

**New York State  
Department of Health**  
*Division of HIV and Hepatitis Health Care  
Bureau of Ambulatory Care Services*  
And  
Health Research, Inc.

**Request for Applications - RFA Number #24-0003**

***Advancing Health Equity through Comprehensive Community-Based HIV  
Ambulatory Care Services – Reissue***

**Component A: Retention and Adherence Program (RAP)**

***Component A applicants may submit one (1) application per site.***

**Component B: Family-Focused Health Care for Women (FFHC)**

***Component B applicants may submit one (1) application per region.***

**This procurement encompasses two (2) Components.**

***Applicants may submit more than one (1) application as per the guidance specific to the  
Component.***

**KEY DATES**

<b>RFA Release Date:</b>	<b>May 22, 2024</b>
<b>Applicant Conference:</b>	<b>June 12, 2024, at 9:30 AM ET</b>
<b>Applicant Conference Registration:</b>	<a href="https://aidsinstituteny-org.zoom.us/webinar/register/WN_899v8nIbTn6DNTxFoBPTIq">https://aidsinstituteny-org.zoom.us/webinar/register/WN_899v8nIbTn6DNTxFoBPTIq</a>
<b>Questions Due:</b>	<b>June 14, 2024, by 4:00 PM ET</b>
<b>Questions, Answers and Updates Posted: (on or about)</b>	<b>July 1, 2024</b>
<b>Applications Due:</b>	<b>July 17, 2024, by 4:00 PM ET</b>

**Contact Name & Address:**

Margaret Smalls  
Director, Bureau of HIV Ambulatory Care Services  
New York State Department of Health/AIDS Institute  
Email: [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov)

**How to File an Application:**

Applicants **must** submit one (1) PDF version of the entire application (including Application Cover page (Attachment 1), Application Checklist (Attachment 2), Narrative, and all other Attachments) to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov) by the due date shown above in Key dates. The subject of the email line should reference (Advancing Health Equity RFA - Reissue 2024). Applications will only be accepted electronically to the Bureau Mail Log (BML) as stated in the instructions. Applications will not be accepted via fax, hard copy, courier, or hand delivery. Late applications will not be accepted.

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## I. INTRODUCTION

The New York State Department of Health AIDS Institute and Health Research, Inc. announce the availability of federal funds to provide services to improve health outcomes and address health disparities experienced by people living with HIV/AIDS (PLWH/A) in New York State. The intent of the Request for Applications is to fund \$3,182,870 annually through June 30, 2028.

This Request for Applications contains the following two (2) distinct components:

Component A: Retention and Adherence Program (RAP)

Component B: Family-Focused Health Care for Women (FFHC)

### A. Background/Intent

As a national leader in the fight to End the HIV epidemic, the New York Department of Health AIDS Institute has invested significant resources to increase access to high-quality HIV prevention, care, and treatment services designed to eliminate the transmission of HIV and improve the medical outcomes of people living with diagnosed HIV (PLWDH). The success of these interventions is demonstrated by a declining number of new HIV diagnoses, increases in linkage to, and retention in care, with higher percentages of patients achieving sustained viral load suppression.

In New York State, the number of persons newly diagnosed with HIV has decreased 34% from 2013 to 2022 with a 46% decrease in new AIDS diagnoses since 2013<sup>1</sup>. In 2022, 79% of People Living with Diagnosed HIV in New York State were virally suppressed<sup>2</sup>.

Though progress has been achieved through current programming efforts to end the HIV epidemic, success has not been equitable across all age groups and communities, especially among Black, Indigenous, and People of Color communities. New York State HIV Surveillance confirms that the HIV epidemic continues to disproportionately impact women, and men who have sex with men (MSM) from Black, Indigenous, and People of Color communities.

In 2022, non-Hispanic Black/African American people represented 15.21% of the population of New York State but accounted for 41% of new HIV diagnoses; and Hispanic persons represented 19% of the population of New York State yet constituted 35.8% of new HIV diagnoses. The severity of this disparity is confirmed when rates among those newly diagnosed with HIV are compared by race/ethnicity. The rate of new HIV diagnoses among non-Hispanic Black individuals was 7.6 times higher than the rate for non-Hispanic White individuals; and the rate for Hispanic individuals was 4.8 times higher than the rate for non-Hispanic White individuals. The prevalence rate of HIV among non-Hispanic Black individuals was 7.7 times higher than their non-Hispanic White counterparts; and similarly, among Hispanic individuals, the prevalence rate was 4.1 times higher than their non-Hispanic White counterparts.

2022 surveillance data<sup>3</sup> highlights include:

- Persons –younger than 40 years old represented 69% of new diagnoses and 55.8% of concurrent diagnoses.<sup>3</sup>

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<sup>1</sup> [R.I.C.H. Report New York State \(ny.gov\)](#)

<sup>2</sup> [HIV Care in New York State \(ny.gov\)](#)

<sup>3</sup> [New York State HIV/AIDS Annual Surveillance Report 2022 \(ny.gov\)](#)

- Men who have sex with men represented 55.5% of new HIV diagnoses and 23.6% of concurrent diagnoses.<sup>3</sup>
- Non-Hispanic Black/African American people represented 40.66% of individuals newly diagnosed with HIV and 16% of concurrent diagnoses.<sup>3</sup>
- Hispanic people accounted for 35.8% of new HIV diagnoses and 17.6% of concurrent diagnoses.<sup>3</sup>
- Black Women represent 58% of Women Living With Diagnosed HIV in New York State, while only representing 18% of the total population of women.<sup>4</sup>
- Hispanic Women represent 28% of Women Living With Diagnosed HIV in New York State, while only representing 19% of the total population of women.<sup>4</sup>
- Non-Hispanic Black Women are less likely to be virally suppressed, with only 77% achieving viral suppression compared to 82% among Hispanic and White New York Women.<sup>4</sup>

These data are stark confirmation of the disproportionate burden and HIV health inequity faced by Black, Indigenous, and People of Color communities, men who have sex with men, and Black, Indigenous, and People of Color women of child-bearing age who are prioritized to receive services through this Request for Applications.

The New York State Department of Health AIDS Institute is committed to achieving health equity by identifying and responding to the social determinants identified through funded programming, employing cross-sector partnerships to address the non-medical needs of patients more effectively, and by addressing institutional and structural racism to promote equal access and care for all.

Health equity is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health (SDOH). HIV health disparities are inextricably linked to a complex blend of social determinants that impact the outcomes of HIV direct and supportive services. Community health centers are well positioned to assess and address their patients' social determinants of health because primary care is a natural point of integration among clinical care, public health, behavioral health, and community-based services.

To effectively improve health outcomes, it is important to look at both disparities and social determinants of health to identify and address the root causes (i.e., racism, classism, sexism). Funded programs should proactively address intersectional factors impacting racial and ethnic disparities using a health equity framework.

