Cessation Centers

***RFA* #0802281148**

Questions and Answers

All questions are stated as received in the TCP Bureau Mail Log by the deadline. The TCP 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 0802281148 *issued on July 2, 2008. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.*

1. Section III A 5- Media and Public Relations. Is it a requirement that 5 percent of funds be dedicated to the Statewide Cessation Media Project for Healthcare Providers or is that optional?

   Answer: Yes, five percent of the total budget is required for the Statewide Cessation Media Project

2. Section VII- #3 Budget. Must indirect costs include rent or may rent be a separate line item? Should the indirect costs be itemized?

   Answer: Rent is an indirect cost, but may have a separate line item included in indirect costs. Indirect costs must be itemized if there are multiple items that make up the cost. If it is only one item that makes up the cost, we will need a methodology for that cost (e.g., 12 months X $1,000 month = $12,000 rent).

3. Section VII- #1 Budget. Should the 35-month budget be broken down by year?

   Answer: Applicants should submit a 35 month budget broken down by year. Applicants should include an 11 month budget for the first term, a 12 month budget for the second term and a 12 month budget for the third term.

4. Should the first year's budget be prorated since the first year will be for 11 months?

   Answer: No, although the first period is for 35 months, it includes three terms: term 1 is for 11 months, term 2 is for 12 months and term 3 is for 12 months.

5. What is the allowable budget (per year and for how many years?)

   Answer: Page 14 of the RFA lists the catchment areas and estimated annual funding amounts. As stated on page 22 of the RFA, the term of the contract is five years. The initial contract period will be for 35 months. Years four and five will be incorporated into a two-

year renewal. Applicants must submit a proposed budget which will be scored as part of the application.

6. Is the Cessation Center allowed to do tobacco treatment, or just to train, refer, establish policies, etc.? (We really need an established tobacco treatment program in each county... and we have the offices to provide them.)

   Answer: Section III, #4 explains the requirements for applicants who propose to offer direct cessation services. Funded contractors that choose to offer direct cessation services may use up to 15 percent of the total contract budget for cessation services (see page 17 of the RFA).

7. Are there preferred agencies or programs that will receive priority over us..... in other words will we have an equal opportunity with our grant submission or will Red Cross or the Lung Association or a college receive preferential review?

   Answer: All applicants will be evaluated based on their individual merit against the specifications set forth in the RFA.

8. In reference to some technical questions dealing with the appendix described in Section II, No. 2 of the RFA. Does the term *multiple practice sites* pertain to the number of physicians, specialties at a location, or actual physical site locations? The reason I ask is that we have several single site primary care practices that encompass a large number of practitioners, which is different than a practice with single or few practitioners. Furthermore, should we include walk-in clinics and specialty care offices in the appendix as well?

   Answer: Multiple practice sites refer to practices that have more than one physical location. Applicants should include walk-in clinics and specialty care offices in an appendix.

9. We also had a question regarding the term *health status*, described in Section II, No.1. For the purpose of this application, what is the best way to report the health status of each county? For example, are health indicators such as leading cause of death, cancer burden, diabetes rates, respiratory illnesses, etc. adequate to describe county health status?

   Answer: Health status will include such indicators as mentioned in the question above. Information from the Community Health Assessment reports can also be used to report health status. The New York State Community Health Data Set consists of a series of tables, maps and graphs containing health statistics organized by County of residence. The reports and data can be obtained from http://www.health.state.ny.us/statistics/chac/chds.htm

10. Section II, No. 4 concerning the Memorandums of Understanding (MoUs) attachments. Do you have a template of what is expected from the MoUs? Also as a current grantee, we have many existing partnerships with HCPOs and PCPs in our community. Should we include MoUs for these partners as well?

    Answer: A MOU format is not provided in this RFA. MOUs are a formal agreements between the funded applicant and catchment area HCPOs and PCPs. MOUs should be included for all HCPOs and PCPs the applicant proposed to work with.

11. Is it acceptable to provide training in innovative cessation methods (those with evidence of effectiveness) in addition to the 5As&5Rs model? (We are thinking of new immigrants, for example, whose needs in tobacco cessation are not fully met by the traditional model alone.)

