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

Request for Applications (RFA)
RFA #24-0003

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

Component A: Retention and Adherence Program (RAP)
Component B: Family-Focused Health Care for Women (FFHC)

QUESTIONS AND ANSWERS

Questions below were received by the deadline announced in the Request for Applications. The New York State Department of Health/Health Research, Inc. is not responsible for any errors or misinterpretation of any questions received.

The responses to questions included herein are the official responses by the New York State Department of Health/Health Research, Inc. to questions posted by potential bidders and are hereby incorporated into the RFA **#24-0003** In the event of any conflict between the Request for Applications and these responses, the requirements or information contained in these responses will prevail.

Administrative:

Question 1: I am unable to find the posting for this Request for Applications on the New York State Statewide Financial System. How do I apply for this on the Statewide Financial System?

Answer 1: This solicitation contains funding from Health Research, Inc. (HRI) only and is not available on the Statewide Financial System. **Applications must be emailed by the due date to the email address listed on the Cover Page of the Request for Applications.**

Question 2a: How should applications be delivered? Can they be hand-delivered, or can they be mailed? What is the address that applications should be mailed to?

Question 2b: Should the full application be one attachment? Or separate attachments?

Answer 2a-b: As noted on the Cover Page of the Request for Applications, applicants **must** submit one (1) PDF version of the entire application (including Application Cover page, Application Checklist, Narrative and all other Attachments) by email to **AIGPU@health.ny.gov by the date listed on the Cover Page of the Request for Applications, July 17, 2024, by 4:00 PM ET. The subject of the e-mail line should reference: Advancing Health Equity RFA – Reissue 2024.**

Late applications will not be accepted.
Hand-delivered and/or mailed applications will not be accepted.

Question 3: If an application is received after 4:00 PM ET on July 17, 2024, will it be considered?

Answer 3: It is the applicant's responsibility to see that applications are sent to the email address on the Cover Page of the Request for Applications prior to the date and time specified.
Late applications will not be accepted.

Question 4a: In 'Section V. Completing the Application', on page 23, you state that the application must be "numbered consecutively, including all attachments." Do we need to re-number internal documents (attachments, i.e. audit) that are already numbered?

Question 4b: Regarding the numbering, could you clarify if the consecutive numbering starts with the cover page and ends with funding history attachment or is the sequence for each section and attachment. For example, 1 - 10 for application format, 1 - 3 for the EHR assessment, etc.

Answer 4a-b: Yes, it is helpful to the review process if the application packet is numbered consecutively for reference purposes. Applicants may "renumber" attachments by hand to achieve this goal.

Numbering should begin with the **Application Cover Page, Attachment 1** and be numbered consecutively until **Funding History for HIV/STI/HCV Services, Attachment 23**.

Question 5a: In 'Section V. Completing the Application', on page 23 under Application Format and Content, you state that "Applications should not exceed ten (10) double-spaced pages, using a 12-pitch type font with one-inch margins on all sides." Is the Program Abstract part of the page maximum for the application?

Question 5b: The RFP specifies maximum lengths for each section. For example, the first two sections are each limited to two pages. Can we have more in one section and less in another if we do not go over the 10 page overall limit?

Question 5c: May the abstract be single-spaced?

Answer 5a-c: Applications should be prepared following the guidelines as outlined in **Section V, Completing the Application, A. Application Format and Content – Components A and B.** 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.

Failure to follow these guidelines will result in a deduction of up to ten (10) points.

The Application Cover Page - Attachment 1, Program Abstract, budget and budget justification, and all attachments are not included in the application ten (10) double-spaced page limitation.
Applicants should adhere to the page limits noted in each Section of the Application.

Question 6: Where can we find the forms to complete the budget and other required attachments? They don't appear to be included as a part of the Request for Applications.

Answer 6: All forms and documents associated with this Request for Applications can be found at https://www.healthresearch.org/funding-opportunities/. Some attachments are not documents that are provided with the Request for Applications, but rather ones the applicant should include with their application if it is applicable.

Question 7: If we are already an AIDS Institute funded program, should we use the forms we already have? They include the information requested in Attachment 18.

Answer 7: No. Applicants should complete the information requested on the forms provided (as Attachment 18: Budget Forms regardless of whether or not they are currently funded by the AIDS Institute.

Question 8a: When will awards be made and contract begin?

Question 8b: When do you expect to notify applicants that they are approved for funding?

Question 8c: When do you anticipate that the contract will begin for the project funded under the RFA?

Question 8d: How many years is the contract?

Answer 8a-d: It is anticipated that awards will be announced on or about December 1, 2024.

As stated in Section IV, Administrative Requirements, G. Term of Contract, it is anticipated that contracts selected as a result of this RFA will have a contract start date of April 1, 2025. The initial contract period will be April 1, 2025 – March 31, 2026. Health Research, Inc. awards may be renewed annually through June 30, 2028.

Question 9: Are letters of support or linkage agreements required to be submitted for this grant?

Answer 9: As stated in Section IV, Administrative Requirements, C. Letter of Intent, Letters of Intent are not a requirement of this Request for Applications.

Question 10: Could you please confirm that we can/should attach MOUs and referral agreements to Attachment 15?

Answer 10: If established at the time of the application, applicants are instructed to upload the Memorandum of Understanding (MOU)/Linkage/Referral Agreements as part of Attachment 15.

Question 11: Regarding Attachment 1, on the application cover page, should we indicate "Non-for-Profit 501(C)(3) Organization" under the "Provider Type" section?

Answer 11: Yes, if the applicant agency is a not-for-profit 501(c)(3) organization, that should be indicated under “Provider Type”.

Question 12: In Section 1. Introduction, Part B. Available Funding for Component A, it states: “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". Would a geographically separate site (different street address) operating under the same operating certificate be considered a separate site?

Answer 12: Yes, a site located at a different geographic location, with a different street address, and operating under the same operating certificate, would be considered a separate site.

