NYS Department of Health (NYSDOH)
AIDS Institute (AI)
Division of HIV and Hepatitis Health Care
Bureau of Hepatitis Health Care

Request for Applications (RFA)

Eliminating Hepatitis C by Improving Access to Hepatitis C Care and Treatment

RFA #18344/Internal Program #19-0004
GRANTS GATEWAY # DOH01-EHCV1-2020

QUESTIONS AND ANSWERS

Questions below were received by the deadline announced in the RFA. The NYSDOH is not responsible for any errors or misinterpretation of any questions received.

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA **#18344**. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

Grants Gateway, Application Submission & Application Download

Question 1: What if I try to submit my application and it is past the due date/time of the RFA?

Answer 1: An applicant will not be able to submit an application in the Grants Gateway once the due date/time has passed. The opportunity to submit an application is not an option once the deadline has passed. Prospective grantees are strongly encouraged to submit their applications at least 48 hours prior to the due date and time. This will allow enough opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission of your application. Failure to leave adequate time to address issues identified during this process may jeopardize an applicant's ability to submit their application. Starting the application process as soon as possible will produce the best results as late applications will <u>not</u> be accepted.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: https://grantsmanagement.ny.gov/resources-grant-applicants and select "Apply for a Grant" from the Apply & Manage menu. There is also a more detailed "Grants Gateway: Vendor User Manual.

Question 2: How do I determine if my agency is pre-qualified through the Grants Gateway?

Answer 2: To be registered and prequalified through the Grants Gateway, an organization must have submitted a registration form, identified a grantee delegated administrator, entered required documents into the document vault, and submitted the document vault for review. Please note the documents in the vault must be submitted with sufficient time to be reviewed

and approved. Waiting until the last minute is not advised. If your agency vault is in review status and not yet prequalified, please send an email to the mail log for this solicitation at hepatabc@health.ny.gov in order to request expedited handling of your document vault. Your organization's status can be viewed by accessing your document vault and observing the current status noted in the details panel at the top of your document vault main menu. The status can also be obtained by running the "State Prequalification Application Status Report" under the Management Screens section of your vault.

Question 3: Can an agency apply if they are not prequalified through the Grants Gateway?

Answer 3: Applicants must be prequalified (if not exempt) by the date and time applications are due. Exemptions for prequalification are limited to governmental organizations. If an organization is not prequalified, the application will be rejected. Please refer to Section IV. Administrative Requirements, M. Vendor Prequalification for Not-for-Profits on page 21 of the RFA.

Question 4: What does the asterisk * mean in the Grants Gateway on-line application?

Answer 4: The asterisk* alerts applicants that a response is mandatory. Applicants will not be allowed to submit their application without completing all mandatory questions and uploading all mandatory attachments.

Question 5: On page 23 it says that using Chrome or Firefox causes errors in the Work Plan section of the application and that we must use Internet Explorer 11 or higher. Microsoft Edge is the default browser in Windows 10. Is that acceptable?

Answer 5: Due to this RFA having a defined workplan, applicants are not required to enter anything in the workplan. Microsoft EDGE is acceptable as applicants will only need to view the work plan.

Application Format

Question 6: I have a question about what I should include as the Project Title in the Program Specific Questions section on the Grants Gateway online application. Should the Project Title be listed as the actual name of the RFA?

Answer 6: Yes, the Project Title should be listed as the actual name of the RFA. Applicants should enter "**Eliminating Hepatitis C by Improving Access to Hepatitis C Care and Treatment**" as the Project Title.

Question 7: Are there page limits which apply to different sections of the application?

Answer 7: Narrative sections of the application no longer contain page limits. Instead the New York State Grants Gateway online application provides character limits. When applicants are typing a response to the Program Specific Question, the number of characters allowed as a response is shown. As applicants type their response, the number of characters (including spaces) used will be displayed up to the maximum allowed.

Question 8: In some questions, it specifically states that the number of characters allowed includes spaces. In other questions it does not specify that the number of characters includes spaces. For questions where this is not specified, does the character limit include spaces?

Answer 8: Each text box allows a certain character limit. This character limit in all cases is inclusive of spaces. As applicants enter their response to each Program Specific Question, the number of characters (including spaces) used will be displayed along with the maximum number of characters allowed (e.g., 324 of 1,000).

Question 9: Is it possible for you to expand the number of words allowed for responses to narrative questions 4d, 4e, 4g, 4j, 4k, and 4o from 1,000 words to 4,000 words?

Answer 9: No. The RFA has already been published with defined character limits for each question.

Question 10: Can we write our application in Word and cut and paste it into the grant application form on the Grants Gateway?