This Request for Applications intends to improve HIV health equity through the delivery of funded services and the development of clinical-community partnerships designed to address the non-medical social needs identified. Funded services will occur in community-based ambulatory care settings by multidisciplinary teams that incorporate sexual health, health equity, and social determinants of health principles and frameworks. Services delivered must be “person-centered” and responsive to the complex clinical and non-clinical needs of the priority populations, to achieve the goals of reducing health disparities and health inequities. Successful applicants will provide integrated and innovative interventions that effectively promote linkage to, retention in, and re-engagement in care, address barriers experienced by consumers, and increase the use of Antiretroviral therapy (ART) among Black, Indigenous, and People of Color communities. Proposed models of care should be community-driven and address HIV and

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<sup>4</sup> [2024 National Women and Girls HIV/AIDS Awareness Day – Ending the Epidemic \(etedashboardny.org\)](https://www.etedashboardny.org)

medical treatment beliefs, racism, social determinants of health, patient-provider relationships, stigma, and trauma.

In June 2014, New York State announced a three-point plan to end the AIDS epidemic in New York State.<sup>5</sup> This plan provided a roadmap to significantly reduce HIV infections to a historic low by the end of 2020, with the goal of achieving the first-ever decrease in HIV prevalence. The plan also aimed to improve the health of New Yorkers living with HIV and was the first jurisdictional effort of its kind in the U.S. The three points highlighted in the plan are:

- 1) Identify persons with HIV who remain undiagnosed and get them linked to care;
- 2) Link and retain persons diagnosed with HIV in health care to maximize viral suppression; and
- 3) Increase access to Pre-Exposure Prophylaxis (PrEP) for persons who are HIV negative.

New York State has been laying the groundwork for ending the AIDS epidemic since the disease emerged in the early 1980s. New York State's response to the HIV/AIDS epidemic has involved the development of comprehensive service delivery systems that evolved over time in sync with the evolution of AIDS from a terminal illness to a manageable chronic disease. This strategy enabled the state to implement new technologies as they were introduced, including new treatments, new diagnostic tests, and Pre-Exposure Prophylaxis. By building upon each individual success and relying on a strong administrative infrastructure, the state was able to roll out innovative programs quickly to achieve the greatest impact. Ending the epidemic in New York State is within reach, thanks to aggressive and systematic public health initiatives that have made it possible to drive down rates of new infections. The State's Ending the Epidemic (ETE) initiative was launched with visionary leadership and extensive stakeholder leadership and participation.

The components contained in this Request for Applications address these Ending the Epidemic Blueprint (BP) recommendations:

- BP3: Address acute HIV infection.
- BP4: Improve referral and engagement.
- BP5: Continuously act to monitor and improve rates of viral suppression.
- BP7: Use client-level data to identify and assist patients lost to care or not virally suppressed.
- BP8: Enhance and streamline services to support the non-medical needs of all persons with HIV.
- BP13: Create a coordinated statewide mechanism for persons to access Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis and prevention focused care.
- BP26: Provide hepatitis C testing to persons with HIV and remove restrictions to hepatitis C treatment access based on financial considerations for individuals co-infected with HIV and hepatitis C.
- BP28: Equitable funding where resources follow the statistics of the epidemic.
- BP29: Expand and enhance the use of data to track and report progress.

The Ending the Epidemic Blueprint continues to guide all Ending the Epidemic efforts. The Ending the Epidemic Addendum Report is a written report that provides an overview of the past five years of New York State's Ending the Epidemic initiatives, as well as a summary of the

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<sup>5</sup> [Ending the Epidemic Blueprint Executive Summary \(ny.gov\)](#)

community feedback sessions that were conducted in 2020 to assist in identifying areas of focus for Ending the Epidemic beyond 2020.

The Ending the Epidemic Blueprint and the Ending the Epidemic Addendum report are available on the New York State Department of Health website at: [www.health.ny.gov/endingtheepidemic](http://www.health.ny.gov/endingtheepidemic)

In November 2021, New York State released its plan<sup>6</sup> to eliminate hepatitis C as a public health problem in New York State by 2030. To achieve the goal of hepatitis C elimination, concerted efforts are needed to ensure access to timely diagnosis, care, and treatment for all people with hepatitis C. New York State plans to eliminate hepatitis C by:

- Enhancing hepatitis C prevention, testing, and linkage to care services for people who inject drugs, people who are incarcerated, men who have sex with men, and other populations disproportionately impacted by hepatitis C infection.
- Expanding hepatitis C screening and testing to identify people living with hepatitis C who are unaware of their status and link them to care.
- Providing access to clinically appropriate medical care and affordable hepatitis C treatment without restrictions and ensure the availability of necessary supportive services for all New Yorkers living with hepatitis C.
- Enhancing New York State hepatitis C surveillance, set and track hepatitis C elimination targets, and make this information available to the public.
- Addressing social determinants of health (SDOH).

Other relevant resources are the National HIV/AIDS Strategy (NHAS) and the New York State Prevention Agenda. The National HIV/AIDS Strategy is a five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic. The National HIV/AIDS Strategy five-year plan and updates to the strategy through 2025 can be found at: [National HIV/AIDS Strategy \(2022-2025\) | HIV.gov](http://NationalHIV/AIDSStrategy(2022-2025)|HIV.gov). The New York State Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, and low socioeconomic groups, as well as other populations who experience them. The New York State Prevention Agenda can be found on the following website: [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/).

## **B. Available Funding**

Up to \$3,182,870 in Health Research, Inc. funding is available annually to support Components A and B through this Request for Applications. The awards allocated per component will not exceed the annual amounts listed in the tables below.

### **Component A: Retention and Adherence Program (RAP)**

Up to \$2,432,870 in Health Research, Inc. funding is available annually to fund up to ten (10) awards for Component A. Funding for Component A will be allocated to applicants as stated in the chart below. Annual Awards will not exceed \$250,000.

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<sup>6</sup> [NYS Hepatitis C Elimination Plan](#)

<b>New York State Department of Health Region</b>	<b>Maximum Annual Award Amount</b>	<b>Number of Awards</b>
Central New York	\$250,000	1
Finger Lakes	\$250,000	1 to 2
Long Island	\$250,000	1 to 2
Mid-Hudson Valley	\$250,000	0 to 1
New York City - Brooklyn	\$250,000	0 to 2
New York City - Queens/Staten Island	\$250,000	0 to 1
Northeastern New York	\$250,000	1 to 2
Southern Tier	\$250,000	1 to 2
Western New York	\$250,000	0 to 1

**Central New York:** Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Chenango, Onondaga, Oswego, and St. Lawrence counties

**Finger Lakes:** Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties

**Long Island:** Nassau and Suffolk counties

**Mid-Hudson Valley:** Dutchess, Orange, Sullivan, and Ulster counties

**Northeastern New York:** Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties

**Southern Tier:** Broome, Chemung, Cortland, Delaware, Otsego, Tompkins, and Tioga counties

**Western New York:** Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming counties

**Applicants for Component A may submit one (1) application per site.**

**Applicants must propose services at a single site. A separate application is required for each site proposed. Applications for Component A must propose to render services at a single geographic location currently licensed by the New York State Department of Health under Article 28 of the Public Health Law. Applications proposing funded services at multiple locations will be deemed ineligible and disqualified from further consideration.**

- Awards will be made to the highest scoring applicants in each region, up to the minimum number of awards indicated for that region.
- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any region, Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to:
  - Fund an application scoring in the range of (60-69) from a region and/or
  - Apply unawarded funding to the next highest scoring applicant(s) in other region(s) until the maximum number of awards per region is met.
- If there is an insufficient number of fundable applications in a region, the maximum number of awards may not be met for that region. Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to re-solicit any region where there are an insufficient number of fundable applications.
- If funding remains available after the maximum number of acceptable scoring applications is awarded to each region, Health Research, Inc./New York State

Department of Health AIDS Institute reserves the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.

- Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to revise the award amounts as necessary due to changes in the availability of funding.
- Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to shift funding from one Component of the Request for Applications to another Component should an insufficient number of fundable applications be received in any Component.

Should additional funding become available, Health Research, Inc./New York State Department of Health AIDS Institute may select an organization from the pool of applicants deemed not funded, due to limited resources. If it is determined that the needed expertise/services are not available among these organizations, Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to establish additional competitive solicitations.

Current Contractors: If you choose not to apply for funding, the New York State Department of Health AIDS Institute highly recommends notifying your community partners of your intent. This will ensure that community members and providers are aware of the discontinuation of the program and services.

Ryan White funding is the “payer of last resort”. Please see **Ryan White Guidance for Part B Direct Service Subcontractors – Attachment 3** for funding restrictions.

Funds under this Request for Applications are considered dollars of “last resort” and can only be used when there are no options for other reimbursement. Grant funding cannot be used to reimburse for services that are able to be billed to a third party (i.e., Medicaid, AIDS Drug Assistance Program, Pre-exposure Prophylaxis Assistance Program (PrEP-AP), private health insurance, Gilead patient assistance, co-pay assistance programs, etc.). A provider cannot use grant funds in lieu of billing for services to a third party.

**Component B: Family-Focused Health Care for Women (FFHC)**

Up to \$750,000 in Health Research, Inc. funding is available annually to fund up to two (2) awards for Component B. The allocation method used for this component is based on the statewide incidence of perinatal HIV infection.

New York State Department of Health Region		Maximum Annual Award Amount	Number of Awards
Rest of State (ROS)*		\$200,000	0 to 1
New York City Regions	Bronx	\$375,000	1
	Manhattan	\$375,000	1 to 2

**\*ROS includes: Central New York:** Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins, Broome, Chenango, and Tioga counties; **Finger Lakes:** Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties; **Long Island:** Nassau and Suffolk counties; **Lower Hudson Valley:** Putnam,



Rockland, and Westchester counties; **Mid-Hudson Valley:** Dutchess, Orange, Sullivan, and Ulster counties; **Northeastern New York:** Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties; **Southern Tier:** Broome, Chemung, Cortland, Delaware, Otsego, Tompkins, Tioga; **Western New York:** Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming counties

**Applicants may submit one (1) application per region. A separate application must be submitted for each region proposed. Applications for Component B must propose to render services at a single geographic location licensed by the New York State Department of Health under Article 28 of the Public Health Law. Applications that propose funding services at multiple locations will be deemed ineligible and disqualified from further consideration.**

- Awards will be made to the highest-scoring applicants in each region, up to the minimum number of awards indicated for that region.
- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any region, Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to:
  - Fund an application scoring in the range of (60-69) from a region and/or
  - Apply unawarded funding to the next highest scoring applicant(s) in other region(s) until the maximum number of awards per region is met.
- If there are an insufficient number of fundable applications in a region, the maximum number of awards may not be met for that region. Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to re-solicit any region where there are an insufficient number of fundable applications.
- If funding remains available after the maximum number of acceptable scoring applications is awarded to each region, Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to revise the award amounts as necessary due to changes in availability of funding.
- Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to shift funding from one Component of the Request for Applications to another Component should there be an insufficient number of fundable applications received in any Component.

Should additional funding become available, Health Research, Inc./New York State Department of Health AIDS Institute may select an organization from the pool of applicants deemed not funded, due to limited resources. If it is determined that the needed expertise/services are not available among these organizations, Health Research, Inc./New York State Department of Health AIDS Institute reserve the right to establish additional competitive solicitations.

**Current Contractors:** If you choose not to apply for funding, the New York State Department of

Health AIDS Institute highly recommends notifying your community partners of your intent. This will ensure that community members and providers are aware of the discontinuation of the program and services.

Ryan White funding is the “*payer of last resort*”. Please see **Ryan White Guidance for Part B Direct Service Subcontractors – Attachment 3** for funding restrictions.

Funds under this Request for Applications are considered dollars of “last resort” and can only be used when there are no options for other reimbursement. Grant funding cannot be used to reimburse for services that are able to be billed to a third party (i.e., Medicaid, AIDS Drug Assistance Program, Pre-exposure Prophylaxis Assistance Program (PrEP-AP), private health insurance, Gilead patient assistance, co-pay assistance programs, etc.). A provider cannot use grant funds in lieu of billing for services to a third party.

## II. WHO MAY APPLY

**A. Minimum Eligibility Requirements –Applicants are required to meet all Minimum Eligibility Requirements listed for the component for which they are applying. Applications that do not meet all Minimum Eligibility Requirements will not be considered or reviewed.**

### Component A

All applicants must meet the following Minimum Eligibility Requirements:

- Applicant must propose to render services at a **single geographic location** licensed by the New York State Department of Health under Article 28 of the Public Health Law and submit the **Article 28 Operating Certificate** that includes the address proposed for funding, as **Attachment 4**.
- Applicant must be a not-for-profit 501(C)(3) organization.
- Applicant must utilize an electronic health record (EHR) system. Applicants must submit **Attachment 5 - Electronic Health Records (EHR) Assessment**.
- Applicant must have the capacity to collect Social Determinants of Health (SDOH) and Sexual Orientation Gender Identity (SOGI) data within the electronic health record (EHR).
- Applicant must submit **Attachment 6 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed in **Attachment 6**.

### Component B

All applicants must meet the following Minimum Eligibility Requirements:

- Applicant must propose to render services at a **single geographic location** licensed by the New York State Department of Health under Article 28 of the Public Health Law; and submit the **Article 28 Operating Certificate** that includes the address proposed for funding as **Attachment 4**.
- Applicant must be a not-for-profit 501(C)(3) organization.
- Applicant must utilize an electronic health record (EHR) system. Applicants must complete **Attachment 5 - Electronic Health Records (EHR) Assessment**.
- Applicant must have the capacity to collect Social Determinants of Health (SDOH) and Sexual Orientation Gender Identity (SOGI) data within the electronic health record (EHR).

- Applicant must submit **Attachment 6 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed in **Attachment 6**.
- Applicant must provide co-located HIV primary care and supportive services for individuals who are planning a pregnancy, birthing, persons of childbearing age, are pregnant, or are the primary caregiver to their dependent children and are living with HIV.

### III. PROJECT NARRATIVE/WORK PLAN OUTCOMES

This Request for Applications aims to improve HIV health equity and reduce HIV disparity by delivering health care services modeled to ensure quality HIV clinical care and systemic practices that mitigate the impact of racism and address the social determinants of health experienced by community health center patients.

To achieve these aims, funded applicants should provide comprehensive, [patient-centered](#)<sup>7</sup> health service models that utilize a [health equity lens](#).<sup>8</sup> incorporate the **Bureau of HIV Ambulatory Care Request for Applications Guiding Principles - Attachment 7**, and routinely collect and analyze social determinants of health data. Successful models use social determinants of health data to develop tailored clinical-community partnerships responsive to the spectrum of non-medical social needs contributing to health inequity. Additionally, programs implement self-correcting strategies to ensure efforts target those disproportionately impacted.