Eligibility Questions:

Question 13: I see in the RFA that the Bronx and Manhattan will be representing NYC for purposes of this award. We are an FQHC in Central Brooklyn. Does this mean we are ineligible?

Answer 13: This Request for Applications (RFA) is a Reissue of the original release on July 21, 2022. The maximum number of awards for any region not included in the charts provided in Section I. Introduction, B. Available Funding, pages 7 (Component A) and 8 Component B) of the Request for Applications have already been awarded as a result of the previous solicitation. No additional awards are available in regions not included in the current Request for Applications.

Question 14: Are for-profit entities considered for this opportunity in any case?

Answer 14: As stated in in Section II. Who May Apply, A. Minimum Eligibility Requirements, pages 10-11 of the Request for Applications, Applicants must be a not-for-profit 501(C)(3) organization.

For-profit entities would not meet this Minimum Eligibility Requirement and could not be considered for this Request for Applications.

Question 15a: Are local DOH's eligible to apply for this funding opportunity?

Question 15b: In terms of eligibility, are you seeking candidates that have existing ambulatory care services? Would organizations that wish to allocate funding to establish this practice be considered?

Answer 15a-b: As stated in Section I, Introduction, B. Available Funding, page 7 of the Request for Applications:

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. This proposal does not support the use of funds to establish an Article 28 primary care practice.

Question 16: Please confirm the funding sources for this opportunity. Are there any Ryan White funds involved?

Answer 16: As stated in Section I, Introduction, the funding source for this Request for Applications is federal (Health Research, Inc.) funds. Health Research, Inc. (HRI) funds may include Ryan White funds.

Program Questions:

Question 17a: If all services must be provided on-site (or co-located), does that mean they have to be provided in the same office, or would it still be considered on-site if it is within the same campus?

Question 17b: When you say all services have to be co-located are you referring only to services that are funded by this grant or also services that benefit our patients but are not funded directly by this grant? For example, OB services that will benefit our patients but are not funded directly on this grant. Do these services have to be co-located as well?

Question 17c: p12 Do the services to be provided at a single site only include medical case management, health education/risk reduction, and psychosocial support services? For example, if there is a referral for housing services, can that be provided at a different site?

Answer 17a-c: As stated in Section I, Introduction, B. Available Funding, page 7 of the Request for Applications:

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.
All services outlined in Section III, Project Narrative/ Work Plan Outcomes, Scope of Services (All Components), pages 12-13 of the Request for Applications and the required services specific to the Component being applied must be available at a single geographic location licensed by the New York State Department of Health under Article 28 of the Public Health Law.
Referrals for non-core services may be provided at a different agency location, through an external specialty provider, or in collaboration with other community partners.

For Component B, applicants are expected to integrate proposed program services with OB/GYN services located at the funded location, as stated in Section III, Project Narrative/ Work Plan Outcomes, A. Program Model Description (All Components), Component B: Family-Focused Health Care for Women Program Description, page 17 of the Request for Applications.

Question 18: Regarding the attachment 5 – Electronic Health Records Assessment:
Our EMR is going to change next spring, the current system (eClinicalWorks) will be replaced by EPIC, which will be operational by April 2025. Are we allowed to describe EPIC as the EMR that we are using in the Attachment 5? While currently we collect SOGI and SDOH information as well as we can (some of the information is collected manually and scanned into patient's chart), the addition of EPIC – which has both components built in - next year will make the process definitely better.

Answer 18: The applicant should respond to the questions **in Attachment 5: Electronic Health Records (EHR) Assessment** based on the proposed Electronic Medical Record (EMR).

Question 19a: Will currently funded Retention and Adherence Program providers receive preference under Component A: Retention and Adherence Program (RAP) of this RFA?

Question 19b: Will existing Retention and Adherence Program (RAP) sites be prioritized for funding to ensure continuity of care for those patients currently served by the RAP program?

Answer 19a-b: As stated in Section V, Completing the Application, C. Application Review and Award Process, applications meeting the eligibility requirements and guidelines set forth in the Request for

Applications 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.

This is open competitive process, and no preference is given to either existing or new providers. Existing providers are encouraged to update their program models to reflect the changes or modifications noted in the Request for Applications.

Question 20: Our organization operates one RAP site within the Long Island Region, would our application be looked upon any more or less favorably if we proposed a different location within the same region to respond to emerging community need?

Answer 20: As stated in Section I, Introduction, B. Available Funding, page 7 of the Request for Applications:

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.

The Request for Applications does not include preference factors and is an open competitive process. Existing providers can apply to provide services at a different location provided it is licensed by the New York State Department of Health under Article 28 of the Public Health Law, and the address of the proposed site is included on the operating certificate.

Client Eligibility:

Question 21a: When a patient with unsuppressed viral load and/or retention issues is enrolled in the FFHC or RAP programs, what are the criteria for discharging the patient from the funded programs/ at what point are these patients no longer eligible to remain in the program?

Question 21b: Our question is related to the required caseload for the Component A (Retention and Adherence Program). On Page 12 of the application, the table states that clients who are “newly diagnosed, out-of-care or not regularly engaged in care or are not virally suppressed” are eligible. Does this match the client eligibility of the old LRTA Program?

Answer 21a-b: Client eligibility requirements have been expanded through this Request for Applications to include all individuals living with diagnosed HIV, with an emphasis on the priority populations outlined in Section III, Project Narrative/ Work Plan Outcomes, A. Program Model Description (All Components), Component A: Retention and Adherence Program (RAP) Program Description, page 15 of the Request for Applications. This solicitation aims to secure the provision of "person-centered" services that cater to the diverse clinical and non-clinical needs of the priority populations living with HIV. Consequently, there are no specific "discharge requirements" for Component A or Component B. Client eligibility should align with the specific Component of the Request for Applications for which you are applying.

Component A Staffing Requirements:

Question 22: On Page 16, Section Retention and Adherence Program staffing: One or more 1.0 FTE Peer Navigator/Community Health Worker or equivalent: Would 2 x 0.5 FTE Peer navigators satisfy this requirement?