Answer 10: Yes, it is possible and recommended to prepare your application in Word and cut and paste it into the online system. However, it would be especially important to note the character limits in advance of attempting to cut and paste written material into the Grants Gateway. It is also important to make sure the correct text is entered for the intended question. If a response is not pasted into the text box for the intended answer, it may impact the reviewer's scoring of that response. **It is also important to remember to save your application data frequently as you enter it into the Grants Gateway. The system automatically times out after 3 minutes of inactivity, and any unsaved work will be lost.**

Question 11a: When do you anticipate that contracts will begin for projects funded under the new Eliminating Hepatitis C by Improving Access to Hepatitis C Care and Treatment RFA?

Question 11b: The Grant Opportunity Profile lists the Anticipated Award Date as Sunday, March 01, 2020. However, in the full RFA the Anticipated Award Date is listed as July 01, 2020. Please confirm the Anticipated Award Date.

Question 11c: When will announcement of grant awardees be made?

Answer 11a, 11b & 11c: It is anticipated that successful applicants will be notified of awards by March 1, 2020. It is expected that contracts resulting from this RFA will have a contract start date of July 1, 2020.

Question 12a: Should the MWBE Utilization Plan be reflective of just the first-year budget or all five years? Will there be a possibility of applying for a waiver from the MBE and WBE requirements?

Question 12b: Is the $25,000 requirement per contract year or the totality of the 5-year award being over $25,000? For instance, if each year is over $5,000 and the total of the 5 years adds up to over $25,000 would the requirement of MWBE still be required?

Question 12c: Please clarify what the 'combined purchase of the foregoing greater than $25,000' statement means. Is the $25,000 purchase requirement within a budget category or across budget categories? For instance, does it mean that if your purchasing more than one piece of equipment, and the total of all the equipment is greater than $25,000, then the requirement holds OR/AND does the requirement still hold, for instance, if we have a subcontracted labor or services for $10,000, and equipment for $6,000 and materials for $10,000 where the totality of these categories is greater than $25,000?

Answer 12a, 12b & 12c: The MWBE Utilization plan should be based on the life of the contract, which is five years. Eligible M/WBE expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation. Please refer to the instructions on Attachment 5, MWBE Utilization Plan - Guide to New York State DOH M/WBE RFA/RFP Required Forms, Form #2: MWBE Utilization Waiver Request for instructions on applying for a waiver. Applicants should refer to Attachment 5 - MWBE Utilization Plan - Guide to New York State DOH M/WBE RFA/RFP Required Forms for instructions for all M/WBE questions.

Question 13a: Are letters of support required to be submitted for this grant?

Question 13b: Are we allowed to provide Letters of Support from organizations and partnering agencies to include in our application? (in addition to MOUs)

Answer 13a & 13b: No. Letters of support are not required and will not be considered by reviewers of this RFA. See RFA page 29, Section VI. Attachments for a list of the required attachments to this RFA.

Question 14a: RFA page 24 of 55, provides the 3 preference factors. The RFA states "Maximum Additional: 3 Points". There are 3 preference factors listed (2a-2c). Does this mean that the preference factor points are awarded singly (meaning 1 point for attainment of 2a, 1 point for attainment of 2b, etc.)? OR Does an applicant need to qualify for all 3 preference factors to earn the 3 points (meaning all or nothing)?

Question 14b: Will the reviewer provide an overall score for a section <u>after</u> reviewing all questions in that section, or will reviewer provide a score for each question within a section? For example, in Section 2 "Preference Factors", will the reviewer assign one point for each question that adds up to 3 total points for that section, or will the reviewer assign a score between 0-3 after reviewing the entire section?

Answer 14a & 14b: Each of the three (3) preference factors (2a, 2b, 2c) on page 24 of the RFA are one (1) point each. Maximum scores for each section have been allocated as shown in the RFA, Section V. Completing the Application. It is the responsibility of the applicant to be specific, succinct and responsive to the statements and questions as outlined in the RFA. Reviewers will assign scores based on the applicant responses.

Question 15: If we assign an acronym to a name/title/intervention in either the abstract or Section 2, can we apply the acronym throughout the rest of the application?

Answer 15: When responding to the statements and questions, be mindful that application reviewers may not be familiar with acronyms, the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

Eligibility Questions

Question 16a: How is an application that is an expansion of an already funded project viewed?

Question 16b: Can funds from this opportunity be used to continue and expand on a project already receiving short term funding from another source?

Answer 16a & 16b: Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the NYSDOH AI to provide program services in accordance with the requirements of this RFA must apply for continuation of funding.

