RFA # 18092
Grants Gateway #s:
Component A: DOH01-TCPHSA
Component B: DOH01-TCPHSB-2019

New York State Department of Health
Division of Chronic Disease Prevention
Bureau of Tobacco Control

Tobacco Control Program
Component A: Health Systems for a Tobacco-Free New York
Component B: Center for Health Systems Improvement

QUESTIONS AND ANSWERS
December 5, 2018

COMPONENTS A and B:

I. Introduction

A. Intent

Q1. On page 3 of the RFA, it states that Strategies 4 and 5 are not a focus of the RFA, however, on page 5 one of the required implementation strategies is to increase the number of Medicaid recipients who utilize the tobacco cessation benefit through benefit promotion efforts. Can this be clarified?

A1: NYS has a very generous Medicaid benefit currently in place for tobacco dependence treatment. Individual and group counseling and all seven FDA approved cessation medications are covered for NYS Medicaid recipients. Therefore, there is not a need to focus on expanding the Medicaid benefit. As part of System Strategy 2, educating providers and having resources to educate patients on the Medicaid benefit will remain a priority.

II. Who May Apply

Q2. There are two Components: A and B. Can hospitals/health systems apply for both A and B? Can you clarify the highlighted text that makes it sounds like you are looking for organizations other than hospitals and health systems to engage health systems? Perhaps I am taking this too literally “The Bureau of Tobacco Control (BTC) seeks applications from organizations that will work to engage health care systems”.

A2: Hospitals/health systems are eligible to apply for Component A and/or Component B, as are other organizations. The awardee is expected to engage

target health care systems in the catchment area, which may include their own organization/hospital/health system, in the list of targets.

A. Minimum Eligibility

Q3. If an organization is applying for multiple grants, how and where should it be noted that if awarded, the organization would accept a contract for only one component or both components?

A3: Applicants are not required to note acceptance of a contract at the time of application. Rather, at the time of award, organizations should notify the Department as soon as possible if they are unable to accept the award.

Q4. On page 8, second paragraph it states that: All core (required) personnel must be employed by the applicant and cannot be subcontracted. Will you please define what staff are considered core (required) personnel?

A4: Core staff refers to the required full-time program coordinator.

Q5a. Pg. 8 Minimum Eligibility "All core personnel must be employed by the applicant and cannot be subcontracted." In the webinar subcontracting was discussed and permitted to be considered if a majority (50%) of the work is maintained by the applicant. Can you clarify if core personnel can be employed through the subcontract?

Q5b. "Major components of the work plan cannot be subcontracted." Will you please define what is meant by "major components?" Does this exclude working with a subcontractor to administer the core work plan in some part of the region served?

Q5c. Slide 41 talks about subcontractors/others fulfilling program coordinator or other key functions should have the competencies . . . does that mean that subcontractors can be used to administer the work plan in designated parts of the region?

A5 a-c: The full-time program coordinator (core staff) must be employed by the applicant and cannot be subcontracted. The awardee is required to maintain more than 50% of the work in dollar value. Less than 50% of the work in dollar value may be used for sub-contracting, including additional staff beyond the full-time program coordinator, to cover designated parts of the region. "Major components" include the deliverables 'medical health care systems and policy change" and 'mental health care systems and policy change'. Parts of those deliverables may be subcontracted out but not the deliverable in its entirety.

B. Preferred Eligibility

Q6. Section 8, Preferred Eligibility Qualifications, are you requesting examples specific to Tobacco Health Systems work or any example that relates to health equity; does not need to be specific to tobacco?

A6. For all preferred eligibility qualifications requested examples, the examples do not have to be specific to tobacco control or tobacco health systems work.

III. Project Narrative/Work Plan Outcomes

Additional Requirements for all Organizations Funded Under this RFA (Components A & B)

Q7. Focus through the RFA is on smoking? Should there be any specific requirements to address smokeless tobacco and/or electronic cigarette use?

A7: There are no requirements to address smokeless tobacco and/or electronic cigarettes as part of the response to this RFA. Work in that area may be phased in over the course of the contract based on demonstrated need.