Successful applicants will demonstrate current organizational engagement with the priority population for the Component for which you are applying using HIV surveillance, cascade, and disparity data for the selected region.

Applicants may propose innovation-based programming tailored to the needs and service gaps identified through organizational community needs assessments, demonstrated experience with the priority population, and feedback obtained from people living with HIV/AIDS. In addition, applicants may propose innovative or evidence-based services not outlined in the scope of services consistent with the outcomes, guiding principles, and eligible costs as stipulated in this Request for Applications.

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<sup>7</sup> Patient-centered care: achieving higher quality by designing care through the patient's eyes - PMC (nih.gov)

<sup>8</sup> Using a Health Equity Lens | Gateway to Health Communication | CDC

<b>Request for Applications Priority Population(s) and Client Eligibility per Component</b>	
<b>Component A</b>	<b>Retention and Adherence Program (RAP)</b>
Priority Population(s)	People living with HIV/AIDS, Black, Indigenous, and People of Color, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, or other communities experiencing disparate HIV outcomes
Client Eligibility	Eligible clients are individuals living with HIV who meet Ryan White eligibility criteria (refer to Attachment 3: Ryan White Guidance for Part B Direct Service Contractors), and are newly diagnosed, out-of-care, not regularly engaged in care, or are not virally suppressed.
<b>Component B:</b>	<b>Family-Focused Health Care for Women (FFHC)</b>
Priority Population(s)	Black, Indigenous, and People of Color women and birthing individuals <sup>9</sup> living with HIV and are planning a pregnancy, are pregnant or serve as the primary caregiver for dependent children
Client Eligibility	Eligible clients are individuals living with HIV who meet Ryan White eligibility criteria (refer to Attachment 3: Ryan White Guidance for Part B Direct Service Contractors), and are newly diagnosed, out-of-care or not regularly engaged in care, or not virally suppressed.

**Scope of Services: (ALL COMPONENTS)**

The following are core service categories and apply to all Components.

**Medical Case Management** provides a range of client-centered activities focused on improving health outcomes. Activities are provided by an interdisciplinary team that includes other specialty care providers. Key activities include initial assessment of service needs; development of a comprehensive, individualized care plan; timely and coordinated access to medically appropriate levels of health and support services and continuity of care; continuous client monitoring to assess the efficacy of the care plan; re-evaluation of the care plan with adaptations as necessary; ongoing assessment of the clients’ and other key family members’ needs and personal support systems; treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and client-specific advocacy and/or review of utilization of services. In addition, Medical Case Management will provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

**Health Education/Risk Reduction** is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information

<sup>9</sup> The additive use of the term “birthing individual” is a move toward gender-inclusive language that represents identity and inclusiveness. For the purposes of this Request for Applications it is important to note that the term(s) “women” or “woman” encompasses both cisgender and transgender women and “birthing individual” refers to any transgender, gender non-conforming, gender nonbinary, pansexual, queer, two-spirit, intersex, gender fluid, and additional identities not listed who do not identify as a woman and for whom pregnancy can occur.

about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include education on risk reduction strategies to reduce transmission, such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention; education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage); health literacy; and treatment adherence education.

**Psychosocial Support Services** provide group or individual support and counseling services to assist people living with HIV/AIDS in addressing behavioral and physical health concerns.

### **Expected Outcomes: (ALL COMPONENTS)**

This Request for Applications aims to improve access and engagement in quality HIV, sexually transmitted infections, and hepatitis C services. Contractors are expected to provide a range of services that reduce the health inequities experienced by people living with HIV/AIDS that negatively impact health outcomes. Additional outcomes include:

1. Increase access and acceptability of HIV primary care, sexual health, behavioral health, and supportive services.
2. Improve early identification of HIV and immediate access to treatment and medical care.
3. Improve viral load suppression and sustained suppression rates for people living with HIV/AIDS.
4. Reduce the incidence and transmission of HIV/ sexually transmitted infections/hepatitis C.
5. Support the elimination of perinatal HIV transmission.
6. Reengage people living with HIV/AIDS who have stopped receiving medical care due to social determinants of health or other barriers.
7. Reduce racial and ethnic disparities experienced by people living with HIV/AIDS.
8. Decrease rates of HIV morbidity and mortality.

### **A. Program Model Description (ALL COMPONENTS)**

Applicants for all Components are expected to integrate the **Bureau of HIV Ambulatory Care Services Guiding Principles - Attachment 7** as part of the proposed model.

Proposed models will align with current AIDS Institute priorities, Ending the Epidemic goals, and adherence to [AIDS Institute Clinical Guidelines<sup>10</sup>](#) and include strategies intended to reduce racial and ethnic health disparities experienced by the priority population(s).

Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the New York State Department of Health AIDS Institute. All subcontractors should be approved by the New York State Department of Health AIDS Institute.

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<sup>10</sup> Clinical Guidelines Program ([hivguidelines.org](http://hivguidelines.org))

An applicant with an established program funded by a source other than the AIDS Institute may apply for funding of one or more discrete services to supplement the existing program. In these cases, the applicant should demonstrate the program will be comprehensive with the addition of the requested service(s).

### **Demonstration of a Commitment to Health Equity**

Health Equity (HE) is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health. This requires addressing avoidable inequalities (e.g., access to affordable and high-quality food, housing, education, health care/services, and safe environments), historical and contemporary injustices (e.g., economic injustice/poverty, racism, classism, ableism, sexism, homophobia, transphobia, xenophobia, and other forms of oppression, discrimination, and/or stigma) and valuing health differences equally. We also acknowledge the historical and structural underpinnings of race, racism, and genocide in the United States that perpetuate many of the racial inequities we see manifested today. Because health equity can never truly be achieved without racial equity, we work toward achieving both.

The New York State Department of Health AIDS Institute works closely with its community partners to identify and respond to current needs. The needs are wide and varied, but they center on addressing social determinants, socioeconomic status, education, housing, transportation, employment, cultural competence, access to healthcare services, and discrimination.

The New York State Department of Health AIDS Institute is committed to ensuring our funded programs and partners are equipped with the knowledge, skills, and expertise to adequately address health and social inequities. We are all accountable for paying attention to the intersections of race and health equity. We are committed to the implementation of new and tailored approaches to address the challenges faced by our Black, Indigenous, and People of Color (BIPOC) communities. In our mission to ensure that everyone has a fair chance to experience optimal health, we are employing the following health equity principles:

- Be Explicit.
- Identify and Effectively Address Racism and Racial Implicit Biases.
- Adopt a “Health in all Policies” Approach.
- Create an Internal Organization-Wide Culture of Equity.
- Respect and Involve Communities in Health Equity Initiatives.
- Measure and Evaluate Progress in Reducing Health Disparities.

### **Component A: Retention and Adherence Program (RAP) Program Description**

Retention and Adherence is a multi-step process model conducted within community health settings to ensure timely access to and coordination of medical care and supportive services for people living with HIV/AIDS. Retention and Adherence programs use a patient-centered multidisciplinary team approach to support rapid engagement and retention in HIV primary care. Retention and Adherence Program team members and primary care providers work collaboratively to coordinate clinical care and address the non-medical social determinants of health that contribute to health disparity.