Question 17a: Could an Emergency Department based HCV education, testing and linkage navigation program that partners with either a primary care provider or HCV care provider be considered eligible for this RFA?

Question 17b: We are interested in applying however our agency is not an Article 28 primary care provider. We would like to know if we would still be eligible to apply if we were to subcontract or have an executed MOU with an Article 28 provider?

Question 17c: Can a bidder that is otherwise fully capable of providing the services under the RFP be considered if that bidder isn't licensed under Article 28?

Answer 17a, 17b, & 17c: No. Funding through this RFA will support Article 28 health care facilities to develop primary care based integrated models of HCV care and treatment. As stated on page 7 of the RFA the applicant must be a not-for-profit health care organization licensed by the NYSDOH under Article 28 of the NYS Public Health Law.

Question 18a: How can a bidder that is not licensed under Article 28 demonstrate that it is fully capable of providing services under the RFP?

Question 18b: If the Department will not consider otherwise qualified bidders not licensed under Article 28, what avenues exist for challenging this requirement?

Answer 18a & 18b: The eligibility requirements are listed on pages 7-8 of the RFA. Applicants not meeting these requirements are not "otherwise qualified."

Question 19: What is the rationale for requiring bidders to be licensed under Article 28?

Answer 19: As stated on pages 4 and 5 of the RFA, integration of on-site HCV care and treatment in primary care settings improves the HCV care continuum substantially, as demonstrated by the success of the NYSDOH AI-funded HCV Care and Treatment initiative, in which 85% of patients initiating therapy completed treatment. Primary care providers are well positioned to build trusting supportive relationships with patients who may be reluctant to seek

care and encourage HCV treatment initiation. Integration of HCV treatment into multidisciplinary primary care settings limits structural barriers associated with specialty care and maximizes access to treatment; improves coordination of comprehensive care; and reduces missed opportunities to address the multiple health care needs of patients.

Question 20: Are there statutory, regulatory, or other legal obligations to require bidders to be licensed under Article 28?

Answer 20: As stated throughout the RFA, the intent of the Hepatitis C Care and Treatment RFA is to increase access to hepatitis C care and treatment by creating a primary care-based integrated model of care, which will be accomplished by using a multidisciplinary care team approach in primary care settings. When the intent is to fund services in clinical settings, Article 28 licensure is required. In the State of New York, clinics (a.k.a. diagnostic and treatment centers or D&TCs) are required to be licensed under Public Health Law Article 28. Article 28 licensure ensures that health care facilities are legitimate and properly-operated and reflect high standards of health practice. It would be inconsistent with State law to not require State licensure when we locate services in clinical settings.

Program Questions

Question 21: The RFA calls for organizations to have a referral agreement with an OASAS licensed facility. Our organization has both DOH and OASAS licensure. Do we need to have an agreement with an outside OASAS facility or does having our own licensure meet that requirement?

Answer 21: Yes, a separate agreement is needed. Programs must have a formal linkage agreement with at least one OASAS licensed drug treatment program. As many OASAS licensed drug treatment programs are not dually licensed as Article 28 facilities, and therefore may not provide HCV treatment on-site, it is beneficial to form linkage agreements with such organizations serving those at risk for HCV.

Question 22: Are MOUs (attachment 14) obligatory if drug treatment services are provided in-house?

Answer 22: Yes. Programs must have a formal linkage agreement with at least one OASAS licensed drug treatment program. As many OASAS licensed drug treatment programs are not dually licensed as Article 28 facilities, and therefore may not provide HCV treatment on-site, it is beneficial to form linkage agreements with such organizations serving those at risk for HCV.

Question 23: What are the staffing requirements for this grant?

Answer 23: The proposed staffing pattern should support the key core services of the program, as outlined in RFA pages 9-12.

Question 24: What are the minimum requirements for patients outreached and patients treated under this contract?

Answer 24: Service projections must be provided in Hepatitis C Care Cascade Projections of Services as Attachment 12. This RFA does not establish a predetermined number of patients for outreach and treatment under this contract. However, the number of clients projected to be enrolled in the program should reflect the burden of HCV in the applicant's catchment area.

Question 25: Page 9 of the RFA discusses the Performance Indicators for the program. Can you confirm that this is the correct interpretation of the targets provided? 80% of the proportion of people living with HCV should be linked to care, and 60% of the 80% should initiate HCV treatment, and 80% of the 60% should complete HCV treatment, and >90% of the 80% should be cured.

