

New York State Department of Health AIDS Institute
Clinical Education Initiative
Request for Applications (RFA)
RFA#: 1311250810
Internal program # 13-0004
Component A: HIV/Hepatitis C Center for Excellence (HIV/HCV Center)
(Reissue)

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 #1311250810, Internal Program #13-0004. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

HIV/Hepatitis C Center for Excellence

Question 1: In the past 4 years CME and Nursing credits for CEI have been provided through a contract with SUNY School of Public Health. If the HCV/HIV Center is expected to provide all CME credits for every program in the State, is the expectation to continue that contract? Is it possible to continue that contract and if so, how much was the contract?

Answer 1: CME & CNE credits for CEI programs have been provided through a contract with the SUNY School of Public Health (SPH) in Albany on an annual basis for a number of years. The current contract with SPH is anticipated to expire December 31, 2014. The expiration date of the SPH contract provides for a six month overlap, from the start of the CEI contract with the HIV/HCV Center on July 1, 2014, giving the awardee time to develop and implement the required professional development credit program posted in the RFA. The applicant/awardee may choose any provider of credits approved through the Accreditation Council for Continuing Medical Education and the American Nurse's Credentialing Center's Commission which includes the SPH. Any negotiation with SPH or any other approved agency to meet this requirement shall be between the applicant and the approved agency.

Question 2: Is there a contact that CEI has worked with in the past that could provide a budget estimate as an idea of cost? This is a hard thing to budget.

Answer 2: If an applicant is interested in seeking additional information from the SUNY School of Public Health as an approved provider of continuing education credits through the Accreditation Council for Continuing Medical Education and the American Nurse's Credentialing Center's Commission you may contact the following:
Dawn Bleyenburg, 518-402-0335, dbleyenburg@albany.edu.

Question 3: What is the current funding amount paid to the *The National Clinician's Post-Exposure Prophylaxis Hotline* to answer the PEP calls from the state of New York?

Answer 3: For the CEI contract year of July 1, 2012 to June 30, 2013 the amount paid to The National Clinician's Post-Exposure Prophylaxis Hotline through a sub-contract of the CEI PEP Center to answer PEP calls and provide the NYS PEP Guidelines recommendations was \$52,000.

Question 4: Please provide call volume on a monthly basis for the PEpline?

Answer 4: For the calendar year 2012 the monthly average of calls from NYS to The National Clinician's Post Exposure Prophylaxis hotline was 78.

Question 5: On page 13 of RFA, Section IV.D.8, it is said "the HIV/HCV Center will award continuing medical education credits". Please clarify if this means that the HIV/HCV Center will be solely responsible to apply for accreditations of CME, CNE, etc., which will be available to use by the STD Center and the Resource Center – in other words, the STD Center and the Resource Center don't need to apply for CME/CNE themselves.

Answer 5: The HIV/HCV Center is responsible for the provision of professional development credits to the clinical audience attending any of the trainings in all three Centers including enduring credits.

Question 6: Page 8: To what degree do "clinical expertise and training" need to be provided "in" all areas of the state, especially HPSA and rural areas versus "to" clinicians in those areas remotely? How well do the PEP and HIV/HCV phone lines fulfill this requirement?

Answer 6: All CEI Centers have statewide responsibilities. New York State's large geographic area makes this extremely challenging. CEI strives to maximize its resources by a cadre of diverse faculty experts, dispersed throughout the state that will have the capability of conducting educational sessions in the various areas thus reducing travel costs and time associated with faculty being dispersed from only one site in the state. The role of the CEI line is to provide a clinical consultation line for HIV/HCV, PEP and STD clinical care which allows health care providers to discuss case-based issues with a clinical expert.

Question 7: Which organization currently receives funding for the HIV/Hepatitis C Center for Excellence?

Answer 7: There currently is not a specific center funded within CEI to be the HIV/Hep C Center of Excellence.

Question 8: What online registration system or product does the Resource Center utilize for live educational activities?