In addition to the range of core services, program models may include evidence-based interventions that address the social determinants of health, barriers, and needs of people living with HIV/AIDS to achieve sustained viral suppression and improved self-management.

The program model is implemented by a multidisciplinary team in a manner that employs a social justice/racial equity framework, affirms sexual and gender identity, incorporates a [sexual health framework](#)<sup>11</sup>, [trauma-informed](#)<sup>12</sup>, and [health literate care](#)<sup>13</sup>. Retention and Adherence Program team members and primary care providers work collaboratively to coordinate clinical care and to address the psychosocial and non-medical social determinants of health that contribute to disparate health outcomes experienced by this population.

In addition to the **Bureau of HIV Ambulatory Care Services Guiding Principles - Attachment 7**, effective Retention and Adherence Program models include linkage, navigation, multidisciplinary service coordination, peer services, systemic identification of medical and non-medical needs, including mental, behavioral health, and substance use services; Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis education and partner screening, sexually transmitted infection screening, referral follow up and tracking, and tailored clinical-community partnerships that are responsive to the needs of the priority populations to be reached. Successful applicants will develop partnerships with community-based programs serving individuals to be reached through this solicitation to facilitate early identification and active entry and referrals to care.

Peer services can play a key role in increasing linkage and retention in care, rates of viral suppression and preventing new infections. It is expected that peers will be included in proposed service models to the greatest extent possible. Programs models may also include evidence-based interventions that are responsive to the lived experiences, racism/racial discrimination, trauma, and stigma that disproportionately affects Black, Indigenous, and People of Color Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, young men who have sex with men or other communities experiencing disparate HIV outcomes.

To ensure a continuum of services that are responsive to the identified needs and social determinants of health experienced by the priority population(s) selected by the applicant, programs must develop and maintain streamlined referral processes and a tailored network of clinical-community partnerships to provide appropriate services not available at the funded location. Network partners should have a history serving the priority population(s), provide psychosocial and supportive services, and work collaboratively with the Retention and Adherence Program multidisciplinary team.

Effective Retention and Adherence models include linkage, navigation, multidisciplinary service coordination, peer services, referral tracking, and routine assessment and identification of medical and non-medical needs, including behavioral health and substance use services.

Funded applicants will be required to have the following staffing positions. Please note that applicants are not required to have each of these positions in place to be eligible to apply:

**Retention and Adherence Program staffing:**

- One or more (1.0) Full-Time Equivalent (FTE) Retention and Adherence Program Specialist/Medical Case Manager or equivalent must have a B.A. or B.S. with at least one

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<sup>11</sup> NYSDOH AI Adopting a Patient-Centered Approach to Sexual Health ([hivguidelines.org](http://hivguidelines.org))

<sup>12</sup> <https://omh.ny.gov/omhweb/resources/newsltr/docs/omhnews-october2018.pdf>

<sup>13</sup> <https://www.ahrq.gov/health-literacy/publications/ten-attributes.html>

(1) year of HIV or other chronic-illness related field experience, or an Associate degree and three (3) years of such experience, or five (5) years of such experience. This position is a dedicated Full-Time Equivalent without shared responsibilities or funding from other sources; and

- One or more (1.0) Full-Time Equivalent (FTE) Peer Navigator(s) Navigator/Community Health Worker(s) or equivalent.

Additional staff to be considered include:

- Program Manager
- Clinical Lead
- Data Entry
- Quality Improvement

**Funded programs will provide qualified program administrators, managers, direct service, data, and peers representative of the populations prioritized.**

### **Component B: Family-Focused Health Care for Women Program Description**

Family-Focused HIV Health Care Programs (FFHC) provide comprehensive HIV-related services for Black, Indigenous, and People of Color *women and birthing individuals*<sup>7</sup> who are planning a pregnancy, pregnant, or are caregivers to dependent children (age 18 or younger) and are women living with HIV (WLWH). Family-Focused Health Care for Women will support efforts to achieve and maintain viral load suppression, reduce the potential of perinatal HIV transmission and transmission of HIV to sexual partners, and improve medical outcomes through facilitation of early access to and retention in care and early initiation of HIV treatment. Family Planning/Reproductive Health services must encompass pre- and inter-conception, pregnancy and postpartum care, reduce the potential of perinatal transmission of HIV and the disparate health outcomes experienced by babies who are Black, Indigenous, and People of Color or at increased risk for poor postnatal outcomes.

Agencies that seek funding for this Component should propose evidence-based interventions and comprehensive models with co-located services to promote a holistic and family-focused approach to women's health.

Family-focused care provides a framework for the care and treatment of women and birthing individuals in the context of family. HIV services are tailored to meet the needs of women and birthing individuals with dependent children to improve timely entry, access, and retention in care. Programs must have active involvement of clinicians (physicians, mid-level practitioners) in the development, delivery, and evaluation of the program model as well as patient services, and routine participation in multidisciplinary team meetings. Communication among team members and community partners is essential to ensure that service coordination and timely interventions occur.

A multidisciplinary team implements the program model in a manner that affirms sexual and gender identity, and incorporates a [sexual health framework](#)<sup>11</sup>, [trauma informed practices](#)<sup>12</sup>, and [health literate care](#)<sup>13</sup>. Family-Focused Health Care for Women team members and primary care providers work collaboratively to coordinate clinical care and to address the psychosocial and non-medical social determinants of health that contribute to disparate health outcomes experienced by this population.

In addition to the **Bureau of HIV Ambulatory Care Services Guiding Principles - Attachment**



7, effective Family-Focused Health Care for Women models include linkage, navigation, multidisciplinary service coordination, Peer services, systemic identification of medical and non-medical needs, including mental health, behavioral health, and substance use services; Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis education and partner screening, sexually transmitted infection screening, referral follow up and tracking, and tailored clinical-community partnerships that are responsive to the needs of the priority populations to be reached. Successful applicants will develop partnerships with community-based programs that have existing relationships with the population(s) to be served through this solicitation at elevated risk of poor neo-natal outcomes and to facilitate early identification and active entry and referrals to care.

To reduce barriers to care and to prevent missed appointments or loss to care, essential elements of family-focused care guide the service delivery model. Programs should ensure that clinical oversight of care and treatment for infants exposed or infected with HIV is provided by, or in consultation with, an experienced HIV clinician. In addition, medical care and treatment appointments for the child bearer and infant should be co-located and coordinated.

Peer services can play a key role in increasing linkage and retention in care, rates of viral suppression, and preventing new infections. It is expected that Peers will be included in proposed service models to the greatest extent possible. Program models may also include evidence-based interventions responsive to the lived experiences, racism/racial discrimination, trauma, and stigma that disproportionately affects Black, Indigenous, and People of Color women, birthing, and transgender individuals experiencing disparate HIV and child health outcomes.

**Family-Focused Health Care for Women applicants should additionally:**

- Demonstrate experience in the provision of HIV clinical and primary care and supportive services to childbearing persons planning a pregnancy, are pregnant, or are the primary caregiver to dependent children and are also living with HIV; and
- Integrate proposed program services with OB/GYN services located at the funded location.

