

**RFA # 1611280330/ Grants Gateway # DOH-AYASC1-2017**

**New York State Department of Health**  
*Center for Community Health*  
*Division of Family Health*  
*Bureau of Child Health*

**Request for Applications**

*Coordinating Care and Supporting Transition for  
Children, Adolescents and Young Adults with Sickle Cell  
Disease*

**KEY DATES**

<b>Release Date:</b>	<b>July 14, 2017</b>
<b>Letter of Interest Due:</b>	<b>August 4, 2017</b>
<b>Questions Due:</b>	<b>August 4, 2017</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>August 25, 2017</b>
<b>Applications Due:</b>	<b>September 12, 2017 by 4:00 PM</b>
<b>DOH Contact Name &amp; Address:</b>	<b>Eric Cleghorn</b> <b>Bureau of Child Health</b> <b>Empire State Plaza, Room 859</b> <b>Albany, NY 12237</b> <b>(518) 474-1961</b> <a href="mailto:scrfa@health.ny.gov">scrfa@health.ny.gov</a>

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## I. Introduction

The New York State Department of Health (Department), Division of Family Health, Bureau of Child Health seeks to improve the health outcomes for adolescents and young adults (AYA) ages 12-21 with sickle cell disease (SCD) throughout their care and treatment, including as they transition from pediatric to adult health care providers and strive to achieve self-care. It is anticipated that up to four DOH approved Article 28 Hemoglobinopathy Specialty Care (HSC) Centers will be awarded funding to provide social support and assistance to navigate health systems and resources. This will include partnering with Health Homes as appropriate, and support for continued engagement with the health care system, thus enabling a smooth transition into the adult care system through comprehensive care coordination and navigation services.

SCD is a complex disease characterized by hemolytic anemia, episodes of severe pain and multi-organ compromise. Improvements in treatment of SCD has led to improved life expectancy, but also high health care utilization resulting in high health care costs due to the acute and chronic complications inherent in this disease.

New York State has a comprehensive system of services to identify and treat individuals with SCD. New York's Newborn Screening Program provides for early diagnosis and treatment of these disorders leading to better outcomes for newborns. Since the inception of New York State newborn screening for SCD in 1975, over 9,000 newborns have been identified with SCD and other hemoglobinopathies.

The Department approves HSC Centers (through application and inspection), those specialized Article 28 health care centers with expertise to provide care to infants, children and adolescents diagnosed with hemoglobinopathies, including SCD, detected by NYS newborn screening. These HSC Centers provide on-going care as well as expert consultation to the primary care provider, depending on the needs of the family and the nature of the disorder.

As individuals with SCD enter adolescence they are faced with the same options and challenges as their peers, but with the extra burden of SCD. They may experience challenges unknown to their peers, such as finding health care providers who are available and experienced in working with adults with SCD. Young adults with SCD experience significant health problems and incur a higher use of emergency and inpatient medical care as compared to their younger and older cohorts.<sup>1</sup>

Since most youth with SCD are now expected to reach adulthood, there is an increased need for appropriate care for adults with SCD. Medical care of the SCD pediatric population often involves a pediatric sickle cell clinic. However, specialty clinics for adults with SCD are not widely available. There is a shortage of medical providers available to serve this population, possibly because of the perceived burden of care. Hematologists serving a broader scope of conditions, as well as general internists and other medical care providers, must be called upon to fill this gap. Additionally, there is a reluctance of some patients and their families to transfer to adult care, possibly perceiving that the care they will receive in adult settings will not meet their needs or properly address their problems.