2. Staffing

Q8a. Does the title have to be “program coordinator?

Q8b. On page 14 (2. Staffing), first bullet under “staffing,” it states that the “Project Coordinator” position will be the primary contact with Department staff, and that “In addition, this person should have a function within the funded agency that reflects professional and leadership status.” Will you please explain? Does the position title need to be “Project Coordinator,” or can it be called Project Manager or Director?

A8 a-b: For the purposes of this RFA application, the title Program Coordinator should be used to ensure you are meeting the requirements of this RFA. Upon award, the agency may have a different title they use internally. The Program Coordinator position is responsible for the day to day oversite and implementation of the program.

5. Meetings, Trainings and Travel

Q9. On Page 14 (5. Meetings, Trainings, and Travel), Difference between required and core staff?

A9: The required and core staff is only one position, the Program Coordinator.

IV. Administrative Requirements

Q10. Is there supposed to be content on page 19 of the application, as it is blank and does not say left blank intentionally.

A10: Page 19 is blank. There is no missing text. This was an error in pagination of the RFA document.

C. Letter of Interest (LOI)

Q11. We are working on the above referenced RFA and would like to submit a LOI. We are already sent the LOIs via email but I wanted to check on how we are supposed to do it in the portal. We have it uploaded and saved, is that all we have to do? It doesn't seem that we can submit since we have nothing else completed in the portal. Can you confirm that is correct?

A11: Per C. Letter of Interest, Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. Please note that you will receive an error message when uploading the letter in to the application as other Pre-Submission uploads are not due until the application is submitted. A copy should also be emailed to tcp@health.ny.gov.

Q12. Will the letters of intent for Tobacco Control Program – Component A: Health Systems for a Tobacco-Free New York be posted?

A12: The Letters of Interest will not be posted; however, a list of organizations that submitted a Letter of Interest by the deadline is included at the end of this document.

Q13. We just noted this RFP in the system. We also noted that the letter of intent was due yesterday, 19th. If we missed this deadline, would we be disqualified from submitting a proposal. We just wanted to confirm before we invested the time in completing a proposal.

A13: Per the RFA Section IV. Administrative Requirements, C. Letter of Interest, submission of a letter of interest is not a requirement of this RFA. Applications may be submitted without having submitted a letter of interest.

H. Payment and Reporting Requirement of Grant Awardees

Q14a. On page 22, third line it states that "Contractors will be reimbursed for actual expenses." Does that include expenses paid for subcontracts? In other words, does the subcontractor have to have been paid in order for the contractor to be reimbursed for that subcontractor expense?

Q14b. Can organization be reimbursed for subcontractor expense before subcontractor is reimbursed?

A14 a-b: Subcontractor expenses cannot be paid by the State before the expense has been incurred and paid for. These awards are reimbursement based. The awardee must incur and pay for expenses prior to submitting a claim for payment. Payments made to subcontractors should be included in the awardees monthly claim for payment.

Q15. In section H.#2. Do you anticipate requiring the use of the Grants Gateway to submit monthly invoices beginning July 2019?

A15: Awardees will submit invoices to the state's designated payment office, as noted on page 21, section IV. Administrative Requirements, H. Payment and Reporting Requirements of Grant Awardees. Should the process for submitting vouchers change over the course of the contract the grantee will be notified.

I. Minority and Woman-Owned Business Enterprise Requirements

Q16. If applying for a waiver for the MWBE requirement, will this negatively impact an application?

A16: No, requesting a waiver will not negatively impact an application.

Q17. How do you complete this required form if you aim to meet the goals, but have yet to determine the appropriate vendors? - The appropriate vendors will be identified post award.

A17: A description should be provided in the description box on Page 1 of the Form 1 Utilization Plan explaining that your organization plans to meet the department goal but that the MWBE vendors cannot be identified at this time. The vendors can be marked as TBD. However, if the organization does attest to meeting the 30% goal and the contract reaches execution, certified MWBE firms from the NYS Directory will have to be utilized.

M. Vendor Prequalification for Not-for-Profits

Q18. We received prequalification a while ago. Will we be notified if any of the documents are expiring?

