center
Community Health Network
Erie County Medical Center
Harlem Hospital/Trustees of Columbia University
NYCHHC – Kings County Hospital Center
Long Island Jewish Medical Center
Meadowbrook Medical Educ. Research/Nassau
Montefiore Medical Center
New York Presbyterian Hospital
RF SUNY Brooklyn
Village Center for Care
Westchester Medical Center*

8. Can grant funds be used for parking reimbursement/discounts, bus tokens or cab rides billed to our program, that are being used as incentives? Can grant funds be used to pay for medication co-pays if that is a barrier to adherence?

Funds can be used for transportation for clients to get to treatment adherence services. This would include bus/subway tokens, transportation by cab and parking reimbursement. For those clients who are not eligible for ADAP, grant funds can be used for co-pays if co-pays are a barrier to adherence. Treatment adherence grant funds cannot be used for co-pays for ADAP eligible clients.

9. Is it possible to get the RFA and Attachments as Word documents?

Attachments are available in Word. Please e-mail all requests to txadh@health.state.ny.us.