Answer 8: The CEI Resource Center, to be operational July 1, 2014, is tasked with the development of an on line registration system for all CEI educational activities.

Question 9: Is it mandatory to use their product if we have an existing product that would be most suitable for the activities?

Answer 9: It will be mandatory that all CEI Centers use the on-line registration system established by the Resource Center. It is important that a core set of data be gathered for CEI evaluation.

Question 10: What level of tracking/metrics are provided for distance learning and post-live enduring web programs? Are we able to request these metrics and customize them and, if so, will this tracking and reporting fall within the Resource Center's budget or ours?

Answer 10: The CEI Resource Center is responsible for development and management of CEI administrative data systems which will include distance learning and post live enduring web programs. All CEI Centers are mandated to use the Resource Center and each Center will have access to their data. Some Center specific customizing is allowed in consultation with the Resource Center.

Question 11: Is the Resource Center staffed and prepared to send technical crew to live programs as needed, or is there a limit or max to this per year that we would be advised of in advance, so that we can budget for any expected overage necessary to optimize outreach and program goals?

Answer 11: The Resource Center is staffed to provide technical consultation to the other CEI Centers. The utilization of onsite technical assistance for live programming has not been supported by the Resource Center. Technical support has been provided remotely. Anticipated on-site costs should be calculated into the applicant's budget.

Question 12: What IT and media capabilities does the HIV/HCV Center as well as the STD Center need to plan for, versus being provided them by the Resource Center. For example, videography and/or sound recording of conferences for the web or for webcasts? Is the answer the same if referring to off-site conferences and faculty experts, or ones at the home institution? The camera and microphones themselves? The people to do the recording? The people to edit the video and sound?

Answer 12: The HIV/HCV and STD Centers are responsible for their own IT and media resources (camera, microphone, recording, etc.) for on-site and off-site events. The Resource Center provides technical assistance as needed. Any webcasts or other electronic forums conducted by the HIV/HCV Center should be facilitated through the Resource Center for broadcasting on the CEI website.

Question 13: What are the responsibilities of the Resource Center in collaboration with the STD Center and the HIV/HCV Center?

Answer 13: The Resource Center is funded to provide the following services:

- Build capacity of other CEI Centers to employ the latest distance learning and teleconsulting technologies;
- Maintain CEI website and all existing CEI digital technology tools with a particular emphasis on mobile devices;
- Remain abreast of all the latest developments in distance learning modalities while developing multi-media learning modules, interactive case simulations and other training resources with a close link to practice guidelines, quality measures and clinical decision making;
- Implement a student portal system to solicit education needs, accommodate learning preferences, manage continuing professional development credits and facilitate CEI Administration on training requests, resource usage, and program evaluation;
- Promote CEI program and reach out to providers by maintaining a provider database;

- Evaluate CEI by assessing resource usability, usage and impacts to knowledge translation, healthcare processes and clinical outcomes; and
- Collaborate with other CEI Centers and coordinate communication, implementation, reporting and evaluation.

Question 14: What are the expectations around substance use and mental health trainings, given the restructuring of the Centers?

Answer 14: Pursuant to page 11 of the RFA, Section III C 4 & 5, the applicant has a responsibility for providing education related to the two topics referenced in your question:

4. Manage complex cases including co-morbidities of HIV, viral hepatitis and STDs;
5. Recognize and address mental health or substance use disorders that may impair prevention efforts for HIV, HCV and STDs and/or complicate management of patients with these co-occurring conditions.

Question 15: Can you please elaborate on the services that would be provided by an STD “medical home?”

Answer 15: Per RFA page 24, Section VI B 4 D (Training Methodologies and Delivery) 5, the STD medical home will provide services dedicated to issues of quality in STD screening, diagnosis and management.

Question 16: Can you elaborate on the role of the HIV/HCV Center in NY LINKS? What are the expectations of this?

