

RFA # 18606/ Grants Gateway # DOH01-CFPP2-2021

New York State Department of Health Center for Community Health, Division of Family Health Bureau of Women, Infant and Adolescent Health

Request for Applications

Comprehensive Family Planning and Reproductive Health Program

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 #18606. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

Application Submission/Grants Gateway

- Question:** I am logged on to Grants Gateway in the Grantee role, can I submit the application in this role?
Answer: No, only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Question:** In Grants Gateway under Program Specific Questions, why is there no text box for #601?
Answer: Please see Addendum 1 that was issued November 25, 2020. Applicants are instructed to upload their response as a word document, titled Response to Question 601, to the Grantee Document Folder in Grants Gateway. Applicants should keep their response to 4000 characters. Anything over 4000 characters will not be reviewed.
- Question:** In Grants Gateway under Program Specific Questions, what is the purpose of the text box for #501 under the Work Plan section.
Answer: No entry is required for the text box under question 501.
- Question:** In Grants Gateway under Program Specific Questions, what is the purpose of the text box for #4 Budget?
Answer: No entry is required for the text box under question 4. All budget information should be entered directly into the Expenditure Budget section in the Forms menu of Grants Gateway.

5. **Question:** Where can we find Attachment 4 Standardized Workplan?
Answer: Attachment 4 is found in the pre-submission uploads section in the Forms Menu of the application in Grants Gateway.
6. **Question:** In Grants Gateway under Pre-Submission Uploads, should the Work Plan (Attachment 4) be attached to the application?
Answer: No, Attachment 4 has been provided for reference only. Objectives, tasks, and performance measures have been completed for applicants in the Workplan section of Grants Gateway.
7. **Question:** In Grants Gateway, do we upload anything under the contracts document properties?
Answer: No, the applicant should not upload anything under Contract Document Properties. This is a sample contract provided for reference only.
8. **Question:** MWBE utilization plan - how and what do we complete? Waiver?
Answer: Please refer to RFA Section IV. I. Minority & Women-Owned Business Enterprise Requirements, page 25 and Attachment 11: MWBE Forms. This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan is **optional**. All applicants must submit Forms 4 and 5. Funded applicants are encouraged to engage with firms found in the directory for the acquisition of required product(s) and/or service(s) associated with this grant.
9. **Question:** I believe that Attachment 18 is mislabeled Attachment 17 at the top of the page.
Answer: Please see Addendum 1 issued November 25, 2020.
10. **Question:** Can Microsoft Edge be used instead of Microsoft Explorer
Answer: You must use Internet Explorer (11 or higher) or Microsoft Edge to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.
11. **Question:** Is the 4000-character limit with space or without spaces. Is the character limit for all sections with or without spaces?
Answer: The 4000-character limit includes spaces and punctuation.
12. **Question:** If two agencies are merging with an effective date of Mar 1, 2021 with one operating certificate should we submit one application
Answer: That decision should be made by the applicant organizations. One application that includes all clinic locations for both agencies may be submitted, or separate applications may be submitted.
13. **Question:** Is there a budget template for the Year 1 Budget on the application that we could use. We know that the budget will be entered into Grants Gateway manually, but

were wondering if the State has updated their template. If not, we can use the one from 2017.

Answer: There is no official state budget template for this Grant Opportunity. All budget information should be entered directly into the Expenditure Budget section of the Forms Menu in Grants Gateway as indicated in Attachment 15: Grants Gateway Budget Data Entry Guidelines.

14. **Question:** How will our April-March FPP emergency contract be renewed?

Answer: Agencies that received emergency funding through executive budget appropriations following the withdrawal from the federal Title X program should apply for funding under this RFA.

15. **Question:** How do we reference the attachments not on pre-submission uploads?

Answer: The Attachments not shown in pre-submission uploads appear at the end of the RFA.

16. **Question:** The previous prequalification form in the document vault was uploaded by a staff member in our agency. Will he still be doing this part? It seems we are only responsible for the operating certificate. Can you clarify?

Answer: Please refer to RFA Section IV. Administrative Requirements, M. Vendor Prequalification for Not for Profits. The Vendor Prequalification Manual at <https://grantsmanagement.ny.gov/get-prequalified> on the Grants Management Website details the requirements. An online tutorial at <https://grantsmanagement.ny.gov/videos-grant-applicants#get-prequalified> is available to walk users through the process. Not-for-profit applicants must be prequalified on the due date for this application submission.

17. **Question:** The pre-qualification form requires uploads from DOH. Are those forms sent to us to upload or does DOH upload themselves? Such as Vendor responsibility attestation.

Answer:

DOH does not provide documentation related to prequalification. More information is located at <https://grantsmanagement.ny.gov/get-prequalified>. Attachment 12: Vendor Responsibility Attestation is located in the Pre-Submission Uploads section of the Grants Gateway and should be submitted there.

Award Amount

18. **Question:** Is the maximum award requested based on unduplicated client volume from 2017-2019, plus county or can it also be based on projected volume for the award period?

Answer: Base award amounts are not based on projected volume. Successful applicants will be eligible for a base award that will be made based upon the applicant's unduplicated family planning client volume and number of counties in which family planning clinic sites are located. The average annual number of unduplicated family planning clients served in the previous three years (2017-2019) will be reviewed to

determine the eligible client volume award band as outlined in RFA Section II. D. Basis for Award, Table 2.

19. **Question:** To determine the base award, the RFA states (pg. 8) that family planning client volume will be one determining factor. If we operate more than one clinic, how is this determined? For example, if one site has an average of 1,600 clients (Band 6) and another site has an average of 900 clients (Band 8), is our base award for client volume the sum of Bands 6 and 8 (\$500,000)? Or is the base award Band 5 (\$560,000) for 2,500 clients, which is the sum of the client volume for all clinic sites?"

Answer: The average annual number of unduplicated family planning clients served in the previous three years (2017-2019) will be reviewed to determine the eligible client volume award band as outlined in RFA Section II. D. Basis for Award, Table 2. Applicant organizations should select the single client volume band that represents the total client volume for all clinics included in the application.

