

**NYS Department of Health (DOH)  
AIDS Institute, Division of HIV and Hepatitis Health Care  
Bureau of Community Support Services**

***Nutrition Health Education and Food and Meal Services for  
Persons Living with HIV/AIDS  
RFA # 11-0002/ FAU#1110210345***

## 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 #11-0002/FAU# 1110210345. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

**Question #1:** Is this funding new funding?

**Answer #1:** This is a re-solicitation of existing State and federal Ryan White Part B dollars dedicated for nutrition and food and meal services. The program model for this procurement has been modified since the previous procurement.

**Question #2a:** If it is not new funding, will you provide us with a list of the organizations that currently have this funding in New York City?

**Question #2b:** Who are current grantees under the Nutrition Health Education and Food and Meal Services for PLWHA what are current award amounts?

**Answer #2:** For a list of current Nutrition providers see below:

<b>Region</b>	<b>Current Funded Provider</b>
New York City	Asian Pacific Islander Coalition on HIV/AIDS
	God's Love We Deliver
	Harlem United
	The Momentum Project
	BronxWorks
	Family Services Network of New York
	AIDS Center of Queens County
Long Island	Education Assistance Corporation
	Long Island Association for AIDS Care
Western New York	AIDS Council Services of Western New York
Northeastern New York	Albany Damien Center
Central New York	Liberty Resources Center
Finger Lakes	Arnot Ogden Medical Center
Finger Lakes	Visiting Nurse Services of Rochester & Monroe Counties
Hudson Valley	AIDS Related Community Services

**Question #3:** As we have a clientele who might benefit from these funds, we would appreciate verification of some inquiries: Such as the client's eligibility for use of the funds; an approximation of the funds available; Would it provide for a clientele of 100+; Would the client's family also be eligible; Is the presence of the infected individual be required for one's eligibility to the funds?

**Answer #3:** To receive nutrition health education and food and meal services, the client must have documented proof of being infected with HIV/AIDS, and a Registered Dietitian's (RD) completed nutrition assessment and dietary recommendations. See page 10 of the RFA and page 4 of the NHE and Food and Meal Standards for *Client Eligibility*.

See pages 8 and 9 of the RFA for the *Regional Distribution* of award amounts. There is approximately \$1,717,614 in available funding to support Component A, and approximately \$650,000 in available funding to support Component B.

Funded applicants will be expected to make all services available to all PLWH/A in the geographic region and not limit services to agency clients only. See page 5 of the RFA, *Intent*.

Yes, client collaterals and dependent children would be eligible for some services under certain circumstances. For information regarding collaterals and dependent children see page 10 of the RFA under *Client Eligibility*; and page 22 of the NHE and Food and Meal Standards under *Collaterals and Dependent Children*.

**Question #4a:** This RFA and the AI HIV/AIDS Nutrition Health Education and Meal Standards specify that each client must have a nutrition assessment and dietary recommendations completed by a Registered Dietician (RD). For agencies that are not licensed to provide Medicaid-billable dietary services, would it be acceptable to form linkages, agreements, or even contractual arrangements with hospitals and/or clinics for the purpose of completing the RD Nutritional Assessment/dietary recommendations for clients?

**Question #4b:** Is it possible to use funds from this initiative to employ an RD, in part (through a contract) or in full, in order to administer this program according to its requirements?

**Question #4c:** When stating that the program is to promote self- management skills and independent health care behaviors, could some examples be discussed that RD's are to be working towards?

**Question #4d:** This question refers to page 10, section B, regarding the qualification of Registered Dietician. What if they have a Master's in Nutrition, but are not a Registered Dietician?

**Question #4e:** NYC HRA has a nutrition solicitation out and are allowing the use of CCNs. Would you also allow a CCN (Certified Clinical Nutritionist) to provide services under this program?

**Question #4f:** Can the Registered Dietitian serve as the Community Nutrition Educator? Can the Registered Dietitian still provide assessments/reassessments for clients who do not have reimbursable funding under Medicaid, ADAP, or commercial insurance?