A18: Yes, a Grants Gateway system generated email will be sent to the Delegated Administrator role 30 days prior to any document expiring with a Document Vault. Organizations can also view when financial documents are set to expire by entering the Document Vault page and reviewing the 3 financial documents pages to view when next due dates are coming up

V. Completing the Application

A. Application Format/Content

Q19a. Page Limits/Margins/Other Requirements (font type and size) for application?

Q19b. Will there be requirements for character limits and/or page limits for each of the required sections of the application?

Q19c. When counting characters do spaces count?

Q19d. Can you please specify the special characters count again? Are colons, semi-colons, parenthesis, quotation marks allowed?

Q19e. Can you use the symbol "&" in the application?

A19 a-e: Please refer to Page 46, 5.2 Completing an Application of the Vendor User Guide available on the New York State Grants Management website (https://grantsmanagement.ny.gov). The grants Gateway has no page limits, margins or font (type and size) requirements. The Department has set a 4,000-character count limit per response area, which includes spaces. Common keyboard characters are allowed in the application text however, some special symbols may not work. Only numbers, letters, dashes and underscores can be used in attachment file names.

Q20. Is there a preferred style guideline for acronym usage?

A20: No, there is not a preferred style for acronym usage but be advised that reviewers may not be from the Tobacco Control Program and therefore may not be familiar with commonly-used acronyms. Be sure to be clear and concise so that a reviewer will understand what is being proposed.

Q21. For references and sources how and where should those be documented in the application? Is there a place to upload them as a separate standalone PDF, or should they be combined with another PDF that is already required?

A21: Applicants that wish to provide references and sources are instructed to include them in the same PDF attachment they upload for Attachment 5 – Application Cover Sheet.

Q22a. Where on Grants Gateway should Letters of Support be included?

Q22b. Can we submit letters of support with our application, if yes, where in grants gateway should they be uploaded?

Q22c. How and where should letters of support be uploaded/added to the application?

A22 a-c: For the purposes of the RFA, Letters of Support are not required or requested and will not be reviewed.

6. Staffing Pattern and Qualifications

Q23a. For positions other than the Coordinator, who is mandatory at 100%, how would you like percentages of efforts denoted in a meaningful way if applying for multiple applications/opportunities?

Q23b. If submitting applications for multiple regions, as defined in Component A: In the budget line items for staff, is there a preference for an individual's percent effort to be shown across multiple grants if it is anticipated that they will work in more than one region? Or should that not be noted?

A23 a-b: Each application is reviewed separately. Staffing should be appropriate for the work plan and budget submitted for each application and should reflect how the specific needs of the region will be addressed. The percent of effort should be specific to the work and not dependent on funding.

7. Budget and Justification

Q24a. Budget and Justification, Section 7, point b.iv - Can a grantee subcontractor charge for indirect/administrative services to their proposed budget?

Q24b. Budget and Justification, Section 7, point b.vi - Since the budget does not allow institutions to charge indirect costs, could charges, such as administrative staff support be built in as direct costs?

Q24c. Budget and Justification, Section 7, point b.vi - As confirmation, are grantees allowed to charge for indirect services in the proposed budget?

Q24d. Per page 30 vi. Ineligible budget items – our institution allows 10% indirect with NYS – is this unallowable for this proposal submission – meaning 0% indirect?

Q24e. In the past, our institution (non-profit), has included Indirect Costs of 10% in our Tobacco Control Program submitted budgets and there was a line for these Facilities and Administrative fees on the budget. We only charge indirect costs of 10% of Total Direct Costs for these Tobacco Control Programs even though our approved DHHS indirect cost rate agreement is 71.8%. Under Attachment 7 Budget Instructions for this RFA – it clearly states on page 3 of 3 under "Other Expenses Detail" that indirect Cost or administrative costs are not allowed. It also states this on the Grants Gateway budget template. Does this mean that our institution may no

longer request any indirect costs on these budgets on any line?

A24 a-e: Indirect cost reimbursement is not allowed for awardees or subcontractors. Applicants can request reimbursement for those items that may have been included in previously allowed indirect lines as itemized budget items, with justification in the budget narrative.