Answer 22: As stated in Section III, Project Narrative/ Work Plan Outcomes, A. Program Model Description (All Components), Component A: Retention and Adherence Program (RAP) Program Description, page 16 of the Request for Applications, the staffing is expected to include One or more (1.0) Full-Time Equivalent (FTE) Peer Navigator(s) Navigator/Community Health Worker(s) or equivalent.

Applicants may exceed the minimum 1.0 Full-Time equivalent (e.g. 1.5 FTE).

Two 0.50 FTE would not fulfil the "one or more" requirement of the Request for Applications.

Component B Staffing Requirements:

Question 23: In Component B, can the medical case manager be two MCM's who are each .5 FTE?

Answer 23: No. As stated Section III, Project Narrative/ Work Plan Outcomes, A. Program Model Description (All Components), Component B: Family-Focused Health Care for Women

Program Description, page 17 of the Request for Applications applicants are required to have “One or more (1.0) Full-Time Equivalent (FTE) Medical Case Manager…”

Applicants may exceed the minimum 1.0 Full-Time equivalent (e.g. 1.5 FTE).
Two 0.50 FTE would not meet the "one or more" requirement as stated in the Request for Applications.

Question 24: Please define what you mean by youth-oriented mental health provider. Does this person need specific youth-related education, experience, or certification?

Answer 24: This was an error in the Request for Applications. Please refer to Addendum #1 issued on July 1, 2024, to clarify that the mental health provider (Psychiatrist, Psychologist, Psychiatric Nurse Practitioner, licensed clinical social worker, licensed mental health counselor) referenced in Section III. Project Narrative/ Work Plan Outcomes, A. Program Model Description, Component B: Family-Focused Health Care for Women, Program Description”, (page 17 of the Request for Applications) does **not** need to be “youth oriented”.

Question 25: Can the Peer requirement include two 0.5 FTE?

Answer 25: For Component B: Family-Focused Health Care for Women, the Peer requirement can be met with two 0.5 FTE.

If Question 25 is referring to Component A- please refer to Question #22 above.

RFA Section III – Priority Population(s) and Client Eligibility per Component:

Component B

Question 26a: I didn’t notice a caseload requirement for the FFHC grant (Component B) on the RFA. Is there a requirement?

Question 26b: What is the minimum projected caseload requirement (# of clients to be served annually) for the Component B: Family Focused Health Care for Women?

Answer 26a-b: There is no minimum caseload requirement for Component B: Family Focused-Health Care for Women (FFHC). Applicants are encouraged to propose caseloads commensurate with the requested funding level.

Question 27a: We have patients currently enrolled in FFHC who are retained in care with sustained VLS, presumably because of the support they receive from our FFHC efforts. Would they remain eligible for FFHC services under the new RFA?

Question 27b: RFA Priority Populations in Section 3 for Component B on page 12 of the RFA on the Client Eligibility section. – Please clarify if all of the HIV+ pregnant or parenting women who are served by this grant MUST be also either newly diagnosed, out of care or not regularly engaged in care or not virally suppressed. Can we continue to serve HIV+ pregnant or parenting women (with dependent children) who have multiple psychosocial issues and/or barriers to remaining in care and have been more engaged in care as a result of consistently receiving services from our FFHC Medical Case Managers and the rest of the FFHC team? – These women continue to need services provided by FFHC in order to remain in care, maintain and sustain viral suppression & to reduce perinatal transmission. Many of them still struggle with maintaining viral suppression and keeping medical appointments for themselves and their dependent children due to psychosocial or family issues.

Question 27c: RFA Priority Populations in Section 3 for Component B in the table on page 12 of the RFA – Can we provide services for HIV+ women who have custody of their grandchildren or are foster parents?

Question 27d: RFA Priority Populations in Section 3 for Component B on page 12 of the RFA - Can we also serve men living with HIV who are the partners of the female index patients or are the designated primary caregivers of dependent children?

Answer 27a-d: As stated in in Section III, Project Narrative/ Work Plan Outcomes, Request for Applications Priority Population(s) and Client Eligibility per Component Chart, page 12 of the Request for Applications, priority populations served through Component B include women and birthing individuals living with HIV, and are planning a pregnancy, are pregnant, or serve as the primary caregiver for dependent children. Eligible clients are individuals living with HIV who meet Ryan White eligibility criteria, as outlined in Attachment 3, Ryan White Guidance for Part B Direct Service Contractors.

Budget Questions:

Question 28: Page 2 on Attachment 19 states “If your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested. However, Attachment 3, Page 7 states “The Ryan White legislation imposes a cap on contractor administration. The legislative intent is to fund services and keep administrative costs to a minimum. Contractors shall ensure that expenses on administrative costs do not exceed 10% of the total grant. Administrative expenses may be individually set and may vary; however, the aggregate total of a contractors administrative costs may not exceed the 10% limit. Administrative activities include: usual and recognized overhead activities, including established indirect rates for agencies;

If 20% IDC rate is used, it will cause an administrative cost over 10%. Please advise!

Answer 28: This was an error in the Request for Applications. Please refer to Addendum #1 issued on July 1, 2024, for clarification re: **Attachment 19, Instructions for Completion of Budget Forms for Solicitations**.

Refer to **Attachment 3 - Ryan White Guidance for Part B Direct Service Subcontractors** for more detail.

Question 29: Please confirm that the budget to be submitted is for one year only, April 2025- March 2026.

Answer 29: As stated in Section V, Completing the Application, Section 5. Budgets and Justifications, page 26 of the Request for Applications, 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.

Question 30: For Component A, can you please confirm that the annual budget amount is $250,000?

Answer 30: As per the funding chart in Section I, Introduction, B. Available Funding, Component A: Retention and Adherence Program (RAP), page 7 of the Request for Applications, of the Request for Applications, the maximum annual award amount for Component A is $250,000.