**Family-Focused Health Care for Women Staffing**

Funded applicants will be required to have the following staffing. Please note that applicants are not required to have each of these positions in place to be eligible to apply:

- One or more (1.0) Full-Time Equivalent (FTE) Medical Case Manager or equivalent must have a B.A. or B.S. with at least one (1) year of HIV or other chronic-illness related field experience, or an Associate degree and three (3) years of such experience, or five (5) years of such experience.
- Employ or subcontract with a youth-oriented mental health provider (Psychiatrist, Psychologist, Psychiatric Nurse Practitioner, licensed clinical social worker, licensed mental health counselor) to deliver co-located services. This consultation position allows a specialist to conduct assessments, review patient charts and provide input into mental health care and treatment, provide bridge services, and facilitate referrals to higher levels of mental health care and treatment when needed. Programs may include up to 25% New York City (NYC) or 10% Rest of State (Rest of State) of one Full-Time Equivalent psychologist/psychiatrist/ psychiatric nurse practitioner employed as a mental health consultant.
- Employ or subcontract with a qualified substance use provider, experienced in the delivery of therapeutic services to women living with HIV, to deliver services co-located services. This position allows a specialist to conduct assessments, review

medical records, provide clinical input into substance use care and treatment plans, provide bridge services, and facilitate referrals to higher levels of substance use care and treatment when needed.

- Employ at least one peer navigator with experience working in the field of HIV/AIDS to support medical case management activities (e.g., program promotion, treatment adherence support, co-facilitate educational workshops/groups, etc.).

Additional staff to be considered include:

- Data Entry
- Quality Improvement
- Program Manager
- Clinical Lead

**Funded programs will provide qualified program administrators, managers, direct service, data, and peers representative of the population(s) to be reached through the proposal.**

## **B. Program Requirements for Funded Applicants**

**All applicants selected for funding will be expected to:**

1. Adhere to the **Bureau of HIV Ambulatory Care Services Request for Applications Guiding Principles Attachment 7.**
2. Adhere to all Work Plan objectives, tasks and performance measures for the Component for which an application is submitted. **Attachment 8: Component A Work Plan;** and **Attachment 9: Component B Work Plan.**
3. Be actively engaged and have experience providing services to clients who are representative of the priority population within the selected community for the Component for which you have applied.
4. Coordinate services with other HIV/ sexually transmitted infections/ hepatitis C health and human service providers and participate in local HIV-related planning groups.
5. Collaborate with local health departments, regional offices of the New York State Department of Health as well as other health and human service providers in identifying and responding to emerging trends.
6. Participate in a collaborative process with the New York State Department of Health AIDS Institute to assess progress in meeting the initiative standards and program outcomes and provide monthly narrative reports describing the program with respect to 1) model implementation, 2) client identification, engagement, and retention 3) success in meeting the Work Plan objectives, tasks, and performance measures for the Request for Applications Component for which you have applied, 4) data collection and reporting 5) significant accomplishments achieved, and 6) barriers encountered and plans to address noted problems.
7. Ensure funded staff receive a minimum of twelve (12) hours of training annually specific to the scope of services provided through this Request for Applications.
8. Submit statistical reports on clients served, and other data using the New York State Department of Health AIDS Institute Reporting System (AIRS). Successful applicants must demonstrate the capacity to collect and report all required data, both personnel and hardware-related using AIRS. AIRS is a data reporting system that is required by the New York State Department of Health to report client demographic information as well as program activities. New York State Department of Health requires maintenance and reporting of unduplicated client level data, including demographics and service histories, in accordance with applicable federal and/or state reporting requirements. New York State Department of Health provides and supports the AIRS software to enable

providers to meet data submission requirements. Details on this software product may be obtained by accessing the following Internet address, [www.airshy.org](http://www.airshy.org).

9. Have an electronic medical record system.
10. Adhere to the most current Standards of Care, including, but not limited to, those issued by the New York State Department of Health and the HRSA National Monitoring Standards as a condition of receiving Ryan White funds.  
(<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/program-monitoring-faq.pdf>);
11. Plan, implement, and sustain a quality management infrastructure that is in accordance with the most current New York State Department of Health AIDS Institute-issued Ryan White Part B Quality Management Program Standards and the HRSA Clinical Quality Management Policy Clarification Notice (PCN) #15-02.  
(<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cgm.pdf>);
12. Establish, implement, and update annually an agency-specific quality management plan and shall conduct quality improvement projects addressing the specific needs of Ryan White Part B-funded services utilizing a proven quality improvement framework, such as the Plan-Do-Study-Act (PDSA) model or equivalent.
13. Participate in New York State Department of Health AIDS Institute supported Ryan White Part B Quality Management Program meetings and activities, including, but not limited to, the submission of an annual Ryan White Part B quality management plan and quality improvement project, the reporting of established performance measures and the presentations of quality improvement projects at quality meetings per the timeline established by the New York State Department of Health AIDS Institute.
14. Provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the New York State Department of Health AIDS Institute.
15. Participate in Ryan White Part B Quality Management Program-specific quality improvement trainings to ensure that the Contractor staff is aware and capacitated to participate in agency-specific quality improvement projects.
16. Address and assess the specific social and/or structural determinants of health. The unequal distribution of social and/or determinants can lead to disparities and, ultimately, inequities in health and health outcomes. Strategies should prioritize those populations that are most impacted, negatively, by social and structural determinants of health. Please see **Attachment 10 - Health Equity Definitions and Examples** of social and structural determinants of health.

#### **IV. ADMINISTRATIVE REQUIREMENTS**

##### **A. Issuing Agency**

This Request for Applications is issued by the New York State Department of Health AIDS Institute, (Division of HIV Hepatitis Health Care, Bureau of HIV Ambulatory Care Services) and Health Research Inc. The Department and Health Research, Inc. are responsible for the requirements specified herein and for the evaluation of all applications. See **Attachment 11: Health Research, Inc.'s General Terms and Conditions**.

##### **B. Question and Answer Phase**

All substantive questions must be submitted via email to:

[AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov)

To the degree possible, each inquiry should cite the Request for Applications section and paragraph to which it refers. **Written questions will be accepted until the date posted on the cover of this Request for Applications.**

Questions of a technical nature can also be addressed in writing at the email address listed above. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

**All questions submitted should state “Advancing Health Equity RFA – Reissue 2024” in the subject line.**

This Request for Applications has been posted on Health Research, Inc.’s public website at: <http://www.healthresearch.org/funding-opportunities>. Questions and answers, as well as any updates and/or modifications, will also be posted on Health Research, Inc.’s website. All such updates will be posted by the date identified on the cover sheet of this Request for Applications.

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

### **C. Letter of Intent**

Letters of Intent are not a requirement of this Request for Applications.

### **D. Applicant Conference**

An Applicant Conference will be held for this project. This conference will be held on the date and time shown on the cover of the Request for Applications. The Department requests that potential Applicants register for this conference by clicking on the following link to ensure that adequate accommodations be made for the number of prospective attendees:

[https://aidsinstituteny-org.zoom.us/webinar/register/WN\\_899v8nlbTn6DNTxFoBPTlg](https://aidsinstituteny-org.zoom.us/webinar/register/WN_899v8nlbTn6DNTxFoBPTlg)

The failure of any potential Applicant to attend the Applicant Conference will not preclude the submission of an Application by that Applicant.