**Answer #4:** Personnel (i.e., Registered Dietitians or New York State Certified Dietitian Nutritionists) providing nutrition services that are reimbursable to any extent would be considered ineligible and cannot be included as either a budget line item or subcontract/consultant. See page 12 of the RFA under *Limitations*.

NHE and Food and Meal programs should establish an ongoing mechanism for communicating and coordinating with a Registered Dietitian to obtain dietary recommendations and assessments. See page 14 of the RFA under *Food and Meal Services*.

For examples of NHE activities that promote self-management refer to page 5, *Nutrition Health Education* in the *NHE and Food and Meal Standards*.

For position qualifications, refer to pages 16-18, *Staffing Qualifications and Responsibilities* of the *NHE and Food and Meal Standards*.

A CCN performs clinical assessments that include the use of appropriate tests and observations such as anthropometric measurements and laboratory tests as the basis for referral to a licensed physician, or other health care professional. Many of the duties performed by CCNs are considered reimbursable services.

**Question #5a:** On behalf of a comprehensive services HIV agency applying under Component B (the Bronx), can I submit a proposal for nutrition education and justified congregate meals or must I choose between one of the two services listed on Page 7 (pantry bag , food vouchers) ?

**Question #5b:** Will the funding for Home Delivered Meals continue for the clients who need them if a provider also provides Grocery Bag Program?

**Question #5c:** Are we able to apply for only the voucher program?

**Answer #5:** Only the food and meal services identified for each component will be considered for funding. For applicants seeking funding under Component A, the requirement is to provide two food and meal services from among four. For applicants seeking funding under Component B, the requirement is to provide one food and meal service from among two. See pages 6 and 7 of the RFA, *Additional Food and Meal Requirements of Components A and B*.

The intent of the RFA is the development and implementation of effective Nutrition Health Education (NHE). Food and meals should be provided in conjunction with NHE. See page 5 of the RFA, *Intent*.

**Question #6:** Page 26 of the RFA for Nutrition Health Education and Meal Services for PLWH/A indicates that agencies currently funded by the AIDS Institute to provide Nutrition Services to PLWH/A must apply for continuation and/or modification of program services in accordance with the requirements of this RFA. Since the funding for the Part B Nutrition program will end at the end of March, funding from the responses to the RFA would not be used to supplant that funding. Does this comment refer to not supplanting funding provided by the Part A FNS program or other nutrition programs?

**Answer #6:** Funding for the Part B nutrition program will continue beyond the end of March. This RFA is a re-solicitation of existing Part B and State funding for nutrition services. Page 26 of the RFA prohibits the use of these funds to supplant any existing programs the applicant has that are currently supported by other sources after the anticipated start date of this contract (May 1, 2012).

**Question #7:** Can an application be submitted for nutrition education provided with and without pantry bags?

**Answer #7:** Applicants are expected to develop a program that adheres to and delivers the services outlined under the *Scope of Services*. See page 12 of the RFA. The provision of food and meal services in conjunction with NHE is a critical component towards developing clients' self-management skills. See page 5 of RFA, *Intent*.

**Question #8:** Per the *AI HIV/AIDS NHE and Food and Meal Standards*, all eligible clients must have a completed RD assessment. Is it acceptable to have a nutritional assessment provided by other personnel (i.e. MD, NP)?

**Answer #8:** Nutrition assessments are a component of Medical Nutrition Therapy services, which are provided by a RD or nutrition professional. Nutritional professionals include CDNs (certified dietetic nutritionists) and CCNs (certified clinical nutritionists). This may include MDs and nurses if they have professional training in nutrition from an accredited organization, including clinical, anthropometric, and dietary assessment of nutritional status.

**Question #9a:** In the *Standards*, it states in that Congregate meal programs require Cook(s) and Food Service Workers. Can food preparation services be subcontracted to a qualified provider (i.e., caterer or RD supervised kitchen)?

**Question #9b:** If providing congregate meals and/or home delivered meals, must they be prepared by the funded program staff or can they be provided through an outside entity?