    Answer: All training provided by the applicant for direct cessation services must adhere to the recommendations of the U.S. Department of Health and Human Services, Public Health Service, Clinical Practice Guideline, *Treating Tobacco Use and Dependence, 2008 Update* which includes the 5As & 5Rs model.

12. In determining who receives the awards, is it considered an advantage or disadvantage to have been previously funded by the NYSTCP?

    Answer: All applications will be evaluated based on their individual merit against the specifications set forth in the RFA.

13. The grant asks for a 35-month budget. For year 3, do we adjust the dollar amount to account for just 11 months or are we able to use the full year's dollar amount? (Section VII- Budget, page 30)

    Answer: No, although the first period is for 35 months, it includes three terms: term 1 is for 11 months, term 2 is for 12 months and term 3 is for 12 months.

14. Is there anyplace where we should/could indicate providers we have already trained in the 5 A's? (Section II - Statement of Need, page 27)

    Answer: In Section II – 3, applicants can list or describe the training and technical assistance provided to HCPOs and PCPs within the catchment area.

15. For indirect costs, may we include a percentage of time for the organization's accounting/finance office to assist with bookkeeping? May the program's administrative supervisor (who will oversee the director) have a line under personnel or just under indirect? May an independent auditor have its own line or must that come out for the 10% for indirect costs?

    Answer: Both the bookkeeping position and the administrative supervisor should be in the personnel services category showing the percentage of FTE to be funded by the grant. The independent auditor line may have its own line OTPS or can be charged to indirect services; either is acceptable.

16. Page 28 Section IV Program Design. Can this section be provided using a "work plan" template or just 15 single spaced pages or possibly a combination of both?

    Answer: Applicants should respond to Section IV in a narrative format.

17. Page 30 Section V11 Budget and Justification Re: 35 month budget. Do you want a comprehensive 35 month budget (with line items) or do you want a yearly breakdown with the 35 month total included at the end?

Answer: Applicants should submit a budget for each of the initial three years. The first period is for 35 months, it includes three terms: term 1 is for 11 months, term 2 is for 12 months and term 3 is for 12 months.

18. Evaluation Planning Matrix. In the past cessation centers entered data into CAT. TSERT then extracted the data and provided the stats needed for evaluation. Is this the procedure that should be included on the Evaluation Planning Matrix?

    Answer: The evaluation planning matrix must be used to describe what the applicant's plan is to demonstrate the impact of cessation center strategies and activities and not just how that data will be reported or recorded.

19. Page 15, A. Project Deliverables. There is a request for a list of all HCPOs and PCPs for the entire catchment area. Is this list to consist of only hospitals and primary care physicians or is this a comprehensive list of all physicians in the catchment area?

    Answer: Applicants should list all hospital and primary care provider organizations in the proposed catchment area. Do not provide a list of individual physicians.

20. Are resumes required for the Fiscal Agents finance department? I am referring only to those persons who would be directly involved with the vouchering of this grant.

    Answer: Yes.

21. Page 30 – 31 Section VII Budget and Justification. Please provide further explanation of "These funds may not be used to supplant funds for currently existing staff."

    Answer: If staff is already being funded through other means, funding from this grant cannot be used to fund staff in place of other funding. If the applicant is currently funded through the TCP and is selected for funding as a result of this RFA, the resulting new contract will begin when the current TCP contract expires (July 31, 2009).

22. Appendix D of the RFA is a sample work plan. Do we have to follow this format or can we use the format that the cessation center currently uses?

    Answer: Applicants may follow the sample in a narrative format or use an alternative narrative format. See question number 16 of this document.

23. On page 22 of the RFA, it states the contract is five years with the initial period covering 35 months. Should we submit one five year work plan? Should we have five separate plans, one for each year? Or should the work plan cover the initial 35 months with one or two subsequent work plans for the remaining years?

    Answer: See question # 16 and 22 of this document. In the narrative description of the proposed program design, applicants should describe the five-year scope of the proposal and yearly benchmarks for the proposed program. Applicants should submit a 35 month narrative plan along with a 35 month budget for each of the 3 initial years. The first period is

for 35 months, it includes three terms: term 1 is for 11 months, term 2 is for 12 months and term 3 is for 12 months.