### **E. How to File an Application**

Applicants must submit one (1) PDF version of the entire application (including Application Cover Page, Application checklist, narrative and all attachments) to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov) by 4:00 PM ET on the date posted on the cover page of this Request for Applications. The subject of the email line should reference: **Advancing Health Equity RFA – Reissue 2024.**

It is the applicant’s responsibility to see that applications are emailed to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov) by 4:00 PM ET on the date specified. **Applications will only be accepted electronically to the Bureau Mail Log (BML) as stated in the instructions. Applications will not be accepted via fax, hard copy, courier, or hand delivery. Late applications will not be accepted.**

### **F. Department of Health’s and Health Research, Inc.’s Reserved Rights**

The Department of Health and Health Research, Inc. reserve the right to:

1. Reject any or all applications received in response to this Request for Applications.

2. Withdraw the Request for Applications at any time, at the Department's or Health Research, Inc.'s sole discretion.
3. Make an award under the Request for Applications in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the Request for Applications.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the Request for Applications.
7. Prior to application opening, amend the v specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent Request for Applications amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this Request for Applications.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the Request for Applications every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the Request for Applications.
17. Negotiate with successful applicants within the scope of the Request for Applications in the best interests of the State and Health Research, Inc.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state and Health Research, Inc.

## **G. Term of Contract**

Any contract resulting from this Request for Applications will be effective only upon approval by Health Research Inc. Contracts resulting from this Request for Applications will be for 12-month terms. The initial contract period will be **April 1, 2025 – March 31, 2026**. Health Research, Inc. awards may be renewed annually through June 30, 2028. Continued funding is based on satisfactory performance and availability of funds. Health Research, Inc. reserves the right to revise the award amount as necessary due to changes in the availability of funding.

## **H. Payment & Reporting Requirements of Grant Awardees**

1. Due to requirements of the federal funder, no advance payments will be allowed for Health Research, Inc. contracts resulting from this procurement.
2. The funded contractor will be expected to submit voucher claims and reports of expenditures in the manner that Health Research, Inc. requires. Required forms will be

provided with the contract package.

All payments and reporting requirements will be detailed in Exhibit “C” of the final contract.

## I. General Specifications

1. By signing **Attachment 1 (Application Cover Page)** each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to Health Research, Inc., all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this Request for Applications, including the terms and conditions of the contract. See **Attachment 11: Health Research, Inc.'s General Terms and Conditions**. Any exceptions allowed by Health Research, Inc. and the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in **Attachment 1 (Application Cover Page)**.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of Health Research, Inc. and the Department as to all matters arising in connection with or relating to the contract resulting from this Request for Applications.
  - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this Request for Applications, Health Research, Inc. and the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
  - c. If, in the judgment of the Department and Health Research, Inc., the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State and Health Research, Inc., the Department and Health Research, Inc. acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this Request for Applications by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

6. Applicant must maintain an active registration in the System for Award Management (SAM) at SAM.gov, have no exclusions or delinquent federal debt.

## V. COMPLETING THE APPLICATION

### A. Application Format and Content – Components A and B

Please respond to each of the following statements and questions. Your responses comprise your application. **Number/letter your narrative to correspond to each statement and question in the order presented below.** Be specific and complete in your response. Indicate if the statement or question is not relevant to your agency or proposal. The value assigned to each section is an indication of the relative weight that will be given to that section when your application is scored.

An applicant checklist has been included to help ensure that submission requirements have been met. Applicants should review this attachment before and after writing the application. **In assembling your application, please follow the outline provided in the Application Checklist (Attachment 2).**

Applications should not exceed **(10) double-spaced pages**, (not including the budget, and all attachments) using a **12-pitch type font with one-inch margins** on all sides. Pages should be numbered consecutively, including all attachments. The **Application Cover Page (Attachment 1)**, Program Abstract, budget and budget justification, and all Attachments are **not included** in the ten (10) page limitation. Please submit only requested information in attachments and do not add attachments that are not requested. **Failure to follow these guidelines will result in a deduction of up to ten (10) points.** When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

### Application Format – Components A and B

1. Program Abstract	Not Scored	
2. Community and Agency Description	Maximum Score:	15 points
3. Health Equity	Maximum Score:	15 points
4. Program Design and Implementation	Maximum Score:	50 points
5. Budget and Justification	Maximum Score:	<u>20 points</u>
		100 points

### 1. Program Abstract **Maximum 1 Page Not Scored**

Applicants should provide a program abstract with the following information:

1a) Describe the proposed program for the Component for which you are applying. Include its purpose and design stating what will be completed and how.

1b) Describe the priority population(s) and specific needs of the priority population(s) of the Component for which you are applying. Indicate the total projected number of unduplicated clients to be served annually.

1c) Describe the unmet service gaps or patient needs that the proposed program and funding will address. What organizational systems are in place to ensure program services reach the priority populations experiencing the most significant disparate outcomes?

1d) State the goals and objectives of your program and outcomes your organization expects to achieve for the component for which you are applying.

1e) State how program success will be measured. Include anticipated challenges in providing services.

## 2. Community and Agency Description

**Maximum 2 Pages  
Total 15 Points**

2a) Describe why the applicant is qualified to implement the proposed program model under the Component for which you are applying. Describe the need for services within the community. Include both quantitative and qualitative evidence to address this question. Applicants are instructed to complete **Attachment 12 – Proposed Site Location, Days, and Hours of Operations Chart** indicating the service location within the proposed service area and site accessibility for the priority population.

2b) Describe your organization's experience in serving the priority population and community identified for the program services you are proposing. Include organizational strengths and experience related to the specific Component for which you are applying. State how your previous efforts and successes have aligned with achieving the goals of improving health outcomes of people living with HIV/AIDS. Applicants are instructed to complete **Attachment 13 - Service Delivery Experience Table** indicating how many years of experience they have providing the listed services and an estimate of how many individuals received those services. ***\*Component A: Applicant must demonstrate experience providing HIV, primary care, and supportive services to PLWH/A that incorporates the diverse, ethnic, cultural, and social experiences specific to the populations prioritized to receive services through this RFA. Component B: Applicant must provide co-located HIV primary care and supportive services for individuals who are planning a pregnancy, birthing, persons of childbearing age, are pregnant, or are the primary caregiver to their dependent children and are living with HIV.***

2c) What are the other programs and agencies in the geographic area that are relevant to your proposed program model and the Component for which you are applying? Describe your partnership with these agencies and how you will leverage these programs to maximize benefit to the priority populations indicated in your proposal without supplanting other resources.

2d) Please describe prior grants your organization has received from the New York State Department of Health AIDS Institute that are relevant to this proposal. Include the results of the program and successes. OR, if your organization has not received funded from the New York State Department of Health AIDS Institute, describe any similar types of programs that your organization has undertaken in the past; include the results of the program and successes in achieving those results.



### 3. Health Equity

**Maximum 2 Pages  
Total 15 Points**

3a) Which social determinants of health barriers will you address with the priority population served by this funding?

3b) Please provide the most current data that you have used to identify the social determinants of health barriers affecting the population served by the funding.

3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the social determinants of health. (i.e., if you have offered nutrition or housing services, for example, to a client and they have responded, has it improved their adherence with treatment?)

3d) What is your organization's policy around addressing social determinants of health? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?

3e) How does the organization's leadership reflect the population served?