Answer 16: Pursuant to page 14 of the RFA, Section III F 6, the applicant will actively encourage providers to participate in NYLINKS, keep track of those participating and not participating, and provide this information to the AIDS Institute. (<http://newyorklinks.org/>)

WORKPLAN

Question 17: Define what is expected of the applicant in the last column of the workplan.

Answer 17: The workplan required in the RFA document is a new format initiated by NYS and specifics related to it will be negotiated with the funded applicant. The formatted workplan required within the CEI RFA is requesting the applicant to list target date, performance measurements and progress to date in the last column. The AIDS Institute requests the following from the applicant:

Target date - anticipated date that the stated objective from column 1 will be met.

Performance measurement - a quantifiable indicator or task that the applicant will use or implement to achieve stated objective in column 1.

Progress to date - this section of the column will only be completed at the time of the quarterly reporting and year end reporting requirement. It will state the contractor's progress to date in achieving the stated objective from column 1.

Question 18: Why does 25% of the proposed budget need to be allocated for testing, pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP)?

Answer 18: PEP and PrEP are AIDS Institute priorities.

Question 19: Page 10: Does DOH have specific or specific types of curriculum design and development software in mind where it is mentioned that such software is "required" or is standard word processing software adequate?

Answer 19: CEI does not require specific types of curriculum design and development software. AIDS Institute requests that new/developmental software be approved prior to use. The applicant must assure at a minimum the following per Section IV, B 4 A (Organizational Infrastructure and Staffing) 3 of the RFA:

- a. Computers with internet access, access to an interactive webinar platform and software needed for curriculum design and development.
- b. Equipment such as video cameras, microphones, etc. needed to conduct distance learning activities such as webinars or tele-health consultations, etc.

Question 20: Are pharmacists a target audience for this RFA?

Answer 20: As per page 11, Section III B 1, pharmacists are defined as part of the targeted audience of PrEP and PEP educational events and should also be considered as part of a clinical audience for any other educational events hosted by the applicant under this RFA.

FUNDING

Question 21: On page 17 of RFA, Section V.G, it is said “contracts resulting from this RFA will have the following multi-year time period: July 1, 2014 – June 30, 2019”. Please clarify if this means annual renewal of contract is no longer required.

Answer 21: Annual contract renewal “paperwork” will not be required; however, annual budget and workplan submittals will be required.

BUDGET

Question 22: For subcontract, the federal government allows the primary contractor to charge indirect (administrative) costs for the first \$25k of the subcontracted work to cover the administrative overhead involved in subcontracting. Please clarify if the State government uses the same practice here.

Answer 22: The DOH would follow the federally approved rate agreement of each applicant, as long as the total amount requested doesn't exceed the 10% indirect costs limit, as specified in the RFA.

Question 23: Page 10, section 2: 25% of budget is toward testing, PEP and PrEP activities. What is the denominator? Total budget of 991.5K? Budget remaining after institutional overhead? Budget remaining after overhead and salaries for personnel come off?

Answer 23: The denominator to be used in planning for PEP/PrEP activities under this application will be the annual total funding, \$991,500.

Question 24: p. 10 paragraph C: For the description of the Faculty Subject Area Experts, when it says that "Responsibilities include providing subject specific clinical expertise as needed, developing curriculum and conducting educational sessions on a per diem basis, or contractual basis that must not include any administrative costs and/or institutional fringe benefit rates, or as a current staff member of the applicant's agency" Please clarify. Are you saying that 1) an institution CANNOT charge a percentage of a faculty member's salary with associated fringe benefits to conduct educational sessions/preceptorships, but educational sessions/preceptorships MAY BE provided by the contracting institution's existing faculty as long as they are paid an honorarium directly as outlined in Attachment 7 OR are you saying that faculty who are currently employed by the funded institution cannot receive any compensation at all.

Answer 24: Faculty from the applicant's institution can be listed within the budget of the application with associated fringe etc. When going outside the applicant's institution for faculty with clinical expertise to present educational programs the guidance referenced on page 10, Section III A 1 c should be followed regarding the payment of an honorarium to the faculty person.