Answer 25: Per the workplan (pages 31 to 40 of the RFA): 80% of the clients enrolled in the program are linked to the HCV provider; 60% of clients linked to care will initiate treatment; 80% of clients who initiate treatment will complete treatment; and >90% of clients who complete treatment are cured.

Question 26: Can you define a peer? Should peers meet a demographic requirement based on specific criteria (in that they are in a high-risk demographic group or at-risk for HCV themselves)?

Answer 26: On page 10 of the RFA under Section 6, HCV peer-delivered interventions, it states that funded applicants must have a plan to provide interventions delivered by peers – persons with shared lived experience in HCV.

Question 27: Can the awarded agency partner with another organization that already has trained peers to provide the peer services?

Answer 27: On page 10 of the RFA Section III.B. Requirements for the Program, 6, HCV peer-delivered interventions, it states that funded applicants must have a plan to provide interventions delivered by peers – persons with shared lived experience in HCV. Per workplan objective 6.1.1 (see page 36 of the RFA), at least one peer will be employed by the program.

Question 28: Are Memorandums of Understanding (MOUs) required with our application?

Answer 28: Yes. Applicants are required to include any MOUs with community partners as Attachment 13; MOUs with drug treatment program partners as Attachment 14; and MOUs with liver specialists as Attachment 15.

Question 29: Would Emergency Department initiated MOU with linkage to an OTP or OBTP fulfill the requirement in 4j?

Answer 29: No. Per page 36 of the RFA, Care and Treatment Program Work Plan, Task 5.1, MAT prescribing must be maintained on-site in accordance with federal and NYS regulations.

Question 30: Is it permissible to use telemedicine services as a means to support ongoing MAT treatment?

Answer 30: As stated on page 10 of the RFA, funded applicants must have a plan to prescribe buprenorphine or methadone on-site. If MAT is not being prescribed at the time of contract

execution, the program must have a plan for offering this service by the end of the contract's first year. Per page 36 of the RFA, Care and Treatment Program Work Plan, Task 5.1, MAT prescribing must be maintained on-site in accordance with federal and NYS regulations.

Question 31: Can patients with comorbid conditions currently receiving care management/care coordination services through an established relationship with a non-NYS-AI-HCV-funded care manager enter the programming funded under this opportunity to support treatment and cure while continuing to maintain the pre-existing care management/coordination relationship as a means to continue to address ongoing comorbid conditions and/or care coordination?

Answer 31: Yes. Care management/care coordination services provided to the client outside of the funded HCV program can be maintained, while HCV care and treatment is provided by the AIDS Institute funded program. Funded programs are expected to work with other community partners involved in the client's care (including existing care coordination services) and have mechanisms to ensure information exchange across care interfaces.

Question 32a: RFA page 10 of 55, #6 discusses the requirements for the program for "HCV peer-delivered interventions". The RFA page 8 of 55 states that a peer should <u>be certified</u> through the NYSDOH AI Peer Certification Program in the HCV and/or harm reduction tracks. Would a peer who is in the process of completing the Certification at the time of the application (10/29/2019) and who will finish before the grant start (7/1/2020) meet the requirements for this program?

Question 32b: Must the requirement for peer certification through the NYSDOH AI Peer Certification Program in the HCV and/or harm reduction tracks be met prior to submission, prior to receipt of the award, or can this training and certification be part of our plan to use grant funds to support integration of persons with a lived HCV experience as part of the peer-based intervention?

Question 32c: RFA page 10 of 55, #6 discusses the requirements for the program for "HCV peer-delivered interventions". The RFA page 8 of 55 states that a peer should <u>be certified</u> through the NYSDOH AI Peer Certification Program in the HCV and/or harm reduction tracks. Would additional peers who become certified during the grant funding period (7/1/2020 – 6/30/2025) meet the requirements of this program?

Question 32d: Can a peer be in the process of being certified through the NYSDOH AI Peer Certification Program at the time of submission, or does the peer need to already be certified before we submit the application?

Question 32e: Our agency currently employs a Hep C Linkage Specialist who an integral member to the Hep C Care Team, has shared lived experience with our Hep C patients, and providers peer navigation services within this role. We plan to support pursuit of official Peer Certification at a Western NY training. Would this satisfy the Peer Preference Factor?

Answer 32a, 32b, 32c, 32d & 32e: As stated on page 8 of the RFA, to receive the preference factor, applicants must demonstrate at least one peer involved in the program has completed the NYSDOH AI Peer Certification Program in the HCV and/or harm reduction tracks <u>prior</u> to the application dead line. It is an expectation of the workplan that funded applicants promote the AIDS Institute Peer Certification Program and support peer staff in pursuing certification (See

page 36 of the RFA, Care and Treatment Program Work Plan, Task 6.3). Grant funds may be used to support training and certification of persons with a lived HCV experience as part of the peer-based intervention in the program.