**Question #9c:** Can food pantry and nutrition education services be out stationed? If yes, should the formal Memorandum of Agreement for this activity be attached to the proposal? If so, where?

**Answer #9:** For NHE and food and meal services that are subcontracted and/or out stationed, it is the responsibility of the applicant awarded funding to ensure adherence to both the intent of the RFA and the NHE and Food and Meal Standards. Programs subcontracting meal preparation through another provider must make certain that proper mechanisms are in place to ensure that quality food is provided and that the meals meet established nutrient and food safety standards. See pages 9 – 11 of the NHE and Food and Meals Standards, *Food and Meal Services*.

No MOA needs to be attached to the submitted application.

**Question #10:** Regarding the minimum qualifications for required positions, will there be any waivers to allow currently employed staff to maintain employment?

**Answer #10:** There are two required positions for provision of NHE – Community Nutrition Educator and Nutrition Program Assistant. Food and Meal programs require staff appropriate to the type of food and meal service being provided. See page 17-18 of the NHE Food and Meals Standards under *Staffing Qualifications and Responsibilities*.

**Question #11:** Is there a minimum number of meals that must be provided in a weekly pantry bag?

**Answer #11:** There is no minimum number of meals that must be provided in a weekly pantry bag, but the maximum number of meals that can be provided per week is 14. See page 13 of the NHE and Food and Meal Standards under *Food Pantry Bags*.

**Question #12:** Can these funds be used to expand an existing food pantry (e.g., costs related to installation of new shelving, refrigeration, other expenses related to physical expansion of existing food pantry)?

**Answer #12:** Funding from this RFA may be used to expand existing or create new nutrition health education and food and meal services. See page 26 of the RFA under *Budgets and Justifications (f)*. Funds cannot be used for construction. Minor and temporary alterations may be considered.

**Question #13a:** On Attachment 13, if we do not currently have an NHE program, what are we supposed to enter into the first column? For example, do we add how many we serve through our current food pantry? Or should we just enter zeros? Or should we enter estimates on what other NHE programs in the community serve? Please clarify.

**Question #13b:** On Attachment 13 you ask for a demographic breakdown of “current number individuals receiving NHE services.” We have several questions: 1) by NHE services do you include pantry and/or meal services or just strictly educational classes? 2) By current do you have a specific time frame in mind, such as calendar 2011, or do you mean those individuals who have received services recently and are eligible/likely to receive them now or in the near future?

**Answer #13:** Attachment 13 captures the nutrition health education activities currently provided for the calendar year of 2011, not the food and meal services. If Nutrition Health Education services are not currently being provided, then a “0” should be placed in the column “Current Number of Individuals Receiving NHE Services”.

**Question #14:** On the attached budget forms, there is no area for the administrative overhead calculation/explanation. Should we assume administrative costs 10% and below of the total budget are permissible even if we have a federal indirect cost rate significantly above or below that amount?

**Answer #14:** Agencies without a federally approved administrative cost rate may not exceed a rate of 10% of total direct costs. Agencies with a federally approved administrative cost rate of greater than or equal to 20% may request up to 20%; agencies with a federally approved

administrative cost rate of less than 20% may request their approved rate. See page 26 of the RFA under *Budgets and Justifications (f)*.

**Question #15:** There is a reference to a required budget narrative – is that a separate document in addition to the budget documents which require descriptions and justifications of all personnel and other than personnel expense?

**Answer #15:** The budget justification is a separate page and provides supporting narrative for each item for which reimbursement is being requested. Do not include justification for personal services/positions, as the position descriptions on page 3 of the budget pages serve this purpose. See Attachment 17, *Budget Instructions*.

**Question #16:** On page 22 in the Statement of Need, do sections (c) and (d) refer to the community or within the agency. It seems (c) refers to the target geographic area while (d) refers to within the agency. Can you please clarify?

**Answer #16:** In the Statement of Need, question c) targets the issue of service duplication and refers to the presence and type of nutrition services that exist in the geographic area that are similar to the nutrition services being proposed in response to this RFA. Question d) refers to how the proposed nutrition program in response to this RFA will address real gaps in services in the geographic area.