Applicant Conference:

Question 31: Slide 13 presented in the Applicant Conference on June 12, 2024, stated:

Previously funded programs that were unsuccessful during the July 21, 2024, solicitation and are currently funded through a contract extension must successfully compete for funding. Without successful competition, funding will cease beyond March 31, 2025.

Is this information correct or did it reference a previous solicitation?

Answer 31: There was an error on slide #13 of the Applicant Conference PowerPoint presentation. The slide should have read as follows:

Previously funded programs that were unsuccessful during the July 21, ***2022*** solicitation and are currently funded through a contract extension must successfully compete for funding. Without successful competition, funding will cease beyond March 31, 2025.

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

Component A: Retention and Adherence Program (RAP)
Component B: Family-Focused Health Care for Women (FFHC)

Request For Applications #24-0003

New York State Department of Health AIDS Institute
Division of HIV and Hepatitis Health Care
Bureau of HIV Ambulatory Care Services

Important Information

- All participants have been placed on mute.
- Applicants should thoroughly review the Request For Applications (RFA) and all Attachments to ensure they meet all requirements.
- The information presented during the Applicant Conference will summarize **key information** in the Request For Applications (RFA).
- Feel free to ask questions about the RFA in the Q&A or by email at AIGPU@health.ny.gov. Please make sure to reference the specific section and paragraph of the RFA when submitting questions.

Important Information

- We are committed to providing you with complete and accurate responses. Therefore, all questions received through the Q&A and via email (AIGPU@health.ny.gov) by the deadline will be compiled into an official **Question and Answer document.** This document will be posted on the Health Research, Inc. (HRI) webpage on or around July 1, 2024.

- **Applicant Conference slides** and the **official Question and Answer document** will be posted on the Health Research, Inc. (HRI) web page on or around July 1, 2024.

Important Information

Nothing said or discussed during this Applicant Conference will modify, add to, alter, or in any way amend the published procurement.

AIDS Institute Presenters

Bureau of Ambulatory Care Services

Margaret Smalls – Director, Bureau of HIV Ambulatory Care Services
Lilian Lee – Retention and Adherence Program Section Director

Office of Health Equity and Policy Initiatives

Louise Square – Health Equity Manager
Sanya Peck – Evaluation Specialist III, OPER

Office of Administration and Contract Management

Michele Kerwin – Assistant Director

Applicant Conference Agenda

- RFA Overview and Available Funding
- RFA Minimum Eligibility Requirements
- Program Model Changes
- Program Model Requirements
- Health Equity & Social Determinants of Health
- Completing the Application
- Review/Award Process & Important Dates

NEW YORK STATE | Department of Health

Advancing Health Equity RFA Overview and Available Funding

AHE RFA Overview

In 2020, non-Hispanic Black/African American people represented 14.1% of the population of NYS but accounted for 46% of new HIV diagnoses and Hispanic persons represented 19% of the population of NYS yet constituted 29.7% 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 Bureau of HIV Ambulatory Care Services originally released this RFA to improve HIV health equity by delivering funded services and developing clinical-community partnerships designed to address the identified non-medical social needs of the priority population(s) served.

Addressing **Social Determinants of Health** for people living with HIV/AIDS is critical to decreasing health disparities, increasing access to medical care for viral load suppression, and improving health outcomes.

This Request for Applications contains two distinct components:

Component A: Retention and Adherence Program (RAP)
Component B: Family-Focused Health Care for Women (FFHC)

To achieve the intended outcomes outlined, the RFA will support:

- Integrated patient-centered models that provide PLWH/A with a continuum of health promotion, disease prevention, diagnosis, treatment, and disease-management services.
- Systemic assessment of SDOH and identification of health-related social needs that exacerbate HIV and STI inequities.

- The development of customized referral networks to address the non-medical social needs that affect prompt engagement, continued retention in care, and sustained viral load suppression as identified through routine SDOH assessment.

Available Funding

This Request for Applications (RFA) seeks to fund **$3,182,870 annually through June 30, 2028.**

Previously funded programs that were unsuccessful during the July 21, 2024, solicitation and are currently funded through a contract extension must successfully compete for funding. Without successful competition, funding will cease beyond March 31, 2025.

Component A – Retention and Adherence Program Available Funding

Up to $2,432,870 in Health Research, Inc. funding is available annually to fund up to **ten (10)** awards for Component A. Annual Awards will not exceed $250,000. The funding distribution per region is as follows:

New York State Department of Health Region	Maximum Annual Award Amount	Number of Awards
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

Component A – Retention and Adherence Program

- 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 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.

NEW YORK STATE | Department of Health

Component B – Family-Focused Health Care for Women (FFHC) Available Funding

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.

The funding distribution per region is as follows:

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

NEW YORK STATE Department of Health

Component B – Family-Focused Healthcare for Women

- 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.

NEW YORK STATE | Department of Health

Important Review for Components A and B

Component A: Retention and Adherence Program (RAP)
Applicants may submit one application per site.

Component B: Family-Focused Health Care for Women (FFHC) -
Applicants may submit one application per region.

Applicants may submit more than one application as per the guidance specific to the component.

Applicant Minimum Eligibility Requirements

Minimum Eligibility – Component A

Applicant must:

- 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**.

Minimum Eligibility – Component B

Applicant must:

- 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.

Applications that do not meet all Minimum Eligibility requirements will be removed from consideration.

AHE Program Model Updates

Key Program Model Updates – Components A & B

- Applicant must utilize an electronic health record (EHR) system.
- 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).
- Client eligibility was expanded to include individuals newly diagnosed, out-of-care, not regularly engaged in care, or not virally suppressed.
- Eligible clients are defined as individuals living with HIV who meet Ryan White eligibility criteria (refer to Attachment 3: Ryan White Guidance for Part B Direct Service Contractors),

Program Model Overview

Core Service Categories – Applies to Components A and B

Refer to pages 12-13 of the Request for Applications for full detail on each service.