20. **Question:** It seems like we are eligible for much less funding in this new RFA than what we currently receive. Given the new 5-year RFA and based on our clinics average three-year unduplicated patient count of 1,261, it appears that we can only apply for Rest of State Band 7 for \$140,000 and \$75,000 for one county served. Even with the additional add-ons, it might bring the award to just over \$250,000. With this amount, we will not be able to meet all of the family planning requirements and work plan as needed to provide quality family planning services to our clients in our high-risk city and to keep our doors open. If the Band and award are based on patient visits, this would bring us to Band 5 (3,095 visits) and would help tremendously. Can you tell me if there is anything, we can do to increase the grant award? Should I just submit a grant based on our past awards and see what happens. Any advice will be greatly appreciated.

Answer: The average annual number of unduplicated family planning clients served in the previous three years (2017-2019) will be reviewed to determine the eligible client volume award band as outlined in RFA Section II. D. Basis for Award, Table 2. The Eligible Annual Award Amounts provided in Table 2 are based upon unduplicated client volume, not volume of client visits. Additionally, successful applicants may be eligible for a supplemental award equaling up to 25% of the base award, upon request by the applicant, and based on availability of funding.

21. **Question:** We note that the total amount available through this RFA is considerably higher than during the last competitive round. Does the State intend to fund the same number of subrecipients as in previous RFPs?

Answer: Funds will be awarded to approximately 40 to 50 organizations throughout New York State.

22. **Question:** Page 9 section D In order to service clients in an adjacent county, we would propose a permanent clinic site on the campus of an existing health care facility that is less than 2 miles from the adjacent county line. This proposed location is also in a designated HRSA rural area. Would this location make us eligible for Band 3 (2-4 Counties)?

Answer: Please refer to RFA Section II. D. 2. County Coverage for information related to county eligibility.

23. **Question:** Can a program service another county that currently has a Family Planning Clinic? (page 6 & page 30 – Question #102). If yes, can additional funding be applied for from Table 3: County Coverage Award-page 9?

Answer: A program may serve another county that currently has a family planning clinic. The number of clinic sites includes permanent physical clinic locations only and does not include mobile and temporary clinics sites, as described in RFA Section II. D.2. County Coverage.

Award Process

24. **Question:** We understand the calculations for the Base Award (Client Volume and County Coverage) and Supplemental Awards. If there are unawarded funds beyond the Base or Supplemental awards, how would NYS DOH attempt to respond to regional needs, particularly in regions that have seen the loss of Family Planning Program Providers? For example, City of Rochester lost one of its FPP Providers at the end of June 2020.

Answer: As stated on page 8 of the RFA in Section II. C., "if funding remains after both prior rounds of awards, additional awards will be made from highest to lowest scoring application, regardless of service area, until funds are exhausted."

25. **Question:** Under the Available Funding section of the RFA regarding NYC awards (pg 7), it states that the two highest ranking applicants offering a clinic site in a borough will be awarded funding first, and if funding allows, additional awards will be made from highest to lowest scores, regardless of borough until funds are exhausted. We understand that only one application per entity can be submitted; if we serve multiple boroughs, how will our single application be reviewed by DOH to make decisions by borough?

Answer: Each application submitted will receive one score, regardless of the number of boroughs proposed to be served. Applications with a minimum score of 70 will be considered for funding and ranked in order of score. In making awards to New York City, the Department will award applicants from highest to lowest score as outlined in RFA Section II. C.

26. **Question:** If an entity is applying to serve multiple boroughs in NYC and is one of the two highest scoring applicants in one borough (therefore eligible for an award), but does not come in the top two in another proposed borough, how will an award be made? Is it possible for an application to be partially funded?

Answer: Each application submitted will receive one score, regardless of the number of boroughs proposed to be served. Applications with a minimum score of 70 will be considered for funding, and ranked in order of score. In making awards to New York City, the Department will award applicants from highest to lowest score as outlined in RFA Section II. C. Per RFA Section IV. F. (page 22), the Department reserves the right to make an award under the RFA in whole or in part.

27. **Question:** Page 7 of the RFA refers to the application review process for making awards in New York City. It says that the two highest ranking applicants per borough will be funded, and additional awards will be made if funding is still available. In our borough, there are currently about five FPP grant-funded organizations, some who cover multiple counties. Does the NYS DOH anticipate making multiple grant awards again? In this award methodology, does the DOH consider whether an organization covers multiple counties or focuses solely on one of them?

Answer: Each application submitted will receive one score, regardless of the number of boroughs proposed to be served. Application scoring will be based upon the strength and completeness of responses to all application questions and required components. Applications with a minimum score of 70 will be considered for funding and ranked in order of score. In making awards to New York City, the Department will award applicants from highest to lowest score as outlined in RFA Section II. C. Per RFA Section II. C. Available Funding, a County Coverage Award Amount will be given based upon the number of counties that the applicant proposes to serve, as evidenced by presence of one or more family planning clinic sites in that county. It is expected that a maximum of 24 awards will be made to support programs serving counties/boroughs within the New York City Region.

Budget

28. **Question:** Does this funding opportunity permit Community Navigator and Patient Referral staff to be included in the budget? These staff help refer clients to care, bi-directionally, both to the applicant's health centers and to care outside of the SRH scope of services.

Answer: Yes.

29. **Question:** If an organization with past NYSDOH FPP funding had a federally approved indirect cost rate as part of those contracts, but does not have one at the time of submitting this application, are we still eligible for the 10% indirect cost rate noted by NYSDOH on page 33 of the RFA?

Answer: Yes. Please refer to program specific question 404 found on page 33.

30. **Question:** Where can we obtain the certificate of indirect cost?

Answer: If utilizing a Federal indirect cost rate (ICR) applicants should upload a completed Certification of Indirect Costs. This would be obtained from the Federal agency that approved your organization's ICR.

31. **Question:** Is there a separate budget narrative, in a separate uploaded document, that is required in addition to the information entered in Grants Gateway and in Attachment 17 Budget Detail?

Answer: No. See Attachment 15 Grants Gateway Budget Data Entry Guidelines for instructions on providing the required narrative.

32. **Question:** What exactly needs to be included in Attachment 17, detailed narrative

budget – personnel and OTPS, or personnel only? Do we need to include narrative descriptions in this excel sheet (in addition to the descriptions in Grants Gateway)? If so, would you accept a copy of these narrative descriptions in a separate document?

Answer Personnel only. Attachment 17: PS Detail Narrative Budget Request should list all staff that will support the program, regardless of funding source. A position description or any other narrative is not requested and should not be included.

33. **Question:** Are we required to break out individual staff members in both the Grants Gateway budget section and PS Detailed Sheet, or will we input the subtotal from the PS Detailed Sheet into a single budget line in the Gateway portal?