24. Will the RFA be made available in Word format so our organization may electronically fill in all necessary forms?

    Answer: No, the RFA will not be released in Word format. However, many of the forms in the Attachment section are posted on the DOH website.

25. If our agency is not planning to provide direct cessation services can we omit this section or would you like a sentence in the proposal to state that we are not planning to offer these services?

    Answer: This section may be omitted. It is not necessary for applicants to stipulate why they are not planning to provide direct cessation services.

26. On page 29, under the Media and Public Relations section, it states we need to provide a listing of local communication venues that target health care clinicians. We're not sure exactly what you are looking for? Do you mean a list of all local media? Please explain further.

    Answer: Applicants should list communication venues that specifically target health care clinicians, e.g., medical journals and health care association newsletters/publications, internet sites, hospital communication systems, etc.

27. For the evaluation section discussed on page 30, does the two page limit include the evaluation matrix? The matrix isn't listed on the checklist (Attachment 3). Is it supposed to be an attachment to the application or included in the application and part of the page count?

    Answer: Applications should provide up to two pages of narrative describing the approach to the evaluation of the proposed project, specifically related to measuring the impact of selected activities and strategies and contributing to the achievement of tobacco control program objectives and goals. The completed evaluation planning matrix must also be included as an attachment (not included in the page count) and both the two-page narrative and the evaluation planning matrix will be used to score the section on evaluation.

28. Should the evaluation planning matrix be completed for each program year or just the first year of the project?

    Answer: The evaluation planning matrix must be completed for the first year (11-month term) of the project only.

29. Section III, Page 15, Paragraph 2 it states "… successful applicants must connect with every HCPO and PCP within their catchment area(s) except in catchment areas of high population density such as New York City and Long Island; applicants focusing on these catchment areas should submit a plan to reach from 50 to 75 percent of providers in the catchment

area." My question is, in my catchment area Westchester County is a proper of NYC and has 1 million people. In my 4 county catchment areas, Putnam, Orange, Westchester and Rockland Counties, we have over 2500 Physicians and 29 hospitals. Could I be considered as an area of high population density?

Answer: For the purposes of this RFA, high population density catchment areas are those that exceed a population level of one million. Applicants should refer to the 2007 annual population estimates from the U.S. Bureau of Census.

30. Page 7 of the RFA, under *Advocacy in Action College Programs*. Cessation Centers currently work with college campus health offices regarding PIP and counseling of students and employees. Centers may also be involved with the college administration regarding insurance benefits. Will this change if there is another part of the program that will be working only with colleges?

    Answer: No. However, if funded contractors work with the same organization, they are encouraged or will be required to collaborate with each other.

31. Page 15 of the RFA, under A.1. Systems Change, Training and Technical Assistance. The first paragraphs reference policy plans. Many PCP's do not have written policies. Will the data outcomes suffice to document system changes?

    Answer: Yes; data outcomes will suffice to document system changes.

32. Page 17 of the RFA, under part 4. Direct Cessation Services. In the second bullet, middle of paragraph, the RFA states, "In recognition of the Department's status as the payer of last resort, contractors are required to ensure that clients are screened for Medicaid or other insurance that provides coverage of NRT before being offered free cost NRT provided by the Department." Currently, physicians may use the NRT as a "starter pack" to "seize the moment" of opportunity with the client. Will this no longer be possible? Will the providers who partner with the Cessation Center have to provide documented screening prior to giving the patient free product?

    Answer: Before funded applicants can distribute NRT, the recipient HCPOs and PCPs must provide to the funded applicant a method of screening for Medicaid and other insurance coverage and a plan to screen all patients for contraindications. This arrangement for NRT distribution must be approved by the Department and the funded applicant. The yearly report to the Tobacco Control Program from the funded applicant must include the total number of NRT distributed through each HCPO and PCP.

33. Page 19 of the RFA, under Administration. The second bullet states that the principal investigator will oversee the operations of the contract. Please explain what you mean by the term principal investigator. This is usually used in the context of a research study.