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<sup>1</sup> Lebensburger JD, Bemrich-Stolz CJ, Howard, TH; Barriers in transition from pediatrics to adult medicine in sickle cell anemia; Journal of Blood Medicine 9/18/12

Navigating the health care system can be challenging for anyone with complex health conditions, but especially for individuals just learning to do so. To address this challenge, New York State (NYS) has developed and implemented Health Homes, a care management service model within the NYS Medicaid Program whereby all of an individual's caregivers and providers communicate with one another to address all of a patient's needs in a comprehensive manner. This is done primarily through a care manager who oversees and coordinates access to all of the services an individual needs to ensure that they receive everything necessary to stay healthy, away from the emergency room and out of the hospital. Health records are shared among providers so that services are not duplicated or neglected. Health Home services are provided through a network of organizations – providers, health plans and community-based organizations. When all the services are considered collectively they become a virtual "Health Home."<sup>2</sup>

Adults were initially prioritized for Health Home enrollment while the model for children was under development. Health Home enrollment for children in NYS begins in December 2016. A high proportion of AYA/SCD receive public health insurance.<sup>3</sup> It is anticipated that many AYA/SCD enrolled in Medicaid will meet the chronic condition requirement for Health Homes. This presents an opportune time to better connect HSC Centers to Health Homes so children and transitioning AYA who qualify for Health Homes have access to care managers to help them navigate their complicated health and social service needs.

Health Home resources, including lists of Health Home providers and services, may be found at [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/).

To be eligible for Health Homes, patients need to meet the appropriateness criteria as well, i.e. their health care needs are complex and coordination is necessary. See DOH website for a list of qualifying chronic conditions: [http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/health\\_home\\_chronic\\_conditions.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/health_home_chronic_conditions.pdf)

Given early identification, entry into appropriate care with regular health evaluations and current treatments, most children with SCD survive, thrive, attend school and participate with their non-SCD peers in all available activities. However, according to a 2016 report by the American Society of Hematology: *State of Sickle Cell Disease*, individuals with SCD reported experiencing poor communication between primary-care physicians and hematologists, a dearth of providers with knowledge and experience with pain management, difficulty in scheduling urgent appointments, and lack of follow-up after hospitalization. In addition, the report states that for an individual with SCD reaching age 45 years, total lifetime health care costs were estimated to be nearly \$1 million, with annual costs ranging from over \$10,000 for children to over \$30,000 for adults. Recommendations contained in this report to improve health outcomes for individuals with SCD include:

- Ensure implementation of standard-of-care guidelines and practices in disease management as well as development of new resources.
- Improve access to evidence-based care.
- Implement coordinated care models.
- Improve the pediatric-to-adult care transition.

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<sup>2</sup> [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/)

<sup>3</sup> DeBaun MR, Telfair J Pediatrics 2012: [www.pediatrics.org/cgi/doi/10.1542/peds.2011-3049](http://www.pediatrics.org/cgi/doi/10.1542/peds.2011-3049)

Given the recommendations of this report, this RFA will build on the expertise of Department-certified HSC Centers to improve transition of care for AYA into the adult health care system, including a connection to Health Homes when appropriate. It is the intent of this RFA to fund up to four HSC Centers to support enhanced care coordination and transition services for children and youth with SCD. These services can be provided by community health workers, paraprofessionals from the community who are trained by the HSC Center and receive oversight and guidance by health care professionals, social workers, genetic counselors, patient educators, or other individuals deemed appropriate by the HSC Center. Community health workers can help bridge the gaps among medical services and improve the individuals' engagement with the health care system. They can also provide outreach to individuals with SCD to better ensure support and adherence to treatment plans, provide advocacy for individuals with SCD, and assist with transition to Health Homes, as appropriate, or the adult care health system for individuals not eligible for Health Homes. It is anticipated that lessons learned from this initiative can support other HSC Centers to improve and enhance support of individuals with SCD served through their Centers.

### **Available Funding and Anticipated Awards**

Approximately \$850,000 is available to support this five-year initiative. The Department anticipates awarding up to three contracts for a five-year period, with an expected term of March 1, 2018 through February 28, 2023. The award for each contract is expected to be up to \$56,666 annually, subject to state appropriation authority and acceptable performance and compliance with all contract requirements. The awards will be made to the highest scoring applicants.

## **II. Who May Apply**

### **A. Minimum Eligibility Requirements**

In order to apply, an applicant must be a comprehensive Article 28 HSC Center certified by the NYS Newborn Screening Program at the Department. The list of certified centers may be found at <http://www.wadsworth.org/programs/newborn/screening>.