Scope of Services:

Health Education/Risk Reduction – Provision of education on risk reduction strategies to reduce HIV transmission including pre-exposure prophylaxis (PrEP) for patients' partners and treatment as prevention, education of health care coverage options, health literacy, and treatment adherence education. Individual or group settings.

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

Core Service Categories – Applies to Components A and B

Refer to pages 12-13 of the Request for Applications for full detail on each service.

Scope of Services:

Medical Case Management – Key activities include, initial assessment of service needs, development of a comprehensive, individualized care plan, timely and coordinated access to medical care and supportive services, continuous client monitoring, treatment adherence counseling, and benefits counseling.

Program Models – Components A and B

Program models will align with AIDS Institute priorities, Ending the Epidemic goals and metrics, adhere to AIDS Institute Clinical Guidelines, and include strategies to reduce racial and ethnic health disparities and inequities experienced by the priority population.

Successful models use social determinants of health data to develop tailored services and networks to address identified HIV and STI inequities.

Applicants may propose innovative or evidence-based services not outlined in the scope of services consistent with the outcomes, RFA guiding principles, and eligible costs.

Component A: Retention and Adherence Program

Services Required

Effective programs utilize a patient-centered multidisciplinary team approach to support rapid engagement and retention in HIV primary care that is responsive to the identified needs and social determinants of health experienced by the priority population.

Peers with lived experience are expected to be included in program service models.

Programs must develop referral networks to address the non-medical needs that impact engagement in care.

Component A: Retention and Adherence Program

Priority Populations: People living with HIV/AIDS, Black, Indigenous, and People of Color (BIPOC), Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, or other communities experiencing disparate HIV outcomes.

Client Eligibility: Individuals living with HIV who meet Ryan White eligibility criteria and are newly diagnosed, out-of-care, not regularly engaged in care, or not virally suppressed.

Retention and Adherence Program – Staffing

Component A:
Funded applicants are **required** to include the following staffing positions in proposed models:

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 (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**

Family-Focused Healthcare - Component B:

Priority Populations: Black, Indigenous, and People of Color women and birthing individuals living with HIV and are planning a pregnancy, are pregnant or serve as the primary caregiver for dependent children.

Client Eligibility: Individuals living with HIV who meet Ryan White eligibility criteria and are newly diagnosed, out-of-care, not regularly engaged in care, or not virally suppressed.

Family-Focused Healthcare - Component B

Service Expectations:
Effective programs provide HIV services, delivered by a multidisciplinary team, tailored to meet the needs of women and birthing individuals living with HIV, who are planning a pregnancy, are pregnant, or caregivers of dependent children, to improve timely entry, access, and retention in care.

Programs must actively involve clinicians (physicians and mid-level practitioners) in developing, delivering, and evaluating patient services.

The multidisciplinary team comprises HIV primary care, OBGYN care, pediatric care, mental health, substance use, medical case management, and peers.

Family-Focused Healthcare - Component B

Applicants must 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.

Applicants must have OB/GYN services located at the funded location that are integrated with program services.

Family-Focused Healthcare - Component B

Programs must ensure that treatment for infants exposed or infected with HIV is provided by, or in consultation with, an experienced HIV clinician.

Peers with lived experience are expected to be included in program service models.

Programs must develop referral networks to address the non-medical needs that impact engagement in care.

Family-Focused Healthcare - Component B

Component B:

Funded applicants are **required** to have the following staffing positions:

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 mental health care and treatment levels 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.

Family-Focused Healthcare - Component B

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**

Components A and B Additional Program Model Requirements

Applicants are required to adhere to the Bureau of HIV Ambulatory Care Services Guiding Principles (Attachment 7).

Additional Bureau of HIV Ambulatory Care Services Guiding Principles Attachment 7.

Hepatitis Screening, Diagnosis, and Care in HIV Primary Care Settings
Trauma-Informed Care
Consumer Involvement
Integration of HIV/STD/HCV Prevention and Treatment
HIV Clinical Expertise
Quality of Care Standards
Use of Behavioral Science-Based Prevention Strategies
Health Literacy Universal Precautions
Harm Reduction Approach Strategies
Undetectable=Untransmittable (U=U)
Development of Medical Self-Management
Affiliation with Medicaid Managed Care (MMC), Medicaid Health Homes, and Special Needs Plans (SNPS) for NYC Medicaid Beneficiaries

Advancing Health Equity RFA Expected Outcomes

1. Improved engagement in HIV primary care, sexual health, behavioral health and supportive services.

2. Early identification of HIV and immediate access to treatment and medical care.

3. Increased viral load suppression and sustained suppression rates for people living with HIV/AIDS.

4. Reduced incidence and transmission of HIV/STI/HCV.

Advancing Health Equity RFA Expected Outcomes

5. Support of the elimination of perinatal HIV transmission.

6. Reengagement of people living with HIV/AIDS who have stopped receiving medical care due to social determinants of health or other barriers.

7. Reduced racial and ethnic disparities for people living with HIV/AIDS.

8. Decreased rates of HIV morbidity and mortality.

Payer of Last Resort & Funding Restrictions

- Funds under this Request For Applications (RFA) 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.** A provider cannot use grant funds in lieu of billing for services to a third party.

- For more details on funding restrictions and allowable/unallowable services, applicants should review: Ryan White Guidance for Part B Direct Service Subcontractors – Attachment 3

Health Equity

Viewing your work through a health equity lens

AIDS Institute's focus on Health Equity?

- The AIDS Institute has a long history of identifying, serving and supporting individuals in our society who are stigmatized and marginalized. We want to continue this tradition by identifying and supporting our residents who are currently the most vulnerable to negative health outcomes.
- Data shows that disease and health outcomes are most often worse for Indigenous, Black and Hispanic Americans than for other racial groups in NYS. To improve our overall health status and outcomes, we are emphasizing the racial aspects that aids in health inequities.
- As such, race is a key factor to consider for this RFA. This does not mean ignoring individuals who fall outside one of the three racial/ethnic groups above.