Answer: Attachment 17: PS Detail Narrative Budget Request should list all staff that will support the program, regardless of funding source. See Attachment 15: Grant Gateway Budget Data Entry Guidelines, for instructions on how Personal Services must be entered into the Grant Gateway. The Grants Gateway Personal Services Salary section should reflect only those salaries where grant funds are requested.

34. **Question:** Will subrecipients continue to be restricted to using patient revenue only for the program, or can revenue be used for other activities within our Centers?

Answer: See Attachment 14: Grant Gateway Budget Instructions, 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.” Per RFA Section III. B. Program Specific Requirements, page 14, funded applicants will use revenue earned as a result of the delivery of family planning services to expand grant-funded program services and operations and maintain systems to account for the appropriate use of earned revenue. Revenue may not be used to support activities not associated with the delivery of family planning services.

35. **Question:** If you have schools (School Based Health Centers [SBHCs] and use the State grant to provide mental health , can you use the family planning grant for family planning and Sexual and reproductive health (SRH) services in the schools and report the family planning and SRH patients to NYS family planning via Ahlers?

Answer: All costs must directly relate to the provision of services outlined in the RFA. Funded applicants will submit data to the Family Planning Data Management Information System (FPDMIS) on services provided at all family planning encounters, as defined in Attachment 3: Family Planning Definitions.

36. **Question:** Number of visits to determine volume/cost for labs and pharmaceuticals – Ahlers report or hospital data system?

Answer: This information is not required as part of the application.

37. **Question:** How do we record revenue for FPep/FPfund, Finance hasn’t been able to track payments to our facility because checks are sent without reference information, do we include volume if I don’t have revenue?

Answer: Information about program revenue is not required as part of the application and does not relate to client volume verification. Per RFA Section II. D., on page 10, client volume reports must include a three-year (2017-2019) average annual volume of

unduplicated clients served who meet the definition of a family planning client as outlined in Attachment 3: Family Planning Client Definitions.

38. **Question:** Does NYSDOH have a recommended or suggested ratio for the funding provided to Clinical Services activities vs. community and client engagement activities?
Answer: No.

Client Volume

39. **Question:** The RFA states, "Applicants may subcontract components of the scope of work" (p 18). If we plan to work with other Family Planning Programs as subcontractors may we include their average annual patient numbers when calculating and applying for the Client Volume Award Amount, County Coverage Award Amount, and Supplemental Awards?

Answer: Applicants may include the client volume for all clinics proposed to be funded in the application, including those clinics operated by currently approved NYSFPP subcontractors. Applicants must include reports from electronic health records or other systems to substantiate the volume of proposed clients to be served in response to application question 102.

40. **Question:** How should in-person individual Sexual and reproductive health (SRH) Services provided in the community such as in Settlement Houses, after school programs, high schools, colleges, art programs, sports programs, etc. be counted and reported to the NYSFPP since no CVRs [Clinic Visit Records] are done?

Answer: Only visits for unduplicated clients that occurred between 2017-2019 that meet the definition of a family planning encounter as defined in Attachment 3: Family Planning Definitions will be counted. Prior to making awards the Department will verify applicant client data as outlined in RFA Section II. D. on page 10. For existing NYSFPP grantees, historical data submitted to the Family Planning Data Management Information System (FPDMIS) from 2017-2019 will be reviewed and verified against information submitted by the applicant at time of application. For new applicants, electronic health record (EHR) data submitted as part of the funding application will be reviewed. Client volume data should be uploaded in response to application question 102.

41. **Question:** How should in-person group Sexual and reproductive health (SRH) Services provided in the community such as in Settlement Houses, after school programs, high schools, colleges, art programs, sports programs, etc. be counted and reported to the NYSFPP since no CVRs are done?

Answer: For existing NYSFPP grantees, historical data submitted to the Family Planning Data Management Information System (FPDMIS) will be reviewed and verified against information submitted by the applicant at time of application. Only visits for unduplicated clients that occurred between 2017-2019 that meet the requirements of a family planning encounter as defined in Attachment 3: Family Planning Definitions will be counted.

42. **Question:** How should Sexual and reproductive health (SRH) done via telehealth (tele-SRH education) be reported to NYSFPP since no CVR are done?
Answer: For existing NYSFPP grantees, historical data submitted to the Family Planning Data Management Information System (FPDMIS) will be reviewed and verified against information submitted by the applicant at time of application. Only visits for unduplicated clients that occurred between 2017-2019 that meet the requirements of a family planning encounter as defined in Attachment 3: Family Planning Definitions will be counted.
43. **Question:** How should family planning and Sexual and reproductive health (SRH) services provided via MyChart be counted and reported to NYSFPP since the patient gets their family planning refill but no CVR is done?
Answer: For existing NYSFPP grantees, historical data submitted to the Family Planning Data Management Information System (FPDMIS) will be reviewed and verified against information submitted by the applicant at time of application. Only visits for unduplicated clients that occurred between 2017-2019 that meet the requirements of a family planning encounter as defined in Attachment 3: Family Planning Definitions will be counted.
44. **Question:** How should prenatal services provided via telehealth be counted and reported to NYSFPP if no CVR was done? Same for family planning and other Sexual and reproductive health (SRH) services?
Answer: For existing NYSFPP grantees, historical data submitted to the Family Planning Data Management Information System (FPDMIS) will be reviewed and verified against information submitted by the applicant at time of application. Only visits for unduplicated clients that occurred between 2017-2019 and that meet the requirements of a family planning encounter as defined in Attachment 3: Family Planning Definitions will be counted.
45. **Question:** If all the patients in a program getting in person family planning and Sexual and reproductive health (SRH) didn't get CVRs can the de-identified patient data for those for whom no CVR was done be uploaded to State to have the total # of patients served (total # of patients with CVR + uploaded patients without CVR= total # of family planning and SRH patients)?
Answer: For existing NYSFPP grantees, historical data submitted to the Family Planning Data Management Information System (FPDMIS) will be reviewed and verified against information submitted by the applicant at time of application. Only visits for unduplicated clients that occurred between 2017-2019 and that meet the requirements of a family planning encounter as defined in Attachment 3: Family Planning Definitions will be counted.
46. **Question:** If we are submitting data as an organization that is new to the FPP program, do you have a template of the client volume and demographic data report for 2017-2019 or a preference for the format?
Answer: For applicants that are not existing NYSFPP grantees, de-identified electronic health record (EHR) data must be submitted in response to Application questions 102

and 703 (if supplemental funding requested). There is no specific required format for this data, but the report must provide the average annual number of unduplicated family planning clients served in the past three-year period (2017-2019) who meet the definition of a family planning client as outlined in Attachment 3: Family Planning Client Definition.