### 4. Program Design and Implementation

**Maximum 6 Pages  
Total 50 Points**

4a) Describe the proposed program model design for the Component for which you are applying. Include specific strategies for implementing the program services. Describe interventions or innovative strategies with supporting evidence or rationale for utilizing them to implement your program model. Include how your model reflects the **Bureau of HIV Ambulatory Care Request for Applications Guiding Principles - Attachment 7** and the Work Plan for the Component for which you are applying.

4b) Describe how consumers and key representatives from the community and priority populations you are proposing to serve for the Component for which you are applying were included in the program design process. Describe what steps you will take to ensure that representation from the priority population(s) is/are included in implementing and evaluating the proposed program services. Applicants are required to complete the **Program Implementation Timeline - Attachment 14**.

4c) Describe how your program will ensure effective services across the HIV, sexually transmitted infections, and hepatitis C care continuum, including access, linkage, and engagement in needed services for the Component for which you are applying. Describe the organization's processes to ensure the development of tailored internal and external referral partnerships that meet the priority population's needs. Describe how these referrals will be facilitated, coordinated, recorded, reported, and evaluated for outcomes. What are the proposed methods to evaluate the effectiveness of these referral partnerships and community collaborations and their impact on the social determinants of health experienced by the priority population(s)? Applicants are required to complete the **Accessibility, Referral, Navigation, and Services Continuum Assessment - Attachment 15**.

4d) Provide a brief description of staff roles and responsibilities and how the proposed staffing plan meets the minimum requirement and innovations described in the program model. The descriptions should include the job qualifications, educational background,

licensure, and experience required. The staffing detail should include staff responsible for AIDS Institute Reporting System (AIRS) activities (System administration, data entry, data quality control, and New York State Department of Health AIDS Institute reporting) and any in-kind staff. Applicants are instructed to complete **Attachment 16- Agency Capacity and Staffing Information**. Applicants are also required to complete **Attachment 17 - Agency Organizational Chart**, to demonstrate the management and supervisory structure for the proposed program.

4e) Describe how your organization identifies, prioritizes, and responds to health disparities. Describe any systemic or programmatic changes that have resulted from this approach in the past two years.

4f) Describe the plan for initial and ongoing staff training and support. Describe the agency's health equity training plan, current and proposed.

4g) Describe the agency's processes of program monitoring and Quality Improvement. Include the program's indicators for success and how these measures are tracked to assess the effectiveness of the proposed services and activities for which you are applying. Describe how you will ensure that indicators falling below targets are addressed and improved.

4h) Describe the data flow process from the point of service delivery to entry into the AIDS Institute Reporting System (AIRS). Include how your organization will collect, analyze, and report client-level quality programmatic data for the Component for which you are applying. Explain how data is extrapolated from the electronic health record (EHR) to AIRS and other tracking systems.

## 5. Budgets and Justifications

**Total 20 Points**

*Complete and submit a budget following these instructions:*

5a) Applicants are instructed to prepare an annual budget for the period of **April 1, 2025 – March 31, 2026**, based on the maximum award as listed for the region in which they are applying. Complete all required Budget Pages. See **Attachment 18- Ryan White Specific Budget Forms**. Instructions for completing the budget forms are included as **Attachment 19**. All budget lines should be calculated using whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the Request for Applications will be cost reimbursable.

5b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested Full-Time Equivalent's and for the fringe benefits requested.

5c) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Supplies, Travel, Equipment, Space/Property, Telecommunications, Miscellaneous costs, Contractual and Operating Expenses.

5d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the Statement of Activities from your yearly audit for the last three (3) years as **Attachment 20**. The Statement of Activities must show total support and revenue and total expenditures.

5e) Applicants are required to submit a copy of the agency's most recent **Yearly Independent Audit** attached as **Attachment 21** and the **Agency Time and Effort Policy** as **Attachment 22**.

5f) Applicants are required to complete and submit **Attachment 23 – Funding History for HIV Services**.

5g) Ryan White administrative and indirect costs are limited to a maximum of 10% total direct costs. See **Attachment 3 - Ryan White Guidance for Part B Direct Service Subcontractors**.

5h) Funding requests must adhere to the following guidelines:

- Funding may only be used to expand existing activities and create new activities pursuant to this Request for Applications. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the New York State Department of Health AIDS Institute to provide program services in accordance with the requirements of this Request for Applications must apply for continuation of funding.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by Health Research, Inc./New York State Department of Health AIDS Institute to be inadequately justified in relation to the proposed program or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

## **B. Freedom of Information Law**

All applications may be disclosed or used by New York State Department of Health to the extent permitted by law. New York State Department of Health may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If New York State Department of Health agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

## **C. Application Review & Award Process**

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the New York State Department of Health AIDS Institute using an objective rating system reflective of the required items specified for each

component.

The New York State Department of Health AIDS Institute anticipates that there may be more worthy applications than can be funded with available resources. Please see Section I. B of the Request for Applications for specific review and award information. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) not funded, due to limited resources, and 3) not approved. Not funded applications may be awarded should additional funds become available.

In the event of a tie score, the applicant with the highest score for Section 3 – Health Equity – will receive the award.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to revise the award amounts as necessary due to changes in the availability of funding. If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above. Health Research, Inc./New York State Department of Health AIDS Institute reserves the right to review and rescind all subcontracts.

Applicants awarded funding will be required to follow the guidance detailed in **Attachment 3 - Ryan White Guidance for Part B Direct Services Subcontractors**.

*Once the awards have been made, applicants not funded may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) calendar days from date of award or non-award announcement. To request a debriefing, please send an email to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov). In the subject line, please write: *Debriefing Request Advancing Health Equity RFA – Reissue 2024*.*

In the event unsuccessful applicants wish to protest the award resulting from this Request for Applications, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>. (Section XI. 17.)

## VI. ATTACHMENTS

- Attachment 1: Application Cover Page\*
- Attachment 2: Application Checklist\*
- Attachment 3: Ryan White Guidance for Part B Direct Service Contractors\*\*
- Attachment 4: Article 28 Operating Certificate\*
- Attachment 5: Electronic Health Records (EHR) Assessment\*
- Attachment 6: Statement of Assurances\*
- Attachment 7: Bureau of HIV Ambulatory Care Request for Applications Guiding Principles\*\*
- Attachment 8: Component A Work Plan\*\*
- Attachment 9: Component B Work Plan\*\*
- Attachment 10: Health Equity Definitions and Examples\*\*
- Attachment 11: Health Research, Inc.'s General Terms and Conditions\*\*
- Attachment 12: Proposed Site Location, Days and Hours of Operations Chart\*
- Attachment 13: Service Delivery Experience Table\*
- Attachment 14: Program Implementation Timeline\*
- Attachment 15: Accessibility, Referral, Navigation, and Services Continuum Assessment\*
- Attachment 16: Agency Capacity and Staffing Information\*
- Attachment 17: Agency Organizational Chart\*
- Attachment 18: Budget Forms\*
- Attachment 19: Budget Form Instructions\*\*
- Attachment 20: Statement of Activities for past three (3) years\*
- Attachment 21: Yearly Independent Audit\*
- Attachment 22: Agency Time and Effort Policy\*
- Attachment 23: Funding History for HIV Services\*

\*These attachments are required and must be submitted with your application.

\*\*These attachments are for applicant information only. These attachments do not need to be completed.