What does Health Equity mean?

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Robert Wood Johnson, What is Health Equity and What Difference does a Definition Make? 2017

Other Important Definitions

Health

The state of being free from illness or injury *Oxford Dictionary*

A state of complete physical, mental and social well-being… not just the absence of disease *Wikipedia*

Health disparity

Health disparities are health differences between different groups of people. These health differences may include:

- How many people get certain diseases
- How severe the diseases are
- How many people have complications because of the diseases
- How many people die from a disease
- Whether people can get health care
- How many people get screened for a disease

Medline Plus

Equality

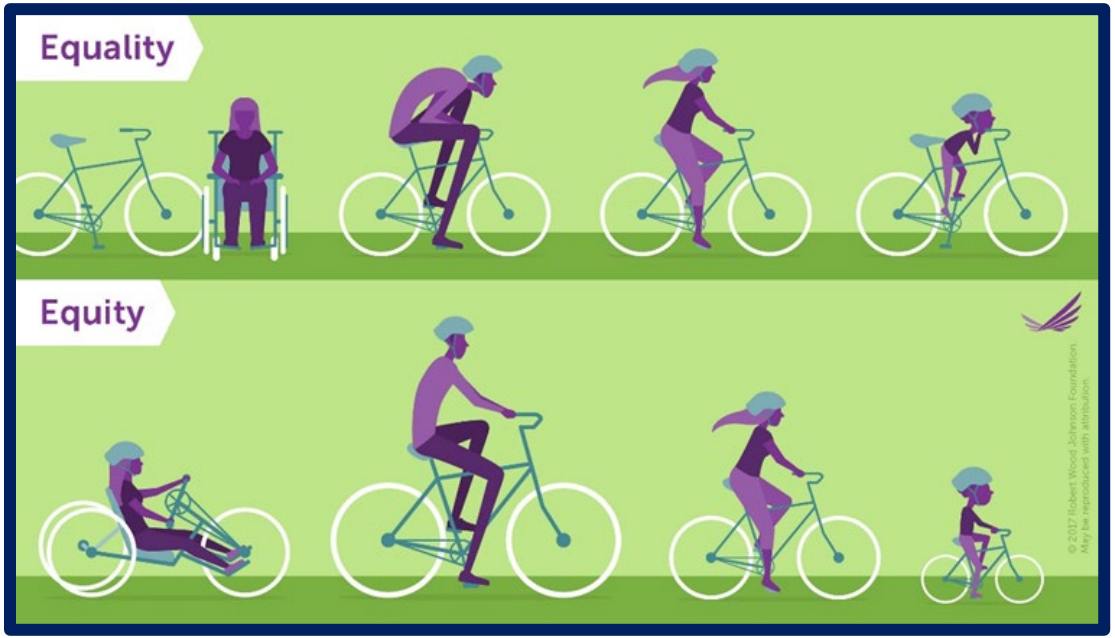
The state of being equal especially in status, rights and opportunities.

Oxford Dictionary

Equity vs. Inequity

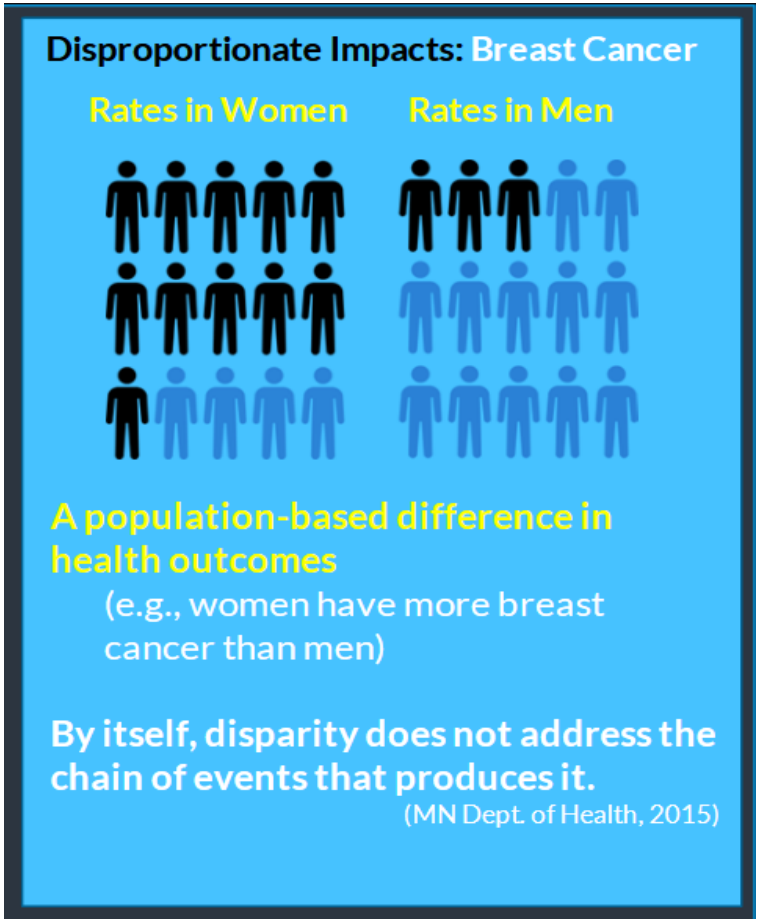
- **Equity** – fair and just; giving everyone **what** they need to be successful.
- **Inequity** - circumstances that are unjust or unfair and most often avoidable.