Question 33: For attachment 12, should we provide figures for one year, or the total 5 years of the contract period?

Answer 33: Projections of services should be provided for Year 1 of the contract period.

Budget Questions

Question 34: Page 8 of the RFA states that a peer should be certified through the NYSDOH AI Peer Certification Program in the HCV and/or harm reduction tracks. Can a peer be a full-time patient navigator who receives an annual salary? Or is a peer required to be a part-time staff person who receives a weekly or monthly stipend?

Answer 34: Effort of the peer is determined by the program. Applicants should ensure the expectations of the workplan are met. As stated on page 10 of the RFA, Section III.B. Requirements for the Program, 6, HCV peer-delivered interventions, peers are persons with shared lived experience in HCV. Peer-delivered services may include: targeted outreach and recruitment, client escort, appointment reminders, treatment adherence, HCV education, and other supportive services.

Question 35a: Can you provide a further explanation for 5b under budget? What is meant by the statement, "The percent of effort for billable staff must not exceed 20% cumulative?" Who would be considered billable staff for the purposes of the RFA?

Question 35b: In the budget section, #5b – please clarify the meaning of billable staff. Is this providers who are able to bill for the patient visits?

Question 35c: Can you provide more details about the 20% cumulative effort cap listed in the RFA? How is the determined relative to the overall budget and distribution of effort? Does this include only Network personnel, or does it extend to collaborating organizations or contractors?

Answer 35a, 35b & 35c: The combined percent of effort for all billable staff cannot exceed 20%. You may not bill 20% effort for each billable staff person. This cap applies to all personnel, including subcontracts and consultants, who provide services billable to third party payers. The percent of effort and total funding requested for billable staff should reflect the percent of effort dedicated to administrative and other tasks not reimbursable under Medicaid, Medicare, ADAP, or other third-party payers.

Question 36: Are there restrictions on the use of funds for provider salaries?

Answer 36: Yes. As stated on page 27 of the RFA, the percent of effort allowed for billable staff must not exceed 20% cumulative, meaning the combined percent of effort for all billable staff positions cannot exceed 20%.

Question 37: Is it required that the peer position be paid, or can peers be volunteer/in-kind?

Answer 37: Whether a peer is paid or is a volunteer is left up to the applicant and its organizational policies.

Question 38: Is the peer position required to be full-time (40 hours/week)?

Answer 38: Effort of the peer is determined by the program. Applicants should ensure the expectations of the workplan are met. As stated on page 10 of the RFA, Section III.B. Requirements for the Program, 6, HCV peer-delivered interventions, peers are persons with shared lived experience in HCV. Peer-delivered services may include: targeted outreach and recruitment, client escort, appointment reminders, treatment adherence, HCV education, and other supportive services.

Question 39: Insurance would be billed but for the truly un-insured/undocumented person, grant funds may be needed for compensation at a fair market value of service. Is that acceptable?

Answer 39: No. As stated on page 11 of the RFA, Section III.B.7, funded applicants will be required to participate in the Hepatitis C Assistance Program (HepCAP). HepCAP was established by the NYSDOH AI to assist uninsured persons with HCV in obtaining necessary medical care and treatment. HepCAP, like the HIV Uninsured Care Program, should be the payor of last resort. It does not cover the cost of HCV medications. HCV medications may be obtained through the pharmaceutical patient assistant programs.

Question 40: For budget planning purposes, will an Annual Hep C Cure Day be a program requirement?

Answer 40: Requirements for the Program can be found on pages 9 – 12 of the RFA. Hep C Cure Day activities are consistent with program expectations, but these activities are not specifically outlined.

Question 41: To clarify - Vouchers for this contract will be submitted via Grants Gateway rather than through email and will require back-up documents for the expenses?

Answer 41: The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office at AIDS Institute New York State Department of Health as described on page 17 of the RFA. The Department reserves the right to request vouchers be submitted through the Grants Gateway in the future. Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC).

Question 42: Are we required to track patient revenue?

Answer 42: Applicants are expected to have written policies and procedures for Third Party Revenue Reimbursement (Page 40 of the RFA, Care and Treatment Program Workplan, Performance Measure 10.1.14.) that are reviewed and updated at least annually.

Question 43: Can grant funds be used for salary support of non-US citizens (e.g. Canadian citizens currently working for the Network on J-1 visas)?

Answer 43: Grant funds may be used for salary support of non-US citizens who have valid and unrestricted authorization to work in the U.S.