### **B. Preferred Qualifications**

Preference will be given to applicants that can document experience with enhanced care coordination to better engage individuals with SCD into the health care system; demonstrate a broad approach to address the medical, social and emotional needs of the individuals served and their families; and use a comprehensive model of transition into Health Homes or the adult service system. Demonstrated experience includes formalized care coordination through health care professionals or paraprofessionals within the HSC Center and comprehensive support for transition that includes policies, procedures and protocols to ensure that the needs of children and adolescents are broadly addressed.

Applicants should propose the use of evidence-based or promising practices to improve and enhance outcomes for individuals with SCD. For example, applicants may propose to adapt or adopt practices as outlined in the *Six Core Elements of Health Care Transition* (<http://www.gottransition.org/resourceGet.cfm?id=206>).

- Transition policy
- Transition tracking and monitoring system
- Transition readiness assessments
- Transition planning
- Transfer of care
- Transfer completion

Applicants may use models such as Got Transition™ *Health Care Transition Process Measurement Tool for Transitioning Youth to Adult Health Care Providers*.<sup>4</sup>

Applicants that involve youth and families in the development of processes and protocols, evaluation of services and support of youth and families are preferred. It is essential that consumer input is evident in all phases of the initiative.

The applicant will be rated on its experience with providing comprehensive care management and navigator/transition services, as well as family/individual ongoing involvement in the development, implementation and evaluation of these processes.

### **III. Project Narrative/Work Plan Outcomes**

#### **A. Program Goal**

The goal of this RFA is to improve the quality of life/health outcomes for children, and AYA/SCD, ultimately resulting in transition to self-care management and to adult medical care providers. This transition will be accomplished through the provision of care management services, linkages with Health Homes for eligible individuals and consistent implementation of transition services.

#### **B. Objectives**

Care management is central to a quality medical home and has a demonstrated positive impact on the health and wellness of individuals with chronic disease. The successful applicants will develop and implement a transition and care management model using health care professionals or community health workers/paraprofessionals under the supervision of professionals to:

- Assist individuals in scheduling appointments and follow-up to ensure appointments are kept through means such as reminders, text messaging or home visits that best meet the needs of the population served.
- Provide support and linkages for the range of health and social supports and services needed by the child, AYA/SCD and their families.
- Provide and reinforce educational messages to impart an understanding of self-management and preventive health care including non-medical mechanisms for pain management.
- Advocate for needed supports and services including linkages with other individuals and families living with sickle cell disease.

Consistent use of structured transition activities is designed to improve the quality of care for

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<sup>4</sup> Got Transition Healthcare Transition Process Measurement tool:  
<http://www.gottransition.org/resourceGet.cfm?id=258>

AYA/SCD ages 12-21 years through effective transition of responsibility from parental care to self-care management and transfer from pediatric to adult medical care. The successful applicant will develop relationships with local Health Home organizations to:

- Promote successful transition of AYA/SCD to adult health care providers and self-care through consistent use of policies, protocols, practices and tools.
- Promote engagement of Medicaid-eligible AYA/SCD who need intensive care management with Health Homes.

Involving individuals and families in all phases of program development, evaluation and the provision of supports to children and AYA with SCD and their families is paramount to ensure quality services. The applicant will:

- Develop a process to involve families in the development of processes, policies and procedures as well as provide ongoing input and involvement in quality improvement initiatives.
- Develop a system in which AYA/SCD and families provide peer information and support to other families experiencing SCD.
- Include AYA/SCD and their families in outreach and education of Health Home care managers.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the Department, Center for Community Health, Division of Family Health, Bureau of Child Health. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

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

All substantive questions must be submitted in writing via email to: Eric Cleghorn at [scrfa@health.ny.gov](mailto:scrfa@health.ny.gov).

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the deadline posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed by email or via telephone to Eric Cleghorn at (518) 408-1141; [scrfa@health.ny.gov](mailto:scrfa@health.ny.gov). **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the DOH contact listed on the cover of this RFA.