    Answer: The Principal Investigator (PI) is a term also used in grant contracting. The PI is the person who is responsible for the project.

34. Attachment 9 – Evaluation Planning Matrix. Please tell us more about your expectations here. The Evaluation description in the RFA only covers data collection and CAT reporting

    Answer: The evaluation planning matrix must be used to describe the applicant's plan to demonstrate the impact of cessation center strategies and activities and not just how that data will be reported or recorded.

35. In Section II. Who May Apply – The RFA states that eligible applicants are expected to have "experience and expertise in the administration of health delivery systems." This was not an eligibility requirement in the previous competitive renewal. Can the NYSDOH clarify whether a nonprofit organization with experience and expertise in training and technical assistance to health delivery system providers such as hospitals, clinics, and community health centers, as well as tobacco control expertise, is eligible?

    Answer: Applicants with experience and expertise in providing training and technical assistance to providers and administrators within health delivery systems and who also meet all other eligibility requirements are eligible for funding as a result of this RFA.

36. In the same section it also states that "Applicants must be an established organization located within the catchment area to be served…." Can the NYSDOH clarify whether an applicant who is established and currently working with local providers but not physically located in the catchment area is eligible?

    Answer: As stated in the RFA, applicants must be an established organization physically located within the catchment area to be served (see page 13, Section II, Who May Apply.)

37. Section VII – Budget – The RFA states that "Applicants should submit a 35-month budget for the initial contract period, assuming a start date of August 1, 2009." Does the NYSDOH want budget forms completed for an initial 12-month period, a second 12-month period, and a final 11-month period ending June 30, 2012 (i.e., 3 sets of budget forms)?

    Answer: Applicants should submit a 35 month budget broken down by year. Applicants should include an 11 month budget for year one, a 12 month budget for year two and a 12 month budget for year three.

38. In Section II page 14, the RFA states the estimated annual funding per catchment area. Should we prorate the amount stated for the final 11-month budget period?

    Answer: No, although the first period is for 35 months, it includes three terms: term 1 is for 11 months, term 2 is for 12 months and term 3 is for 12 months. Term 1 is not prorated.

39. During the grant year, if there are unused funds is there a provision for these funds to be rolled over so that the total budget would be the amount for that grant year plus the rolled over funds?

    Answer: No.

40. In Section III.7.B. Administration (p. 19) the second bullet states that the "applicant's

Answer: The Principal Investigator is defined as the contract holder (the person who signs the contract). The Project Director is defined as the person responsible for the project. In many cases, it is the same person.

41. In Section IV.D. (p. 21) it states that applications must be received by NYSDOH TCP by the date and time on the coversheet of the RFA. However, no time is given on the coversheet, please provide this information.

    Answer: Applications are due September 17, 2008 at 5:00 p.m.

42. Should the budget be the same for all three years? For example salaries increase every year, so we are wondering how much flexibility we will have each year to address such changes. Additionally, is a revised fiscal handbook available at this time to guide us through this process? For example, we would like to be able to answer questions such as, "Is overhead remaining at 5%," or "Are the allowable budget lines staying the same?"

    Answer: Salary adjustments should be included in the applicant's budget. A fiscal handbook is not available for reference. Applicants should follow the specifications set forth in the RFA. In accordance with page 31 of the RFA, indirect costs may not exceed ten percent of direct costs.

43. SII, Q4: Do HCPOs and PCPs refer to providers and organizations with whom we are already working?

    Answer: Applicants should list all HCPOs and PCPs they propose to work with.

44. Attachment 11: Does the Board of Director Roster refer to board members of the institution and/or department in which we are housed (NYU/ College of Dentistry / Department of Cariology and Comprehensive Care), or to our own group of partner site administrators and clinicians who participate in our annual Partnership Meetings?

    Answer: Board of Directors refers to the Board of Directors of the non-profit organization applying for the grant (the contract holder).