Question 25: p. 10 paragraph C: Curriculum and distance education development are not specifically included within the activities outlined in Attachment 7. May a percentage of a clinician (MD/DO, PA, NP) and associated fringe be included in the budget as salary to support activities other than presentations and preceptorships.

Answer 25: A percentage of effort and associated fringe can only be charged to the budget when the faculty is on staff with the applicant's own institution.

Question 26: p. 10 paragraph C: When you say "must not include any administrative costs" are you saying that all funding allocated for honoraria must exclude indirect? Attachment 8a, 2nd page, Tab 5 indicates that 10% indirect may be charged to total direct costs.

Answer 26: Contractual Services Category:
When budgeting for contractual services the applicant can only budget direct program services expenses, such as stipend/honorarium paid directly to an individual/agency. Administrative expenses cannot be included within the contractual services category. For example, it is not acceptable to enter into a subcontract with a hospital that will require salary, fringe and administrative costs. It is acceptable to contract with an individual/agency and pay a stipend/honoraria.

Overall Budget:

An applicant may charge 10% administrative costs on all applicable direct costs in the total budget. The direct cost base may include contractual service expenses (honorarium), unless the applicant has a federally approved rate agreement that excludes such costs. Contractors who have a federally approved rate agreement should calculate the administrative base as stipulated in the agreement.

Question 27: Is the 24 hour phone consultation line to be utilized for PEP, the only subcontract referred to above, or can training around these topics be additionally subcontracted?

Answer 27: The CEI Line is to be utilized for three specific content areas, as stated on page 13, Section III D 7, of which PEP is one of them. The service for this telephone line can be contracted out. Training conducted relative to PEP should be conducted, as all other educational programs, through the applicant's own institution or through the use of Faculty Subject Area Experts as defined on page 10, Section III, A, 1, c.

Question 28: If we are using a subcontractor to help arrange certain event programming or program logistics, would pass-through expenses for those programs be considered to be under the subcontract limit, or would these expenses be treated separately?

Answer 28: Any subcontractor agreement over \$100,000 would be subject to the requirements spelled out in the RFA regardless of the type of work to be carried out.

Question 29: Which expenses in the HIV/HCV budget are considered to be "Administrative expenses" and therefore subject to the limits on page 18, paragraph "I"? Certainly the 10% institutional overhead would be. Anything else?

Answer 29: Indirect Costs include 10% of direct costs (program related) and consist of expenses not directly related to program activity, such as fiscal oversight salaries, payroll processing and any associated expense. The Indirect Costs are capped at 10%. Those agencies with a federally approved rate agreement should follow the conditions specified in their agreement, which define the direct cost base.

ADMINISTRATIVE REQUIREMENTS

Question 30: On page 18 of RFA, Section V.I, it is mentioned that limitations on executive compensation is in effect. Please clarify if the salary cap of \$199k (as defined by the Executive Order #38) applies here.

Answer 30: Executive Order 38 does apply to executive staff funded on this contract. However, physicians that work in a physician capacity are exempt from this executive order. If an MD is funded on the contract and is an ED of an organization but not practicing then they would be subject to EO38.

ELIGIBILITY

Question 31: RFA page 9, Part II: "Who May Apply?" (not for profit academic medical centers and universities) We are a branch of the NYC Health and Hospital Corporation and serve as a teaching affiliate of Mt. Sinai Medical Center. Are we eligible to apply?

Answer 31: Any institution may apply as long as the applicant can determine that they meet the criteria as stated on page 9, Section F II - All applicants must be located in and conduct business in NYS. Additional minimum eligibility requirements are: Not for Profit academic medical centers and universities. Any applicant that does not meet this criteria will not be considered.

STAFFING

Question 32: Section III A 1 a, page 9: Do each of the staff positions percent of effort listed in the document need to be as stated?

Answer 32: The Program Director must be 100% effort and the Medical Director must be at a minimum of 25% effort. Other staffing positions can be set at a percentage established by the applicant.