Q25. Regarding Program Specific Question, #7 (Budget and Justification), 7vb is asking consideration for M/WBEs for subcontracting and consultant opportunities, as well as, other eligible discretionary Non-Personal Services items in the budget, if an applicant does not use subcontractors, consultants and there are no opportunities for Non-Personal Services items, how should this be answered in the Application?

A25: While completing the MWBE Forms, a description should be provided on the Form 1 Utilization Plan explaining why the organization has no areas of opportunity for MWBE utilization and must complete the Form 2 Waiver Request seeking a total waiver for both MBE and WBE utilization.

8. Preferred Eligibility Qualifications

Q26. Since we are only working with settings that serve disparate populations, it is not clear how we are to incorporate the requirement to explain how we address disparities. The program itself, and requirements, seem to do that by definition.
a. Reference: Statement of Need, Section b
b. Reference: Preferred Eligibility Qualifications, Section 8, points b. and d

A26: The statement of need, item ii, is asking applicants to discuss health disparities that exist in the catchment area. The preferred eligibility items b and d that ask applicants to describe experience working with disproportionately affected target populations refers to the applicant's experience working directly with disadvantaged populations, as opposed to experience working with other entities, systems or organizations that serve those populations.

C. Review and Award Process

Q27. Who within the Division of Chronic Disease Prevention reviews the application? Is it strictly current NYSDOH BTC staff or other DOH staff or a mixture?

A27: Applications will be reviewed by Staff from the New York State Department of Health Division of Chronic Disease Prevention. This includes but is not limited to staff from the Bureau of Tobacco Control.

Q28. Is scoring the final decision (highest score wins award)? On pg. 35, it says that "highest scoring applicant in each of the 10 service regions . . . will be recommended for award.

A28: The highest scoring application with a passing score of at least 60 for each catchment area will be recommended for award. A grantee must also be determined responsible during the vendor responsibility review conducted by the Department.

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Component A:

III. Project Narrative/Work Plan Outcomes

A. Scope of Work

Q29. Pg. 9, Scope of Work. Are contractors able to provide cessation aides such as over the counter Nicotine Replacement Therapy as an activity to support system change within partner organizations?

A29: Yes, contractors would be able to offer over-the-counter Nicotine Replacement Therapy as an incentive to support health system changes for both medical and mental health care providers. As with all incentives, contractors would need to obtain Department approval prior to disbursement.

Q30. Multiple times in the RFA Substance Abuse and those with physical disabilities was referenced, however they were not a part of the disparate population groups listed. Should these two categories be included as a requirement?

A30: Page 9 of the RFA identified that people with low education, low income, serious mental illness, substance abuse disorders and/or physical disabilities would be a focus for the Component A awardee. Page 11 also required a local level disparity project to a specific sub-population in the service region. That may include other populations in the region experiencing tobacco disparities such as pregnant women, LGBTQ, etc.

Q31. Media: 4% contribution listed in both Health Systems and Mental Health Systems – is it 4% per contract or 4% per initiative per contract?

A31: The requirement is that each contract will contribute at least 4% of their total budget to the statewide media campaign. This is per contract, not per initiative.

Q32. Pg. 11, Section 3 Local Level Disparities Project. Are contractors required/recommended to utilize the same disparities project over the five-year contract?

A32: Local Level Disparity Projects are designed to meet the specific needs of the region; therefore, they are flexible. Projects should be evaluated on a yearly basis to determine the changing needs of the community. Contractors can keep the same project for multiple years or can propose a different one each year based on their assessment of the region.

V. Completing the Application

A. Application Format/Content

2. Statement of Need

Q33. How does an applicant respond to questions regarding specific Health Systems Policy Attainment, such as asked in Section 2, Statement of Need, 2c, "Describe local medical and mental health systems organizational policies in service region using the best information available. Include status of compliance with these policies, and opportunities for tobacco control action in the service region." This is not public information although this is an RFA open to the public. Is there a reference site for this information?