47. **Question:** If a currently funded Family Planning grantee were to propose adding service sites where family planning services are being provided but that do not currently receive Family Planning Program funding, could this organization submit documentation of the client volume at these “new” sites to supplement the data reported through the Family Planning Data Management Information System (FPDMIS) in order to justify applying for an award in a higher funding band than the historical FPSMIS data would indicate?

Answer: Yes. For purposes of the application, all clinics currently funded under the NYSFPP grant, data will be taken from the FPDMIS for the period 2017-2019. Any clinics proposed that are not currently funded under the NYSFPP, de-identified electronic health record (EHR) data should be submitted that shows the average annual volume of unduplicated clients served who meet the definition of a family planning client as stated in Attachment 3: Family Planning Client Definition for the period 2017-2019.

48. **Question:** For the three-year lookback of unduplicated client volume for Q102 and the cover page, is that fiscal year/grant year, or calendar year?

Answer: Calendar year.

49. **Question:** Does average annual number of unduplicated clients (client volume) mean average annual unduplicated client visits?

Answer: No, if a client made multiple visits to a clinic in one year, they only count as one client. Refer to Attachment 3: Family Planning Definitions.

50. **Question:** How should we count and report youth who are not sexually experienced but staff provide sexual reproductive health to make sure they have the knowledge and skill to prevent unplanned pregnancy and sexually transmitted diseases (STIs)/HIV when they become sexually active, but at present leave the clinic with no family planning method because they are not sexually active yet, without the program been penalized because patient left without family planning method? What about if the patients leave the clinic with condoms and/or emergency contraceptive (EC).

Answer: Only visits for unduplicated clients that meet the requirements of a family planning encounter as defined in Attachment 3: Family Planning Definitions that occurred between 2017-2019 will be counted.

51. **Question:** How should we capture the sexual and reproductive health education we do via our patients’ app, and our social media platforms?

Answer: Only visits for unduplicated clients that meet the requirements of a family planning encounter as defined in Attachment 3: Family Planning Definitions that occurred between 2017-2019 will be counted.

52. **Question:** In regard to the application cover page, are you asking for us to list every year's unduplicated client volume from 2017-2019 for all clinic sites? Or simply an average annual unduplicated client volume from 2017-2019 for all sites?

Answer: On Attachment 2: Application Cover Page, each clinic included in the application should be listed separately with the average of unique family planning clients served in each of the three years from 2017-2019 listed. This should be the three-year average for each individual clinic.

53. **Question:** Do the definitions of "Family Planning Encounter" and "Family Planning Client" apply only to how "new applicants" are to define client volume and demographic data? Are there any other areas where this definition may be utilized by the program?

Answer: All applicants, including current NYSFPP grantees, must adhere to the definitions of "Family Planning Encounter" and "Family Planning Client" as outlined in Attachment 3: Family Planning Definitions.

54. **Question:** Do we utilize year by year numbers and average those over the 3 year period or do we pull patient information in one single block from 2017 to 2019 and average that number?

Answer: The total number of unduplicated clients for each calendar year 2017-2019 should be determined and then the three years should be averaged.

Completing the Application

55. **Question:** Can I hear the audio version of this call again?

Answer: Yes, a link to the Applicant Webinar is here:

<https://meetny.webex.com/recordingservice/sites/meetny/recording/3a74b42a6e1640d88b6823e9f898b03c>.

56. **Question:** Can I get a copy of the slides used during the webinar?

Answer: Yes, the slides are attached to the Question/Response document.

57. **Question:** Page 68 of the RFA, in Attachment 14, mentions the I&E Committee. What is the I&E Committee? In the past, organizations were required to have an I&E Committee as well as other types of Committees, involving community input. Are there specific requirements to include committees as part of our application? If so, please describe what these are.

Answer: The I&E Committee stands for the Information and Education Committee. There is no requirement to have an I&E Committee.

58. **Question:** You had mentioned that current NYSFPP recipients will have their previous 3-year CVR data reviewed. We only started receiving NYSFPP funding as of this year due to the loss of Title X, hence I believe we don't have prior CVR data. Will we be able to submit our client volume data as a "new applicant"?

Answer: Yes, you may submit de-identified data from your Electronic Health Record

to substantiate your client volume for 2017-2019.

59. **Question:** For the required three-year look back for current NYS-funded applicants, that is calendar year data, correct?

Answer: Yes, the data is based on calendar years 2017-2019.

60. **Question:** Can a hospital within a health system propose sites that are owned by another component organization of the health system? If so, should the other organization be proposed as a subcontractor?

Answer: If the component organization of the health system is a separate legal entity, then yes, they would be proposed as a subcontractor. If they are just another division of the same legal entity, then they would not be a subcontractor and can be included in the application.

61. **Question:** If you have more than one site, which one should be used in the Grants Gateway Project/Site Addresses section of the application, or can more than one address be entered?

Answer: This should be the main clinic location and/or organization main address, however, additional addresses may be added if desired.

62. **Question:** Are letters of support a requirement for this application?

Answer: No. Letters of support are not required and will not be taken into consideration when scoring the application.

63. **Question:** Year of profile – is it 2020 or 2021

Answer: Attachment 13: Agency Profile must be completed with information that is inclusive of all services, staffing, and clinical schedules in place at the time of application. Funded applicants will annually submit an updated NYS FPP Agency Profile that accurately reflects all program clinic site locations, hours of operation, and services provided.

64. **Question:** How should we format references?

Answer: References are not requested or required.

65. **Question:** Is the full formulary required or just a list of medications under the formulary?

Answer: The formulary is required within 30 days of contract execution and is not required as part of the application.

66. **Question:** Attachment 3 - A Family Planning encounter is defined in this attachment. Part of the attachment describes the encounter as “face-to-face contact between an individual and a family planning provider that takes place in a family planning service site.” During this time of limited in person contact due to Covid and state guidance regarding social distancing is a telehealth visit considered a Family Planning encounter? What is the actual definition of a telehealth visit and does it

include just an audio component or must it have an audio and visual component?