Question 33: Section III A 1 a, page 9: Can the Medical Director's time be "in kind"?

Answer 33: No. The Medical Director's time must be a minimum of 25% FTE and charged to this grant.

Question 34: Are Faculty Subject Area Experts to be employed by the HIV/HCV Center? Can they be existing faculty of the Center?

Answer 34: As a statewide center it is economically important to reach beyond your own center and form relationships with faculty that are geographically dispersed throughout the state and known as experts in their field. Any agreement made with such faculty shall be with the faculty person versus an institution that would include administrative costs and fringe benefits. A staff member of the applicant's agency can be considered faculty and a small percentage of their time can be allocated to the budget.

Question 35: Page 10 and Page 26: Faculty Experts may only be paid per diem or by contract without administrative costs or fringe. How about those experts who are manning the HIV/HCV warmline? In order to free them up on a regular basis during the working day, and also have malpractice coverage for their work, we would need a percentage of their effort paid to the institution, and this would need to include fringe, at least. and how would these faculty be properly listed in the budget documents?

Answer 35: The HIV/HCV call line can be covered by your institutional faculty given the issues raised by malpractice coverage. This would be listed in "*personnel section on the budget sheets*". Please see answer to question 29.

Question 36: Page 13: What level of clinical oversight is expected by the Medical Director on the calls to the PEP and HIV/HCV lines, particularly related to clinical recommendations made by the experts on the line? For example, are the calls expected to be recorded and then reviewed, which would be the most time consuming of all potential options?

Answer 36: The Medical Director of the HIV/Hep C Center of Excellence is ultimately responsible for all aspects of the Center including administrative oversight of the three components of the CEI line. Whatever arrangements are made by the applicant to establish and conduct this multiple line service, its Medical Director not needing to be a content specific expert, is responsible for assuring the following per RFA, page 13, Section III D 7 a-d:

All information provided to callers will be consistent with either AIDS Institute clinical guidelines or CDC STD Guidelines:

- a. The HIV/HCV Center will staff the PEP Line which will address prevention and treatment services such as PEP, nPEP and PrEP. PEP Line consultative requests require a response within 20 minutes 7 days a week.
- b. The HIV/HCV Center will staff the HIV/Hepatitis C Line. All responses to the HIV/Hepatitis C Line are expected to occur within 24 hours (or within 72 hours on the weekend) from the time the call was received.

- c. The HIV/HCV Center's CEI line should include the capacity to direct callers to the STD Line. The STD Line will be staffed by the STD Center clinical staff and under the direction of its medical director. This line should be functional from Monday-Friday from 8 am to 8 pm with the capacity for expanding hours of operation in response to identified need. All responses to the STD Line are expected to occur within 24 hours (or within 72 hours on the weekend) from the time the call was received.
- d. Calls for all three lines should be documented and reviewed by the appropriate Medical Director for prompt response and clinical oversight and a record of the calls submitted as part of the quarterly and annual reports.

Question 37: p. 10, paragraph B: For the 1 FTE requirement for the CEI Center Program Director, could this position / role be split into two different people with percentages that equal 1 FTE, ie, one person working 40% as Program Director and second person working 60% as Program Director?

Answer 37: It is the intent of CEI that the program director will be a single person for this 100% FTE position.

Question 38: RFA p 9-10, "Organizational Infrastructure and Staffing":

Can additional medical personnel be hired beyond the Medical Director? Examples would be adherence nurses and other clinicians.

Answer 38: Each applicant has the latitude of determining the necessary staff needed to administer a large scale statewide clinical education initiative relative to HIV and HCV. It is expected that any effort of a clinician's time will be relative to the educational duties of the Center and not be allocated to direct service provision.

Question 39: Can additional program personnel be hired or contracted with, such as curriculum developers?

Answer 39: Each applicant has the latitude of determining the necessary staff/contractors needed to administer a large scale statewide clinical education initiative. Each position should be able to carry out the duties and requirements of the Center with appropriate justification. Please see answers to 29, 38 and 40.