**Question #17:** Does the Cornell Cooperative already have educational materials approved by the funder? If not, and if other educational providers (including in-house) are used, can you tell us how long the review process is for the AIDS Institute Contractor Educational Material. If the same educational material is being used in, for example, English and Spanish, must both be submitted or just one? Similarly, if approved in English, can a Spanish translation be used without specific approval of the document in Spanish.

**Answer #17:** Cornell Cooperative uses educational materials/curricula that adhere to the New York State Food and Nutrition Education Program (EFNEP) guidelines. The AIDS Institute must review any and all iterations of educational materials that are developed specific to the NHE and Food and Meal program. The length of time for review of educational materials varies depending on the complexity of the information.

**Question #18:** To the extent group education is done, are the group progress notes in the individual participant files sufficient – as suggested on page 6 of version 2.2 - or do you expect regular (e.g., weekly, monthly) 1-on-1 meetings beyond the 1-on-1 semi-annual reassessments?

**Answer #18:** For group and individual education, the expectations for documentation are indicated on pages 6 and 7 of the NHE and Food and Meal Standards: *Nutrition Health Education-Service Requirements*. The frequency of the intervention should be adequate to monitor the nutrition status of the client. See pages 9-15, of the NHE and Food and Meal Standards: *Food and Meal Services*.

**Question #19:** What is the font that should be used for tables? Do the cells have to also be 12 point font or can they be a smaller font? What is the font that should be used for footnotes? Should we use the “default” Microsoft word font or 12 point font?

**Answer #19:** Font size in the body of the 15 page, double spaced application document, including tables, should be 12 point. Footnote fonts are not prescribed, but should be readable.

**Question #20:** Do we need to submit letters of support?

**Answer #20:** No. Letters of support are not required to respond to this RFA.

**Question #21a:** The areas we are presently serving are not within the same regions as designated in the present RFA. With this in mind, does this mean we write two separate grant proposals? Also, can we ask to cover more counties in the regions?

**Question #21b:** To ensure a regional approach to applications, will there be any additional funds available for applicants who propose to serve a full region as well as additional counties in other regions?

**Answer #21:** Applicants are requested to select their primary region of service on the cover page of the application. The primary region of services for the application should be based on the location where the largest number of clients is served. This does not preclude an applicant from proposing to serve one or more counties outside a defined service region. Applicants serving comparable numbers of clients in more than one region may submit two separate applications. See pages 8 and 9 of the RFA under *Regional Distribution*.

**Question #22:** When reading the RFA, the Community Educator and Assistant sounds like the Registered Dietitian (RD) and an assistant. Do we understand this correctly?

**Answer #22:** Community Educators and RD’s have different training and skills. See pages 17-18 of the NHE and Food and Meals Standards under *Staffing Qualifications and Responsibilities*.

**Question #23:** Can we use grant dollars for incentives for the Consumer Advisory Board and nutrition education programs?

**Answer #23:** The Nutrition Health Education and Food and Meals program is a service model under the Nutrition Initiative. In non-nutrition initiative funded programs, gift cards can be used as incentives to establishments that sell food exclusively. See Attachment 2 *Ryan White Guidance*, page 6. The intent of this RFA is the development and implementation of effective Nutrition Health Education (NHE) that empowers clients to learn, practice and apply the self-management skills needed to achieve optimal health outcomes. See page 5 of the RFA under *Intent*.

**Question #24:** Who is to do the screening form? Can it be the RD and does this need to be two separate visits?

**Answer #24:** The screening form identifies a client's nutrition education and food and meal needs and is specific to the NHE and Food and Meal program. It is a function of the Community Health Educator in conjunction with the Nutrition Program Assistant. Refer to pages 6 and 17 of the NHE and Food and Meal Standards.

**Question #25:** When stating the program must be involved with a Task force, we are involved with the Rochester Area Task Force on AIDS. Is this adequate even though we are covering different regions?

**Answer #25:** Participation in task forces or other planning bodies is an acceptable mechanism for coordinating and communicating with other providers. Involvement with the Rochester Area Task Force on AIDS would be acceptable.