Answer: The look back period for client volume was before the public health emergency. Successful applicants will be given direction in the future on how to report family planning visits that occur via telehealth.

67. **Question:** Can program in New York, service zip codes in Bronx county?

Answer: Yes

68. **Question:** Can a program service more than one zip code in the same county, if Family Planning program already covers that zip code? (For example, I am applying for funding in Central Harlem, but currently have clients who come to Family Planning Clinic in Central Harlem, but live in Washington Heights) (page 6 & page 30 – Question #102).

Answer: Yes

69. **Question:** Will outreach efforts continue to focus on providing specific health education workshops on a variety of health topics (i.e., contraception, STDs, Pregnancy, Cervical Cancer etc.)?

Answer: Per RFA Section III. C., funded applicants must conduct community outreach and education to increase awareness and utilization of family planning services, and to encourage participation by persons who may benefit from family planning services. Outreach and education efforts should be designed to increase community understanding of the family planning program, the agency, and available services, and to provide key information about family planning options, sexual and reproductive health.

70. **Question:** Our organization has clinic sites both within NYC and in other areas of NYS. In Attachment 2, we understand that we should separate our requests into those that are NYC-based and the rest of NYS, and will provide client numbers accordingly. Does NYSDOH recommend that we also do this within the narrative in terms of describing numbers served, clients age 25 and under, # of pregnancy tests, and any other information that might be included about our services now and what we propose in 2021-2026?

Answer: If your organization is proposing to serve a large geographic area that has variations in service delivery or other program components as a result of geographic differences, you may describe in the application narrative response(s) how activities vary across the service area.

71. **Question:** Must patients treated under the NYS FPP be permanent residents of NY state with NY state addresses or may they be in NY (for example, as college students or working)?

Answer: Patients do not need to be permanent residents of NYS to receive services.

72. **Question:** Program Site: we currently offer Family Planning services in our OB/GYN Department. Does this RFA require us to set-up a separate location (department/unit) for grant funded services?

Answer: There does not need to be a separate, distinct location for family planning services, however, any staff providing services under the grant must meet all requirements for credentials and on-going training. Additionally, only those visits that meet the definition of a family planning encounter as described in Attachment 3: Family Planning Definitions and have a Clinic Visit Record (CVR) can be counted as clients.

73. **Question:** Can you please explain the basic differences between the Title X and NYS Title V MCHSBG grants?

Answer: NYSDOH does not receive a Title X grant. More information about the Title V Maternal and Child Health Block Grant can be found here:

https://www.health.ny.gov/community/infants_children/maternal_and_child_health_services/docs/2020_application.pdf

74. **Question:** If combining the application with another county or agency is this considered a subcontract? If so where and how is the subcontractor's budget and justification information entered into the Lead Agencies Grants Gateway RFA submission?

Answer: One agency must be the applicant organization that maintains the lead over the project. Refer to section III. D. of the RFA for further information. Additionally, Attachment 19: Subcontractor Information Form will need to be completed and uploaded to the Pre-Submission Uploads section.

75. **Question:** If subcontracting with another county or agency other than the completion of the Attachment 19 Subcontractor Information Form what else is required for the RFA submission?

Answer: When subcontracting, the applicant should complete Attachment 19: Subcontractor Information Form, the Contractual section of the Expenditure Budget in Grants Gateway, and the responses to the Program Specific Questions as appropriate.

76. **Question:** When we list the staff and provide resumes that's just for the staff under the grant and the head people for each section right. Or do I need to provide the name of every MD/RN that completes an AHLERS form.

Answer: Resumes should be provided for key staff as outlined in Section II of Attachment 5: NYSFPP Program-Specific Requirements. Attachment 17: PS Detail Budget Narrative should list all staff that will support the program, regardless of funding source.

77. **Question:** Staff: our family planning services are provided by clinical staff that include Physicians, Midwives and Nurses. Based on the definition (Attachment 3) in this RFA, are encounters limited to Physician visits or do they include all encounters with staff that comply with the definition?

Answer: A family planning encounter may include visits with clinical and/or other non-clinical providers. Please refer to Addendum 1, issued November 25, 2020, which expands upon Attachment 3: Family Planning Definitions to provide additional information on types of family planning encounters, and to provide definitions for

Clinical Services Providers and Other Services Providers who may provide services in a family planning encounter.

78. **Question:** Will we require a listing of all providers that see Family planning patients or just those that have a regular standing panel not covered under the budget?

Answer: Use Attachment 17: PS Detail Narrative Budget Request to list all staff that will support the program, regardless of funding source.

79. **Question:** Specifically, what I was looking for in the presentation was the explanation surrounding the Q. 304 that mentions "reproductive justice framework." Sorry but I am still not clear on what that is. Can you provide clarification.

Answer: Reproductive justice is described in RFA Section I.A. on page 4.

80. **Question:** Can we include letters of support from community organizations in the application?

Answer: No. Letters of support are not required and will not be taken into consideration when scoring the application.

81. **Question:** Does "family planning client population" refer to registered patients of the program or to the community served?

Answer: As stated in Attachment 3: Family Planning Definitions, "a family planning encounter is defined as a documented, face-to-face contact between an individual and a family planning provider that takes place in a family planning service site."

82. **Question:** Should we include the Schedule of Discounts (SOD) in the application if it is updated?

Answer: No. The SOD is only required to be completed by funded applicants within 30 days of contract execution.

83. **Question:** We will submit resumes for key staff. For positions that are not yet filled, do you require position descriptions?

Answer: Section V. A. Program Specific Questions number 105 on page 32 states. "Describe the staffing that will support the proposed family planning program..."

84. **Question:** Attachment 2 cover page, on page 2, there is a space for the number of years providing family planning and reproductive health services. Does this refer to family planning and reproductive health services in general or this specific NYS-funded FPP program?

Answer: This refers to experience providing family planning services that are in compliance with the NYS FPP requirements.

85. **Question:** Can a proposal just provide care to adolescents and young adults? For example, propose a model that only provides care from 12-26 years of age.