Question 40: Can faculty from the already determined STD Center and Resource Center (University of Rochester) be budgeted faculty for the HIV/HCV Center?

Answer 40: No. A faculty member at one of the other CEI centers can be asked to present as part of their current CEI responsibilities in a collaborative effort.

Question 41: Can faculty who may be submitting applications on behalf of their own organizations as medical directors or faculty, be named faculty on competing applications?

Answer 41: Yes. Faculty can be named on competing applications but when going outside the applicant's institution for faculty with clinical expertise to present educational programs. The guidance referenced on page 10, Section III A 1 c should be followed regarding the payment of an honorarium to the faculty person.

MISCELLANEOUS

Question 42: What are the current arrangements by which the ACT HIV and PRN conferences are posted on the CEI site?

Answer 42: CEI has a Memorandum of Understanding (MOU) with PRN and ACTHIV. These organizations submit recorded material of clinically related educational programs to the Resource Center for editing and review by the Medical Director prior to placement on the CEI website.

Question 43: Master Contract page 16: please further describe the process for subcontracts that are over \$100,000. How arduous will this be? To what degree should an applicant strive to avoid such a large subcontract?

Answer 43: Subcontracts that exceed \$100,000 over the 5 year term of the contract will require a Vendor Responsibility Questionnaire (VRQ) to be completed, just as the directly funded CEI contractor is required. It's the same requirement that you as the applicant faces ... keeping in mind that you are requesting the same from the subcontractor. Large subcontracts, at or above \$100,000.00, though not disallowed, may be reviewed in greater detail.

Question 44: Attachment 7: Regarding preceptorships. A clinician providing a preceptorship will generally be providing the preceptorship during his/her work day at an institution. May the honoraria for the preceptorships be payable to the institutions where the training is provided, rather than directly to clinicians?

Answer 44: Yes an honorarium can be paid to the institution hosting the on-site preceptorship program in lieu of the faculty person directly. Preceptorships are traditionally conducted within a clinical setting of an institution and therefore a payment to the institution is allowable. Payments to an institution in this situation would normally be agreed upon in advance with the institution in a Memorandum of Understanding at a set fee, as referenced in Attachment 7, and not include administrative costs.

Question 45: Page 11: What is meant by the HIV/HCV Center working "in concert with" the Resource Center on the needs assessments? What is expected of the HIV/HCV Center in this process? What will the Resource Center provide?

Answer 45: The Resource Center is responsible for all the data collection and evaluation of CEI. The needs assessment is a critical component of the quality improvement process. The HIV/HCV Center works with the Resource Center (evaluation experts) to refine the needs assessment tool.

Question 46: What would NYS consider outcomes, benchmarks, or milestones of HIV/HCV/STD service integration?

Answer 46: The AIDS Institute has established five priorities in its effort to meet its mission. These priorities support the integration of HIV/HCV/STD and have a direct impact on CEI activities. The AIDS Institute's Priorities Document is available at:

http://www.health.ny.gov/diseases/aids/general/about/30_years/docs/priorities.pdf.

Question 47: Will the HIV/HCV Center of Excellence work independent of the other CEI Centers?

Answer 47: No. Per RFA page 14, Section III, F, 1, the HIV/HCV Center will continually work with the other CEI training centers to ensure coordination across the initiative, to maximize medical education outcomes and promote the most efficient use of resources.

Question 48: 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 48: 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.

Question 49: If an application is received after 5PM on March 4, 2014, will it be considered?

Answer 49: 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 50: What is the address that applications should be mailed to?

Answer 50: As stated on page 16 of the RFA, 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 51: If we are already an AIDS Institute funded program, should we use the budget forms we already have? They include the information requested in Attachment 8.

Answer 51: No. Applicants should complete the information requested on the forms provided as Attachment 8, regardless of whether or not they are currently funded by the AIDS Institute. The budget forms have been revised due to the implementation of the State's Grants Gateway system.