**Question #26:** Does the patient need to be enrolled in Case Management in order to be eligible for the Nutrition Program?

**Answer #26:** No. See page 10 of the RFA and page 4 of the NHE and Food and Meal Standards for *Client Eligibility*.

**Question #27:** On the food list Soy Milk and Cholesterol free eggs are not allowed. Could that be explained as to why?

**Answer #27:** The AIDS Institute NHE and Food and Meal Standards are based on the WIC guidelines which prohibit these items.

**Question #28:** Under the voucher program it is stated we are able to distribute \$25/week. Are we understanding correctly that a patient would then be eligible to receive \$100/month?

**Answer #28:** The dollar amount of the food gift card/voucher given to any client with/without dependent children is determined by the funded provider based on the dietary recommendation(s) of the RD and amount of qualifying dependent children living with the index client. The recommended value of a food gift card/voucher is \$25.00 per week. See NHE and Food and Meal Standards page 14 under *Food Gift Cards/Vouchers*.

**Question #29:** If we have a patient that would like to do a cooking class or demonstration, what process do they need to go through in order to be allowed to teach the class?

**Answer #29:** For providers that receive funding through this RFA, issues such as this would be discussed with the AIDS Institute contract manager.

**Question #30:** For Attachment 12, BOD/Task Force, do we need to submit information on BOD identification with PLWH/A, racial/ethnic minority, gay men or lesbian, IV substance user, and clients?

**Answer #30:** Yes. Attachment 12 should be completed in its entirety.

**Question #31:** What is the frequency required for Registered Dietician's nutritional assessments?

**Answer #31:** A redetermination of a client's need to continue receiving food and meals services must be documented every six months. In the case of Home Delivered meals, this includes recertification from the client's medical provider of the need for home delivered meals. See pages 11-15 in the NHE and Food and Meals Standards.

**Question #32:** This question refers to pages 22-23. If there is a collaboration, do you need relevant experience of subcontractor?

**Answer #32:** Yes, relevant experience of a subcontractor should be described.

**Question #33:** Can Director of Education be a blended position?

**Answer #33:** There is no Director of Education in the NHE and Food and Meal program. Required positions are the Community Nutrition Educator and Nutrition Program Assistant. There are some additional recommended positions depending on the type of program designed. See pages 16-18 of the NHE and Food and Meal Standards under *Staffing Qualifications and Responsibilities*.

**Question #34:** In Component B - If you justify the need for both pantry and food voucher will the application be looked at unfavorably? In the RFA they indicated that you have to select food pantry or voucher but needed good justification for requesting both... just wanted to know if that would hurt us if we did that.

**Answer #34:** No. See page 7 of the RFA under *Components*.

**Question #35:** 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 #35:** 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 16 of the RFA, *How to File an Application*.

**Question #36:** If an application is received after 5PM on January 10, 2012, will it be considered?

**Answer #36:** 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 #37:** What is the address that applications should be mailed to?

**Answer #37:** 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

**Question #38:** 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 #38:** 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 and provide a description of those items using the justification page(s).

**Question #39:** Are the budget pages provided on the website in an Excel format?

**Answer #39:** Yes, the budget pages are included on the website in an Excel format.

**Question #40:** If we are already an AIDS Institute funded program, should we use the forms we already have? They include the information requested in Attachment 17.

**Answer #40:** No. Applicants should complete the information requested on the forms provided as Attachment 17, regardless of whether or not they are currently funded by the AIDS Institute.

**Question #41:** I cannot do a direct entry on the summary page as it is locked.

**Answer #41:** The summary budget forms should be accessed through your internet browser at: <https://email.health.state.ny.us/go/www.health.state.ny.us/funding/rfa/1005131015/index.htm> and then saved to the hard drive of your computer. Once saved to your hard drive, open the document without updating the links. Some of the pages are protected so if you are having problems entering information, you should unprotect the sheet by clicking on the tools button on your toolbar, click on "protection" and click on "unprotect sheet".