Equality vs. Equity

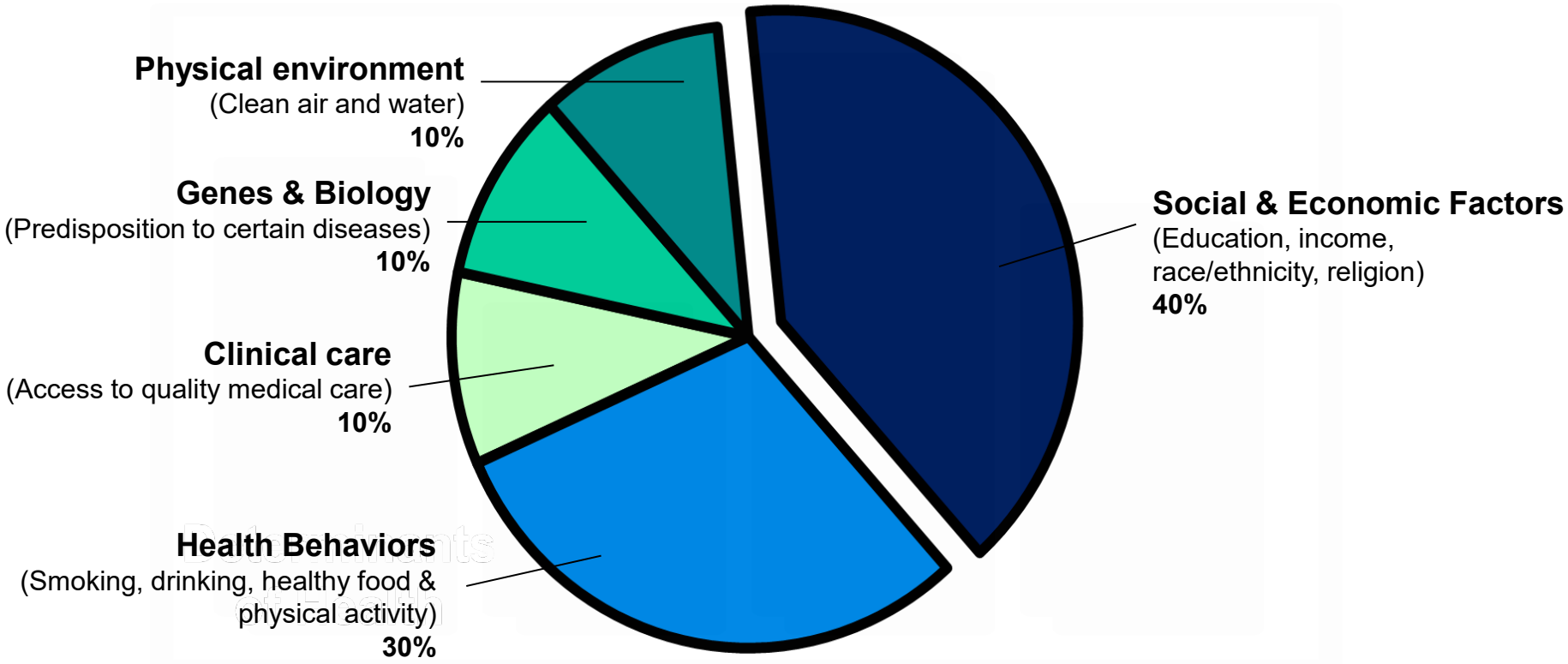


NEW YORK STATE Department of Health

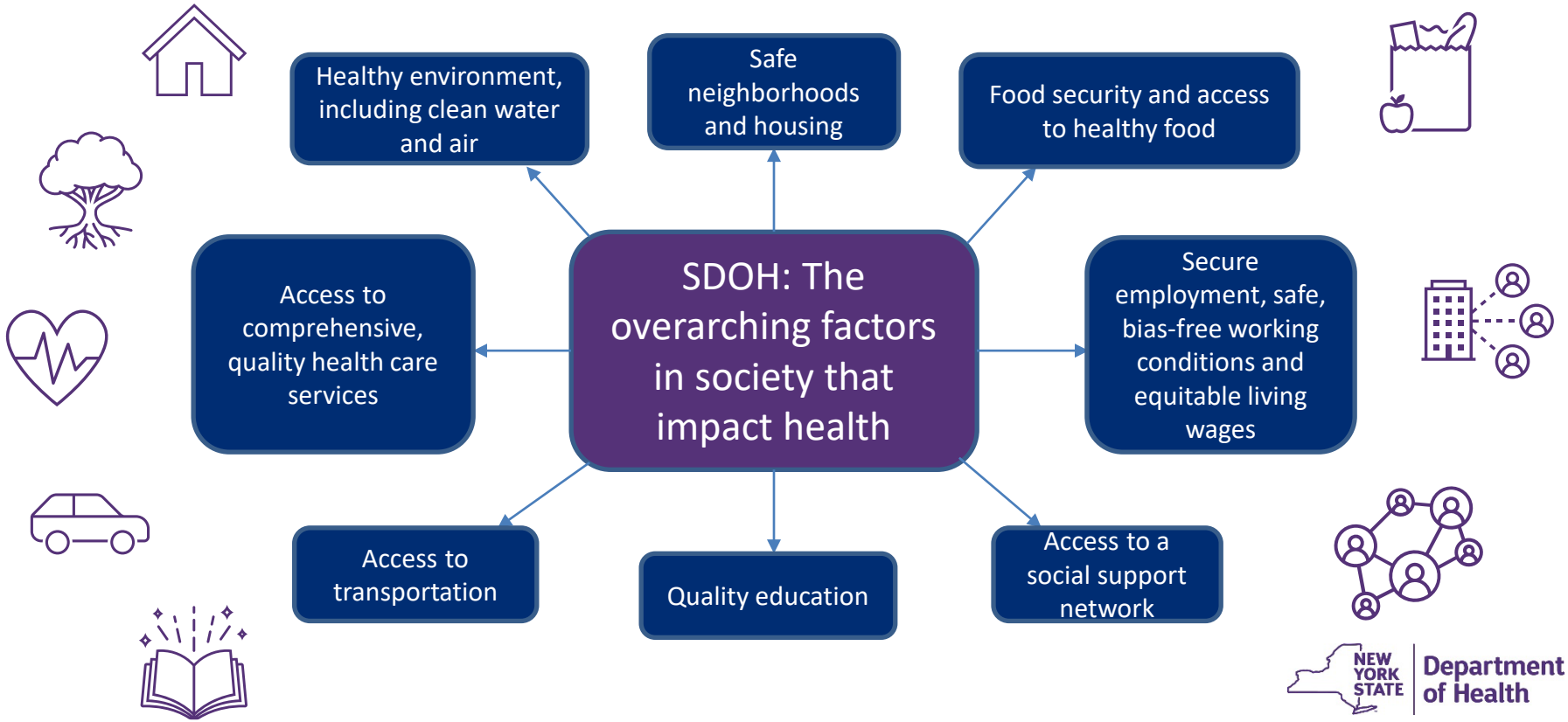
Disparity vs. Inequity



Factors Affecting Health


Physical environment
(Clean air and water)
10%
Genes & Biology
(Predisposition to certain diseases)
10%
Clinical care
(Access to quality medical care)
10%
Health Behaviors
(Smoking, drinking, healthy food & physical activity)
30%
Social & Economic Factors
(Education, income, race/ethnicity, religion)
40%

Social Determinants of Health



NEW YORK STATE Department of Health

Racism as a Root Cause of Health Inequities

Racism is a system of beliefs and practices that serves to reinforce the power and well-being of whites at the expense of people of color. *(Feagin JR, 2006)*

The link between experiences of racism/discrimination and illnesses has been documented among African Americans, Arab Americans, Asian Americans, Latinos, & Native Americans.

Acts of racial bias (subtle or otherwise) are associated with various increased risk for negative health outcomes. Racism can impede educational attainment, the ability to seek gainful employment & diminish potential wages. It contributes to avoidance behaviors, such as forgoing health care or medications to avoid encountering bias; greater use of substances (alcohol, tobacco and other drugs); increase biomarkers of stress (i.e., cortisol), which can all lead to heart disease, clinical depression, low birth weight infants, obesity, and mortality.

Health Inequities in RFAs

Adding a focus on health inequities that centers the population experiencing a disproportionate burden of disease and poor health outcome, pinpoints those most in need and leads to improvements in the overall health of the community.

Organizations in the community are best positioned to contribute to the reduction of these structural barriers.

This funding will provide organizations with **the additional boost** needed to reduce the inequities and improve health outcomes for PLWHA.

NEW YORK STATE | Department of Health

Completing the Application

Application Sections

The application consists of the following five (5) sections:

1. **Program Abstract (Not Scored) - Maximum 1 Page**
2. **Community and Agency Description (15 points)- Maximum 2 Pages**
3. **Health Equity (15 points) - Maximum 2 Pages**
4. **Program Design and Implementation (50 points) - Maximum 6 Pages**
5. **Budgets and Justifications (20 points)**

Completing the Application

- **Applications should not exceed ten (10) double-spaced pages**
- Applications should use 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.

Failure to follow these guidelines will result in a deduction of up to ten (10) points.

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.**

Completing the Application

When completing your application, remember to:

- Respond to each of the sections described and all questions within each section.
- 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.
- Prepare an annual budget based on the maximum award amount for each service selected as listed in the Request For Application. Submit a budget for year one for the period of **April 1, 2025 – March 31, 2026,** as **Attachment 18**.