45. Regarding Section VI, attachment 11 (Board of Director Roster): Is this attachment necessary and, if so, how would you like us to proceed with its completion?
    a. We have many levels of direction due to the size of our organization. The University of Rochester as a whole has a Board of Trustees, as does the University of Rochester Medical Center, though the latter has only an advisory function over the School of Medicine and Dentistry, in which our department resides. Which Board would you like us to list?
    b. In speaking with the offices of both Boards, they are happy to provide the names, terms, offices and committees for each member, but in order to protect the trustees, it is their

practice to provide contact information for the board through the Board Office rather than each trustee's personal information. Is that acceptable?

Answer: All applicants must complete Attachment 11. Applicants should list the Board of Directors of the non-profit organization applying for funding. Including the contact information for the Board through the Board office is acceptable.

46. Similarly, regarding Section III, B (Administration) on page 19, bullet 1 indicates that all facility campuses and property under the control of the applicant be tobacco free or working toward that goal. Shall we consider the applicant to be the university as a whole, the University of Rochester Medical Center (which is where our department is housed) or our department itself (the Department of Community and Preventive Medicine)? This same question applies to the No Tobacco status statement requested with our application as outlined in Attachment 10. Please note that the State considered the Department to be the funded unit for purposes of not accepting tobacco funding in our current funding for a Tobacco Cessation Center.

    Answer: Tobacco Free Grounds - The NYS DOH recognizes that some entities applying for funding are large organizations (for example: hospitals, universities) and the program responsible for implementing the grant deliverables resides within the larger organization. Additionally, the NYS DOH recognizes that frequently the program responsible for implementing the grant deliverables has little or no influence over the tobacco free grounds policy of the larger organization. If there are discrepancies between the tobacco free status of the program that will implement the grant deliverables vs. the larger organization please note the differences in the application. Applicants will not be penalized.

    Statement of No Tobacco Status - All applicants must submit a "no tobacco status" statement, applicants who do not submit a statement are not eligible for funding under this RFA. Attachment 10 is provided for guidance purposes. The DOH recognizes that some entities applying for funding are large organizations (for example: hospitals, universities) and the programs responsible for implementing the grant deliverables resides within the larger organization. The DOH recognizes that frequently the program responsible for implementing the grant deliverables has little or no influence over the "no tobacco status" policies of the larger organization. If the there are discrepancies between the "no tobacco status" of the program that will implement the grant deliverables vs. the larger organization please note the differences in the application. Applicants will not be penalized.

47. Attachment 4 requests that all fields in which names should be input be included as "first, last"---was this actually meant to read "last, first"?

    Answer: No, the cover sheet is correct as published.

48. Regarding Section V, B (Application Format) on page 31: Are there margin specifications to which you would like applications to adhere?

    Answer: One inch margins should be adhered to.

49. Regarding Section VI, attachment 3, bullet 6: Would you like resumes/biosketches for each staff member or for key personnel only?

    Answer: Resumes of each staff person who will contribute to the grant should be included as part of the application.

50. Regarding Attachment 4 instructions for the budget, Table A-1 it is indicated that we are to take the average fringe benefit rate if more than one is applicable. Due to the multiple benefit rates applied to our university employees, neither weighing their rates by the numbers of employees to which a rate applies nor by percent effort levels expended gives us an accurate picture of what our fringe expenses would be. I propose showing you the 4-5 applicable rates and corresponding salary amounts for each one, giving subtotals in the "total expenses" line while and including the total fringe estimate in the "amount requested from NYS column;" this would both provide a more accurate estimate of this line item as well as a layer of transparency for your own reproducibility, were you to want to check the math (nothing would be "hidden," this way). Is my proposal acceptable?

    Answer: Yes.

51. Section V, A, VII, 1 (Budget and Justification) on page 30 indicates that applicants should submit a 35-month budget for the initial contract period. Attachment 6, Table A-1 (Personnel Services) requests the budgeted full-time annualized salary. Which year's estimated salary would you like for us to list? The first year's? The final year's?
    Understandably, we have different salary estimate for each year and will base our figures for the 35 month period on a complex formula accounting for multiple years' worth of increases. We welcome any guidance you may have as to how to incorporate multiple years' worth of calculations into your forms which have accommodated 1 year staffing patters in the past.

    Answer: The first year's salary should be listed for Year 1. The 35 month budget should be presented as Year 1, 11 months; Year 2, 12 months; Year 3, 12 months.