A33: There is not a reference site for this information. For the purposes of this RFA application, applicants should identify the medical and mental health care organizations in their region that serve the target populations. Applicants should ascertain, to the best of their ability, if these organizations have policies to treat tobacco dependence and the status of the policy compliance/implementation.

3. Applicant Organization

Q34. For section 3d, are you asking how the health system change work is supported internally through the organization (ie. their tobacco dependence treatment policy) or how the system will support the grant overall through the service region?

A34: The applicant should describe how the agency will support the grant overall through the service region. Be sure to include a description of how the agency will engage organizational leaders and/or decision-makers to adopt policy and/or system changes.

5. Technical Proposal

Q35. Section 5, f. Does the local level disparities component (for Component A) require that we only work with healthcare settings, or can we also work with

community-based organization, particularly those working with New York City Housing Authority residents to increase the capacity to ask, advise, and refer?

A35: Local level disparity projects should focus on mental and/or medical health systems that serve a specific sub-population in the service region, beyond the disparate populations noted in the RFA (people with low education, low income, seriously mentally ill, substance abuse disorders and/or physical disabilities) and based on demonstrated need in the community (such as high rates of tobacco use and/or barriers to tobacco dependence treatment). The project should focus on reducing and removing barriers to smoking cessation success unique to the community. Partnering with community organizations to achieve change at the medical/mental health care system level is not prohibited.

Q36. On page 9, first paragraph it states, "Contractors will facilitate health systems change with community health centers, FQHCs, mental health and behavioral health service organizations and similar organizations that serve disproportionately affected populations (people with low education, low income, seriously mentally ill, substance abuse disorders and/or physical disabilities." Would organizations serving the intellectually impaired be considered a target? Or employee health programs supporting organizations that employ low wage earners (again, those serving intellectually impaired, home health agencies, etc.).

A36: Applicants may propose working with health care organizations that provide tobacco dependence treatment to disparate populations beyond what is listed in the RFA (people with low education, low income, seriously mentally ill, substance abuse disorders and/or physical disabilities), as part of a local disparities project. The local disparities project proposal, including the proposed sub-population, should be based on demonstrated need in the community (such as high rates of tobacco use and/or barriers to tobacco dependence treatment).

7. Budget and Justification

Q37a. If we are applying for three catchment areas, will the State be awarding the grant as three separate awards with different award/contract numbers? Should we create a budget as if we are only receiving one award/contract, and then reconcile the salary support if we are to receive all contracts applied for?
a. Reference: Budget and Justification, Section 7, point a

Q37b. If submitting applications in multiple regions, as defined in Component A: In the budget line items for staff, is there a preference for an individual's percent effort to be shown across multiple grants if it is anticipated that they will work in more than one region? Or should that not be noted?

A37 a-b: There will be separate awards and contract numbers for each awarded catchment area. An application must reflect the specific need of the region and

should not reference another application. The budget must be specific to the region for which you are applying.

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Component B:

III. Project Narrative/Work Plan Outcomes

A. Scope of Work

Q38. Is the development of resources, materials and tools for Component A contractors considered a regional or statewide activity?

A38: The development of resources, materials and tools for Component A contractors is considered a regional activity, meaning the items developed may be specific to contractors in one, many or all regions, depending on the need.

Organizations that submitted a Letter of Interest for Component A:

American Lung Association – Finger Lakes
American Lung Association – Hudson Valley
American Lung Association – Metro South
American Lung Association – Metro Central
American Lung Association – Metro North
Cattaraugus County Health Department – Western
Glens Falls Hospital – North Country
Northwell Center for Tobacco Control – Long Island
North Country Healthy Heart Network – North Country
New York Presbyterian Hospital – Metro Central
New York University School of Medicine– Metro Central
New York University School of Medicine – Metro North
New York University School of Medicine – Metro South
Richmond University Medical Center – Metro South
Roswell Park Cancer Institute- Western
St. Peter's Hospital Foundation – Capital
St. Joseph's Health – Central
St. Joseph's Health – Finger Lakes
St. Joseph's Health – North Country
University of Rochester – Finger Lakes

Organizations that submitted a Letter of Interest for Component B:

Cicatelli Associates
St. Joseph's Health