- <https://grantsreform.ny.gov/grantees>

- Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube: <https://grantsreform.ny.gov/youtube>
- Grants Reform Team Email: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)  
Phone: 518-474-5595  
Hours: Monday thru Friday 8am to 4:30pm  
(Application Completion, Policy, and Registration questions)
- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(Technical questions)

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

This RFA has been posted on the NYS Grants Gateway website at: [https://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) and a link provided on the Department's public website at: <http://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted by the date identified on the cover of this RFA.

### **C. Letter of Interest**

Prospective applicants are strongly encouraged to complete and submit a letter of interest (see Attachment # 1). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. A copy should also be emailed to [scrfa@health.ny.gov](mailto:scrfa@health.ny.gov). Please ensure that the RFA number is noted in the subject line and is submitted by the date posted on the cover of the RFA.

Submission of a letter of intent/interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of intent/interest.

### **D. Applicant Conference**

There will be no Applicant Conference or webinar for this project.

### **E. How to file an application**

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform

website at the following web address: <https://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available on this page as well. Training webinars are also provided by the Grants Reform Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsreform.ny.gov/training-calendar>.

To apply for this opportunity:

1. Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.
2. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name: **Coordinating Care and Supporting Transition for Children, Adolescents and Young Adults with Sickle Cell Disease** and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. Both DOH and Grants Reform staff are available to answer applicant’s technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Reform Team is available under Section IV. B. of this RFA.

**PLEASE NOTE:** Although DOH and the Grants Reform staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. During the application process, please pay particular attention to the following:

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any

global errors that may arise. You can also run the global error check at any time in the application process (see p.66 of the Grantee User Guide).

- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also be aware of the restriction on file size (10 MB) when uploading documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

<b>Role</b>	<b>Create and Maintain User Roles</b>	<b>Initiate Application</b>	<b>Complete Application</b>	<b>Submit Application</b>	<b>Only View the Application</b>
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

**PLEASE NOTE: Waiting until the last several days to complete your application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.**

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

#### **F. Department of Health’s Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the

agency's request for clarifying information in the course of evaluation and/or selection under the RFA.

7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's application and/or to determine an offeror's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

#### **G. Term of Contract**

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period:  
March 1, 2018 – February 28, 2023.

Continued funding throughout this five-year period is contingent upon availability of funding and state budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

1. The Department may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 25 percent.
2. The grant contractor will be required to submit quarterly invoices and required reports of expenditures to the State's designated payment office (below) or, in the future, through the Grants Gateway:

[dfh.boa@health.ny.gov](mailto:dfh.boa@health.ny.gov)

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). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work plan.

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above and, in the future, through the Grants Gateway:
  - Quarterly reports
  - Final narrative summary report submitted with the final quarterly report about the project's success
4. Data collection and reporting

The successful applicant will be required to provide qualitative and quantitative information as described below.

- The model for care management and data on individuals receiving care management services such as:
  - Detailed description of the care management services provided and specific professionals/paraprofessionals involved in care management.

- Demographic information of individuals receiving care management.
- Improvements in health care of care managed-individuals, including increased compliance and engagement in health care and decreased emergency department visits, in-patient admissions or other indicators to document the success of the care management project.
- Health Home agencies collaborating with HSC Center for transition services.
- The model of comprehensive transition supports and services and data for those experiencing transition including:
  - Demographic information of individuals experiencing transition.
  - Milestones achieved by individuals experiencing transition
- Processes and mechanisms used for involving youth and families in implementation and evaluation of the initiative as well as mechanisms used to provide supports for other patients and families experiencing SCD.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Contract for Grants.

## **I. Minority & Woman-Owned Business Enterprise Requirements**

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (“DOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of 30% as follows:

- 1) For Not-for Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in the Pre-Submission Upload section of the Grants Gateway on-line application. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

#### **J. Limits on Administrative Expenses and Executive Compensation**

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

#### **K. Vendor Identification Number**

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor

repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover page. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at:

[http://www.osc.state.ny.us/vendor\\_management/issues\\_guidance.htm](http://www.osc.state.ny.us/vendor_management/issues_guidance.htm).