Answer: Yes

Data

86. **Question:** Will funded agencies be required to submit quarterly data on the provision of FPBP services, such as the number of training/technical assistance encounters; number of participants at training/TA events; and number of outreach events and contacts?
Answer: Funded applicants will receive further direction on reporting requirements at the time of contract execution.
87. **Question:** Is Ahlers a requirement for us to use to submit our monthly CVR data to, or can we submit this data monthly to NYS?
Answer: As stated in RFA Section III. B. page 14, bullet 6, clinic visit record (CVR) data recorded from the Electronic Health Record (EHR) system must be submitted to the NYSFPP Family Planning Data Management Information System (FPDMIS) on a monthly basis through the contracted data processing vendor's website. This requirement is reiterated in Section IV. H. 3. A, page 24, where Ahlers is identified as the currently contracted data processing vendor for the FPDMIS.
88. **Question:** In the RFA in section III Project Narrative/Work Plan Outcomes on page 14 it states that we can collect the CVR data from our EHR system but under section IV Administrative Requirements page 24 we are required to submit monthly CVR data to management information system (Ahlers)
Answer: As stated in RFA Section III. B. page 14, bullet 6, clinic visit record (CVR) data recorded from the Electronic Health Record (EHR) system must be submitted to the NYSFPP Family Planning Data Management Information System (FPDMIS) on a monthly basis through the contracted data processing vendor's website. This requirement is reiterated in Section IV. H. 3. A, page 24, where Ahlers is identified as the currently contracted data processing vendor for the FPDMIS.
89. **Question:** How would you like us to capture the chlamydia data when currently Ahlers includes clients who are not sexually active in the total client count. Is it acceptable to use our EHR to capture this data?
Answer: Chlamydia screening data is not required to be submitted as part of the application. Funded applicants will receive further direction at time of contract execution on how to report any additional data that will be used for performance measurement.

Eligibility

90. **Question:** Page 7 refers to the preferred eligibility requirement of "A minimum of five years of experience in the administration of a comprehensive family planning and reproductive health services program in compliance with New York State Family Planning Program requirements." We also need to respond to this question in Grants Gateway #601. Is this specifically referring to experience as a current or former NYS FPP grantee? Does the DOH plan on including new grantees within the 2021-2026

program?

Answer: To receive preferred eligibility points, the applicant must demonstrate that the organization has the minimum five years' experience administering a family planning program that is in compliance with New York State Family Planning Program requirements outlined in the RFA. DOH will consider any applicant for funding that receives at least a score of 70.

91. **Question:** Is this competition open to School-Based Health Centers that provide adolescent reproductive health care services?

Answer: Applicants must meet the minimum eligibility requirements as listed in the RFA, Section II. A. on page 6 to be eligible to apply for this procurement.

92. **Question:** May a non-profit foundation, working to obtain funds on behalf of a non-profit healthcare system, be considered as an eligible entity?

Answer: The Applicant must be a governmental and/or not-for-profit health care facility licensed, or expected to be licensed by the contract start date, through Article 28 of the New York State Public Health Law and certified to provide Medical Services – Primary Care and have a minimum of three years' experience providing comprehensive family planning and reproductive health services.

93. **Question:** I just received notice of this grant opportunity for Comprehensive Family Planning. We provide a robust amount of family planning services. However, I wanted to inquire to qualify for this opportunity would we have had to have an actual family planning program in the past?

Answer: Minimum eligibility requirements, outlined in RFA Section II. A. include: "Applicant must have a minimum of three years of experience providing comprehensive family planning and reproductive health services."

94. **Question:** Do we need to be certified under the New York State Public Health Law to provide Primary Care? We have been family planning grant recipients for many years, but do not provide Primary Care.

Answer: The applicant organization does not need to provide primary care in order to be eligible. Applicants must meet all eligibility requirements outlined in RFA Section II. A., including Article 28 licensure (or expected licensure by the contract start date) with certification on the operating certificate to provide Medical Services – Primary Care.

95. **Question:** For potential new grantees, how will the following be evaluated: A minimum of five years of experience in the administration of a comprehensive family planning and reproductive health services program in compliance with New York State Family Planning Program requirements?

Answer: The applicant must document in question 601 that the organization has met the minimum of five years of experience in the administration of a comprehensive family planning and reproductive health services program in compliance with New York State Family Planning Program requirements in order to receive Preferred Eligibility points.

Grant Opportunity

96. **Question:** Does NYSDOH plan to continue the FPBP Regional Coordinators program? If that program is not continuing, are successful applicants responsible for staff training themselves in FPBP, FPEP, plus Medicaid and NY State of Health Programs? Will there be ongoing training in these programs provided by NYSDOH?

Answer: At this time there is no expectation that there will be a separate Request for Applications for the NYS Family Planning Benefit Program Regional Coordinators. All funded applicants are required to maintain the capacity to facilitate enrollment of clients into health insurance plans, including the Family Planning Benefit Program (FPBP).

97. **Question:** Will there be a separate RFA for Regional Family Planning Grant Coordination for NYS Family Planning Benefit Program training and technical assistance for agencies and organizations?

Answer: At this time there is no expectation that there will be a separate Request for Applications for the NYS Family Planning Benefit Program Regional Coordinators.

98. **Question:** In response to RFA # 18606/ Grants Gateway # DOH01-CFPP2-2021, can you please let us know if there will be a separate RFA for the Young Men's Initiative as done previously?

Answer: At this time, this is the only RFA for the New York State Comprehensive Family Planning and Reproductive Health Program. There is no plan for a separate Young Men's Initiative.

99. **Question:** Is this the same family planning grant that we currently have or is this a different one?

Answer: This is a competitive opportunity for any organization who seeks funding from New York State to operate a family planning program.

100. **Question:** Our organization is considering pursuing the grant opportunity above. As part of my own research on this opportunity, and those like it given out in the past, I am curious if you can inform me of organizations that have received this funding in the past. I was doing some digging and came across what looks like a similar grant in 2018, ID: DOH01-FPRHP1-2018. I am curious, has this grant been given out to family planning clinics in the past, or is it unique in itself?

Answer: The list of currently funded NYS Family Planning Program (NYSFPP) grantees can be found here:

https://www.health.ny.gov/community/pregnancy/family_planning/program_sites.htm.

The NYSFPP was last competitively awarded in 2011.

Subcontracts

101. **Question:** The RFA states, "Applicants may subcontract components of the scope of work" (p 18). Is there a maximum number of other Family Planning Programs (or any

other organization) that a lead organization may include as subcontractors?

Answer: The lead organization may include multiple subcontractors; however, they may not subcontract out more than 25% of the program activities in total across all subcontractors.

102. **Question:** The RFA states, "Applicants may subcontract components of the scope of work" (p 18). Please clarify what is meant by "the lead organization is required to retain at least 75% implementation of all program activities" (p 18). How is the 75% determined? According to the budget? According to the number of patients served?