- Ryan White Administrative costs and Indirect costs are limited to 10% of the total award amount. Refer to **Ryan White Guidance for Part B Direct Service Subcontractors (Attachment 3) for instructions.**

Required Attachments - continued

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

Attachment 1: Application Cover Page
Attachment 2: Application Checklist
Attachment 4: Article 28 Operating Certificate
Attachment 5: Electronic Health Records (EHR) Assessment
Attachment 6: Statement of Assurances
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 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

Submitting the Application

Applicants must submit one (1) Portable Document Format (PDF) version of the entire application (including Application Cover Page, Application checklist, narrative and all attachments) to AIGPU@health.ny.gov by **4:00 pm ET on July 17, 2024**.

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 by **4:00 PM ET on July 17, 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.

NEW YORK STATE | Department of Health

Review/Award Process & Important Dates

Review/Award Process

- Applications that meet the Minimum Eligibility Requirements and guidelines set forth in the Request For Applications (RFA) will be **reviewed and evaluated competitively** by a panel convened by the New York State Department of Health AIDS Institute.

- Applications that do **not** meet the Minimum Eligibility Requirements in the Request For Applications (RFA) will **NOT** be evaluated.

Contract Periods

Contracts resulting from this Request For Applications (RFA) will have an **anticipated start date of April 1, 2025.**

- The initial contract period will be **April 1, 2025 – March 31, 2026**.
- All future contracts will be for twelve (12) month periods and run **from April 1 – March 31. All contracts will end on June 30, 2028.**
- Health Research, Inc. (HRI) awards may be renewed based on satisfactory performance and availability of funds.
- Health Research, Inc. (HRI) reserves the right to revise the award amount as necessary due to changes in the availability of funding.

Important Dates

- Questions can be submitted to the Request For Applications (RFA) email: AIGPU@health.ny.gov **until 4:00 PM ET on June 14, 2024.**

- **Questions and Answers** and **Applicant Conference slides** will be posted on the Health Research, Inc. (HRI) website **(on or about) July 1, 2024:**

  https://www.healthresearch.org/funding-opportunities

Important Dates continued

- Applicants must submit one (1) Portable Document Format (PDF) version of the entire application (including Application Cover page, Application checklist, narrative, and all attachments) to AIGPU@health.ny.gov **by 4:00 PM ET on July 17, 2024.**

- Applications will only be accepted electronically to the Bureau Mail Log (BML) : AIGPU@health.ny.gov

- Applications will not be accepted via fax, hard copy, courier, or hand delivery.

- **Late applications will not be accepted.**

NEW YORK STATE | Department of Health

Thank You