Additional information concerning the New York State Vendor File can be obtained on-line at: [http://www.osc.state.ny.us/vendor\\_management/index.htm](http://www.osc.state.ny.us/vendor_management/index.htm), by contacting the SFS Help Desk at 855-233-8363 or by emailing at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

## **L. Vendor Responsibility Questionnaire**

The New York State Department of Health recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Applicants should complete and submit the Vendor Responsibility Attestation attachment located in the Pre-Submission Upload section of the Grants Gateway on-line application.

## **M. Vendor Prequalification for Not-for-Profits**

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform website](#).

**Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.**

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

## 1) Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov). If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

## 2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov).

## 3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the *Submit Document Vault Link* located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

**Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.**

## **N. General Specifications**

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

## **V. Completing the Application**

### **A. Application Format/Content**

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at:

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT/CONTENT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

**1. Application Cover Page** **Not Scored**

The Grant Application Cover Page (Attachment 2 under Pre-Submission uploads) needs to be completed and uploaded with the application and provides relevant information about the applicant organization.

**2. Program Summary** **10 points**

The purpose of this section is for the applicant to summarize the entire project including the needs of the AYA/SCD population.

- a. Describe your overall plans and program to develop or enhance care coordination for children and AYA with SCD and their families, integrate referrals and connections with Health Home care managers into the transition program,, improve and support transition to adult care, and self care management and promote family involvement in all aspects of the program.
- b. Describe the inequities and barriers that AYA/SCD face when transitioning to self-care and adult medical care.
- c. Describe how your vision of a formalized transition program will enable AYA/SCD to move successfully to self-care and adult medical care.

**3. Statement of Need** **20 points**

- a. Describe your patient population, including racial, ethnic, cultural, economic and social, and insurance considerations as well as information on existing health disparities. Estimate the number of AYA/SCD patients that may be eligible for transition services.
- b. Describe the medical catchment area for the patients that will be served.
- c. Describe why coordination/management, transition services and family involvement in care and support is important to the health outcomes of AYA/SCD.
- d. Describe the barriers to AYA/SCD receiving needed health and other supports and services, including medical professionals' knowledge, attitudes and behaviors, or other concerns.
- e. Discuss the knowledge, attitudes and behaviors of AYA/SCD and families associated with care management and transition from parental care management to personal care management and from pediatric medical care to adult health care providers that may impact successful transition.

#### **4. Organization Experience and Capacity**

**25 Points**

- a. Describe your timeline for development of necessary tools and implementation of proposed activities, including hiring of additional staff, training of staff if required, etc.
- b. Briefly describe your agency, its mission and services. Describe the organization's ability to accomplish the goals and objectives of the RFA. Include descriptions of relevant activities within the last five years.
- c. Describe your agency's experience in providing medical services to children, AYA and adults with SCD.
- d. Describe your experience with providing care management and transition supports and services for AYA/SCD, including information about specific positions that provide care management and transition services. When and how do the staff in these positions provide the services? Include the number of years of experience in providing comprehensive care management and navigator/transition services for AYA/SCD.
- e. Upload copies of your transition policy, your transition readiness assessments, your formal plan of care and your tracking system, if available. All documents must be combined into a single PDF no larger than 10MB.
- f. Describe your agency's experience with family/AYA involvement in the development, implementation and evaluation of transition services. Be specific about involvement in one or more phases (i.e. development, implementation and evaluation).
- g. Describe your understanding and experience with Medicaid Health Home care management and current relationships.
- h. Explain the roles of the professionals involved in the multidisciplinary team that provide or will provide care management to AYA/SCD, including transition-related processes.
- i. Describe how your agency meets the eligibility requirements of the RFA (Sections II A and B).