Answer: The 75% is based on the total budget.

Supplemental Award

103. **Question:** Regarding the Supplemental Award, page 9 of the RFA states: "Eligibility to receive supplemental funding will be based upon demonstrated performance in successfully serving NYSFPP priority populations, including rural populations, clients with incomes under 100% of the Federal Poverty Level (FPL), and clients under age 25." For the Service to Rural Areas supplemental award, the criteria is based on individual clinic sites being located in rural areas, not the organization's sites as a whole. Is this also the case for the 100% FPL and Clients under age 25? Our organization operates 25+ health centers across NYS, and while all serve high need and young clients, not all will meet the supplement threshold, just as some of our health centers are located in HRSA-designated rural areas and others are not. We would like to best serve clients under these three supplemental award areas, and could use NYSDOH guidance on whether or not the supplement can focus on clinic sites that meet the criteria.

Answer: Per RFA Section V. C. Review & Award Process, eligible supplemental awards will be determined upon review of applicant request and verification of applicant client demographic data. Please see Addendum 1 update to RFA Section II. D. Basis for Award, issued November 25, 2020, which clarifies that eligibility for the supplemental award will be based upon demonstrated performance in successfully serving NYSFPP priority populations, including rural populations, clients with incomes under 100% of the Federal Poverty Level (FPL), and clients under age 25 across all clinic locations included in the application. Supplemental awards will be applied proportionally to the base awards of successful applicants, based on available remaining funding.

104. **Question:** The RFA indicates agencies may be eligible for a supplemental award of up to 25% of their base award, based on the availability of funds and ability to "successfully serve priority populations." Will the department consider supplemental awards for clinic level data (i.e. an applicant can demonstrate 68% of clients served at X health center have incomes at or below 100% FPL), or will the department be looking at aggregate numbers across an agency? Further, how will the department determine supplemental awards when the applicant intends to deliver services in both New York City and the "Rest of State" Region?

Answer: Per RFA Section V. C. Review & Award Process, eligible supplemental

awards will be determined upon review of applicant request and verification of applicant client demographic data. Please see Addendum 1 update to RFA Section II. D. Basis for Award, issued November 25, 2020, which clarifies that eligibility for the supplemental award will be based upon demonstrated performance in successfully serving NYSFPP priority populations, including rural populations, clients with incomes under 100% of the Federal Poverty Level (FPL), and clients under age 25 across all clinic locations included in the application. Supplemental awards will be applied proportionally to the base awards of successful applicants, based on available remaining funding.

105. **Question:** If we serve different geographic areas and one would qualify for supplemental funding, may we still apply and how do we calculate funding eligibility?
Answer: Per RFA Section V. C. Review & Award Process, eligible supplemental awards will be determined upon review of applicant request and verification of applicant client demographic data. Please see Addendum 1 update to RFA Section II. D. Basis for Award, issued November 25, 2020, which clarifies that eligibility for the supplemental award will be based upon demonstrated performance in successfully serving NYSFPP priority populations, including rural populations, clients with incomes under 100% of the Federal Poverty Level (FPL), and clients under age 25 across all clinic locations included in the application.
106. **Question:** To qualify for supplemental funding (II. Who May Apply, D. Basis of Award, Supplemental Funding) when an applicant is proposing multiple sites, does the percentage of low-income or percentage of adolescents/young adults apply to the total to be served or can it be based on individual sites?
Answer: Per RFA Section V. C. Review & Award Process, eligible supplemental awards will be determined upon review of applicant request and verification of applicant client demographic data. Please see Addendum 1 update to RFA Section II. D. Basis for Award, issued November 25, 2020, which clarifies that eligibility for the supplemental award will be based upon demonstrated performance in successfully serving NYSFPP priority populations, including rural populations, clients with incomes under 100% of the Federal Poverty Level (FPL), and clients under age 25 across all clinic locations included in the application.
107. **Question:** Section II, D, page 10, Supplemental Award: The RFA indicates that in grant years 3-5, awards may be reduced if the contractor does not maintain the original criteria for its award. Will there be provisions to redistribute any remaining funds to providers who have demonstrated growth in their program – either in service area, client volume or by performance metrics?
Answer: No
108. **Question:** If supplemental awards are provided, will the same amount of funding be given automatically for the 5-year contract period- page 9
Answer: Pending the continued availability of funding, the total amount of the contract (base funding plus any supplemental funding) will be awarded for any subsequent years

of the contract. Per RFA Section II. D. Basis for Award, annual award amounts may be reduced by up to 25% in years three through five of the contracts (July 1, 2023 - June 30, 2026) if the contractor does not maintain the original criteria for its award.

109. **Question:** If we are requesting supplemental funding, should this be added to our total base funding request on page 1 of Attachment 2 Cover Page?

Answer: No

110. **Question:** In the expenditure budget section of Grants Gateway, should our request for supplemental funding be included here (in addition to the program specific questions)?

Answer: The expenditure budget section should only include funds requested based on the base award amount. Per RFA Section II. D. Basis for Award, any supplemental awards determined by the Department will be added to the base budget request and negotiated with the grantee after awards are made.

111. **Question:** Should the \$ amount of the submitted budget be limited to the Base Award request or should it include the amount requested under the Supplemental Award?

Answer: The expenditure budget section should only include funds requested based on the base award amount. Per RFA Section II. D. Basis for Award, any supplemental awards determined by the Department will be added to the base budget request and negotiated with the grantee after awards are made.

112. **Question:** Do we include the requested supplemental funding amount in the budget or is that separate?

Answer: The expenditure budget section should only include funds requested based on the base award amount. Per RFA Section II. D. Basis for Award, any supplemental awards determined by the Department will be added to the base budget request and negotiated with the grantee after awards are made.