#### **5. Program Activities**

**25 points**

(Reference Goals and Objectives in III. Project Plan and Program Outcomes)

- a. Describe how your organization will develop, implement and evaluate a comprehensive model of transition for AYA/SCD including resources and the roles of the staff providing this service and how they will relate to the medical staff.
- b. Discuss how your organization will develop, implement and evaluate referrals and connections with Health Home care managers into the HSC transition process. For those AYA/SCD not eligible for Health Home, describe how your organization will develop, implement and evaluate a care management model.
- c. Describe your organization's current relationships with local Health Home organizations or plans to establish relationships if they do not currently exist.
- d. Describe how your organization will involve and support family involvement in all aspects of program development, implementation, evaluation and family support.

#### **6. Budget**

**20 points**

- a. Annual budgets should not exceed \$56,666.
- b. Applicants are required to enter the budget for the period of **March 1, 2018** –

**February 28, 2019** into the Grants Gateway on-line application Please see Attachment #6 for general instructions.

- c. Describe all staff roles and necessary qualifications. Include how the percentage of time for each staff member was determined. Personnel costs may include staff skilled in care management and transition/navigation services.
  - d. Complete and upload resumes and or job descriptions and draft subcontractor and/or consultant agreements. Combine all documents into one PDF, and upload here.
  - e. Describe your patient population, including racial, ethnic, cultural, economic and social considerations, as well as information on existing health disparities.
  - f. Applicants should follow the guidelines listed below when developing the budget:
    - All budgeted positions should be consistent with the proposed interventions and services as outlined in the RFA. The budget justifications should delineate how the percentage of staff time devoted to this initiative has been determined.
    - The budget should include all subcontracts/consultants with contractual amounts and methodologies.
    - Budgeted items should be clearly justified and fundable under state and federal guidelines. Ineligible budget items will be removed prior to contracting. Ineligible items are those determined by NYSDOH to be inadequately justified in relation to the proposed Work Plan or not fundable under state and federal guidelines (OMB circulars).
    - Funding may be requested to support a fair portion of the overall organizational structure to an extent that it allows the funded applicant to implement program activities and must adhere to the following guidelines:
      - Indirect/overhead costs are limited to a maximum of 10% of total direct costs. Funding may only be used to expand existing activities or create new activities pursuant to this RFA.
- Applicants may subcontract components of the scope of work totaling up to 50% of the total award. Identify the subcontracting partner agencies and the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the DOH. All subcontractors must be approved by the Department of Health.
- Expenditures will not be allowed for the purchase of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure.

## 7. Work Plan

(Not Scored)

This RFA has a Grant Opportunity Defined Work Plan set in the Grants Gateway. The Objectives and Tasks cannot be removed from the Work Plan. The applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan.

Applicants are instructed to insert **only** the performance measures as they are listed for each objective and tasks in the attached work plan (Attachment 5). **Example:** Objective #1 has 4 Tasks and each Task has corresponding Performance Measures.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box on Attachment 5. In the Grants

Gateway Work Plan Organizational Capacity section, applicants are instructed to enter “not applicable.” Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application. Please refer to Attachment 5

## **8. Preferred Qualifications**

**Up to 5 Additional Points**

Applicants should describe the following:

- a. Number of years of experience in providing comprehensive care management and navigation/transition services: one month to 2 years / greater than 2 years
- b. Experience with family and youth involvement described in one or more of these areas: development, implementation and evaluation of care management and/or transition services.

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

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

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

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the Department’s Division of Family Health, Bureau of Child Health.

Applicants are required to be Article 28 HSC Centers certified by the Department. If this criterion is not met, the application will not be reviewed. Each application will be reviewed and scored by a team of three Department staff. Applications will be given a numerical score. An application must have a minimum score of 70 to be considered for funding. Awards will be given to the highest ranking applicants.

In the event of tie scores, the information provided in the Organization Experience and Capacity section will be reviewed to identify the applicants with the most comprehensive experience and success with AYA/SCD who have transferred to adult health care providers. The applicant with the highest score in the Organization Experience and Capacity section will be chosen in the event of a tie score.

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

the time award recommendations are made will be determined to be non-responsive and will be disqualified.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be awarded in accordance with the requirements of this RFA, with the possibility that additional awards may be made to the next highest scoring applicant(s).

Once awards have been made, applicants may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

To request a debriefing, please send an email to Eric Cleghorn at [eric.cleghorn@health.ny.gov](mailto:eric.cleghorn@health.ny.gov) with a copy to Susan Slade ([susan.slade@health.ny.gov](mailto:susan.slade@health.ny.gov)). In the subject line, please write: *Debriefing request: Coordinating Care and Supporting Transition Services for Children, Adolescents and Young Adults with Sickle Cell Disease.*

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

## **VI. Attachments**

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of an online application. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory.”

- Attachment 1: Letter of Interest Format\*
- Attachment 2: Application Cover Page\*
- Attachment 3: Vendor Responsibility Attestation\*
- Attachment 4: Minority & Women-Owned Business Enterprise Requirement Forms\*
- Attachment 5: Work Plan Template and Instructions for Performance Measures
- Attachment 6: General Budget Instructions

\*These attachments are located/included in the Pre Submission Upload section of the Grants Gateway on-line application.

**ATTACHMENT 5 – WORK PLAN**

***SUMMARY***

**PROJECT NAME:** **Coordinating Care and Supporting Transition for Children, Adolescents and Young Adults with Sickle Cell Disease**

**CONTRACTOR SFS PAYEE NAME:**

**CONTRACT PERIOD:** **From: March 1, 2018**

**To: February 28, 2019**

**Project Summary:**

**Provide an overview of the project including goals, tasks, desired outcomes and performance measures:**

**Goal:**

Improve the quality of life/health outcomes for children and AYD/SCD, ultimately resulting in transition to self-care management and adult medical care providers.

**Instructions:**

This RFA has a Grant Opportunity Defined Work Plan set in the Grants Gateway. The Objectives and Tasks cannot be removed from the Work Plan. The applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan.

Applicants are instructed to insert **only** the performance measures as they are listed for each objective and tasks in the attached work plan.

**Example:** Objective #1 has 4 Tasks and each Task has corresponding Performance Measures.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered into these areas **will not** be considered or scored by reviewers of your application.

**Coordinating Care and Supporting Transition for Children, Adolescents and Young Adults with Sickle Cell Disease**

<b>Objective</b>	<b>Budget Category</b>	<b>Tasks (Activities)</b>	<b>Performance Measures</b>
<p><b>1:</b> Develop and implement a transition and care management model using health care professionals or community health workers/paraprofessionals under the supervision of professionals.</p>	<p>N/A</p>	<p><b>1a.</b> Assist individuals in scheduling appointments and follow-up to ensure appointments are kept through means such as reminders, text messaging or home visits that best meet the needs of the population served.</p> <p><b>1b.</b> Provide support and linkages for the range of health and social supports and services needed by the child, AYA/SCD and their families.</p> <p><b>1c.</b> Provide and reinforce educational messages to impart an understanding of self-management and preventive health care including non-medical mechanisms for pain management.</p>	<p><b>1ai.</b> Individuals are able to schedule and keep appointments.</p> <p><b>1bi.</b> Health and social supports needed by AYA/SCD and their families are available.</p> <p><b>1bii.</b> The AYA/SCD and families use the health and social supports as needed.</p> <p><b>1ci.</b> AYA/SCD understand the use of self-management strategies for pain management.</p> <p><b>1cii.</b> The AYA/SCD and families appropriately use preventive health care.</p> <p><b>1ciii.</b> Transition readiness assessments are completed and documented for adolescents/young adults with SCD age 12-21.</p>
		<p><b>1d.</b> Advocate for needed supports and services including linkages with other individuals and families living with sickle cell disease.</p>	<p><b>1di.</b> Needed supports and services are available for AYA/SCD and their families.</p>

**Coordinating Care and Supporting Transition for Children, Adolescents and Young Adults with Sickle Cell Disease**

<b>Objective</b>	<b>Budget Category</b>	<b>Tasks (Activities)</b>	<b>Performance Measures</b>
<p><b>2.</b> Identify and develop relationships with available Medicaid Health Homes to enable AYA/SCD and their families to use the appropriate services of care managers.</p>	<p>N/A</p>	<p><b>2a.</b> Promote successful transition of AYA/SCD to adult health care Providers and self-care through consistent use of policies, protocols, practices and tools.</p>	<p><b>2ai.</b> Policies, protocols, practices and tools are developed.</p> <p><b>2aii.</b> Medicaid-eligible AYA/SCD who need intensive care management are linked with Health Homes care managers.</p>
<p><b>3.</b> Involve individuals and families in all phases of program development, evaluation and the provision of supports to children and AYA with SCD and their families in paramount to ensure quality services.</p>	<p>N/A</p>	<p><b>3a.</b> Develop a process to involve families in the development of processes, policies and procedures as well as provide ongoing input and involvement in quality improvement initiatives.</p> <p><b>3b.</b> Develop a system in which AYA/SCD and families provide peer information and support to other families experiencing SCD.</p>	<p><b>3ai.</b> A process is developed to involve AYA/SCD and their families in the development of processes, policies and procedures.</p> <p><b>3aii.</b> AYA/SCD and their families provide ongoing input in quality improvement activities.</p> <p><b>3bi.</b> System is developed for AYA/SCD and families to provide peer information and support to other families experiencing SCD.</p>
		<p><b>3c.</b> Include AYA/SCD and their families in outreach and education of Health Home care managers.</p>	<p><b>3ci.</b> Types and number of outreach and education provided to Home Health care managers.</p>

**ATTACHMENT 6**  
**Grants Gateway Budget Instructions**  
*Applications OR New Budget Periods*

**Data Entry of the Expenditure Budget** - A step by step data entry document titled “**Grants Gateway Budget Data Entry Guidelines**” has been provided in Pre-Submission Uploads located in the Forms Menu.

- It may be beneficial to use this document as a guide for drafting the budget off-line prior to completing the Expenditure Budget in the Grants Gateway.
- The data entry document highlights the character limits for each field of the Expenditure Budget. Character limits are based on all characters including spaces.

**Funding Opportunity Specification** – The following specifications should be adhered to when completing the expenditure based budget. Failure to adhere to these specifications may result in a reduction of allotted points. Successful applications recommended for award will require modification to meet these specifications prior to contract approval.

- For each section of the budget entered online in Grants Gateway under the Narrative section enter details about other funds for required components of the program.

**Additional Considerations**

- All costs must directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective.
- Contracted organizations must have on file documentation to support allocation of shared costs to the contract in accordance with applicable regulations and approved budget.
- For each section of the budget in which a budget item is proposed, all required fields must be completed. Failure to complete required fields will result in a global error message which must be resolved prior to submission.
- Failure to provide complete, clear, and concise information may result in a reduced score.
- Equipment purchases for major items that will depreciate in a very short period of time (e.g. one to three years) will only be considered when supported by a strong justification. The Department of Health (DOH) recognizes that organizations may classify items as equipment within their own accounting system that do not fall under the definition of equipment and may be included in the equipment budget category.
- Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
- Budget lines that are not well-justified may negatively impact the application score and/or delay the budget approval process.
- Indirect costs for organizations without a federally-approved indirect cost rate, will be limited to no more than 10% of total direct costs.
- A “match” contribution is **NOT** required for this grant award. Please do not enter information in the match sections of the budget.

- For fields titled “Other Funds” always leave blank. Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category. (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative)
- **Travel:** All Travel, other than travel for individuals / organizations funded under the contractual service line, subcontractor travel, should be budgeted in this section. If awarded Out-of-State travel requires prior approval.
  - OCS Guidelines: <http://www.osc.state.ny.us/agencies/travel/manual.pdf>
  - USGSA: <http://www.gsa.gov/portal/category/21283>

**Other Helpful Links:**

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

CFR Supbart E - Basic Considerations: [http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabd3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200\\_1401.sg12](http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabd3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200_1401.sg12)