**Department
of Health**

Comprehensive Family Planning and Reproductive Health Program

Request For Applications (RFA) Applicant Conference

RFA # 18606/Grants Gateway # DOH01-CFPP2-2021

Issued: October 19, 2020

Bureau of Women, Infant and Adolescent Health

November 2020

Welcome & Logistics

Comprehensive Family Planning and Reproductive Health Program (FPP) RFA Applicant Conference

- All participants have been placed on mute
- Submit questions via chat box or to fprfa@health.ny.gov

Important Dates

- Questions can be submitted until **5:00 PM on Tuesday November 10, 2020** to fprfa@health.ny.gov
- Questions and Answers will be posted on Grants Gateway (on or about) **November 23, 2020**
- **Applications must be submitted online via the Grants Gateway by 4:00 PM on December 17, 2020**
 - Late applications **will not** be accepted
 - Applications **will not** be accepted via fax, email, hard copy, or hand delivery

Agenda

- Review of RFA
- Program Requirements
- Completing the Application
- Grants Gateway Instructions
- Review & Award Process

Review of RFA

Available Funding

- Up to \$49.3 million available annually
- Approximately 40 to 50 organizations will be awarded throughout New York State
- Funding period is July 1, 2021 through June 30, 2026

Program Goals

The overarching goal of the New York State Comprehensive Family Planning and Reproductive Health Program (FPP) is to:

- Partner with individuals to support their reproductive health goals;
- Improve sexual and reproductive health and birth outcomes; and
- Reduce racial and ethnic disparities in those outcomes.

Background and Purpose

NYSFPP funded programs will deliver high-quality, accessible, and free or low-cost reproductive health care services to people of reproductive age, with a focus on serving low-income, uninsured, and underinsured individuals.

Services provided by funded programs include:

- Contraceptive services
- Pregnancy testing and non-directive options counseling
- Basic infertility services
- Sexually transmitted disease screening and treatment
- Related primary and preventive health services
- Health education
- Referrals

Background and Purpose

The NYSFPP implements a comprehensive service delivery model that includes:

- **Client-centered family planning visits** to provide essential sexual and reproductive health care and related preventive health services and referrals;
- **Community and client engagement** in the development, implementation, and evaluation of family planning programs, to ensure community awareness, access to, and acceptability of services; and
- **Performance management** to measure, monitor, and improve reproductive health and service delivery outcomes.

Background and Purpose

The purpose of the NYSFPP is to:

- Ensure access to quality family planning and reproductive health services for low-income, uninsured, and underinsured New Yorkers;
- Provide comprehensive sexual and reproductive health services to all individuals of reproductive age, including women, men, adolescents, and other special populations;
- Increase access to services and effective methods of contraception;

Background and Purpose (cont)

- Identify and address issues that create barriers to accessing sexual and reproductive health care services;
- Offer client-centered and culturally competent care through flexible service delivery options; and
- Provide assistance in enrolling clients in public health insurance programs as appropriate.

Health Equity and Reproductive Justice

The NYSFPP incorporates a health equity and reproductive justice framework:

- Commitment to improving access to essential sexual and reproductive health services for New Yorkers most adversely impacted by disparities in access and outcomes
- Protect and preserve the reproductive autonomy of individuals in their health care decision-making
- Adhere to guiding principles that assert family planning services must be voluntary, non-coercive, and client-centered.

Priority Populations and Communities

- Low-income individuals, defined as having an income of less than 100% of the Federal Poverty Level (FPL)
- Adolescents and young adults
- Geographic areas impacted by health disparities and inequities within the proposed catchment area.
 - To the extent possible, applicants should serve zip code areas identified in **Attachment 1: Perinatal High Risk Zip Codes**

Minimum Eligibility Requirements

- Governmental and/or not-for-profit health care facility licensed, or expected to be licensed by the contract start date, through Article 28 of the New York State Public Health Law and certified to provide Medical Services – Primary Care
- Must have a minimum of *three* years experience providing comprehensive family planning and reproductive health services.
- Must be prequalified in the NYS Grants Gateway, if not, exempt, on the date applications are due.

NOTE: Applications from facilities/entities that do not meet these minimum eligibility requirements will NOT be reviewed.

Preferred Eligibility Requirements

Preference will be given to applicants that demonstrate:

- A minimum of *five* years experience in the administration of a comprehensive family planning and reproductive health program in compliance with New York State Family Planning Program requirements.

Program Requirements

Program Requirements

Funded applicants will deliver the following clinical services in accordance with nationally recognized standards of care:

- Access to and provision of the full range of U.S. Food and Drug Administration (FDA) approved contraceptive methods;
- Pregnancy testing and non-directive options counseling;
- Client-centered reproductive life planning and education;
- Basic infertility services;
- Primary and preventive health and wellness services;

Program Requirements (cont)

- Sexually Transmitted Disease (STD) prevention education, screening and treatment services;
- Human Immunodeficiency Virus (HIV) prevention education, testing, counseling, and referral to treatment;
- Related preventive health services;
- Ancillary services; and
- Referrals

Program Requirements (cont)

- Applicants funded under this RFA must implement family planning services in accordance with [Providing Quality Family Planning Services: Recommendations of Centers for Disease Control and Prevention and the U.S. Office of Population Affairs \(QFP\)](#)
- Refer to the QFP, and to the [2015](#) and [2017](#) updates, for a full description of the services successful applicants will be required to provide.



Program Requirements (cont)

- Full scope of work is outlined in **Attachment 4: NYSFPP Standardized Work Plan**
- Program requirements are outlined in **Attachment 5: NYSFPP Program-Specific Requirements**. It is strongly recommended that applicants closely review Attachment 5 to ensure the organization's capability to comply with all program requirements.

Delivery of Family Planning Services

- Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services;
- Provide services in a manner which protects the dignity of the individual;
- Provide services without regard to race, color, creed, religion, marital status, sex, gender identity or expression, national origin, disability, sexual orientation, age, military status, pregnancy-related condition, number of pregnancies, or source of payment;

Delivery of Family Planning Services

- Not use any NYSFPP funds to support provision of abortion or medical services related to the provision of abortion;
 - *Note: Options counseling that includes information on abortion or referrals to abortion providers does not constitute an “abortion service” under this RFA.*
- Prioritize provision of services to persons from low-income, uninsured, and underinsured families;
- Encourage minors seeking services to involve a caregiver or trusted adult in decision-making about their health care; and
- Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.

Accessibility of Services

To ensure that cost is never a barrier to accessing family planning services funded applicants must:

- Develop and utilize a Schedule of Discounts (SOD) that allows clients to pay reduced fees based on their income for any visit, procedure, medication, or device. Full SOD requirements are outlined in **Attachment 6: NYSFPP Schedule of Discounts Guidance**
 - SOD **is not** required as part of the application but is required within 30 days of contract execution and on an annual basis thereafter.
- Assist uninsured clients in enrolling in the most appropriate health insurance plans including Medicaid, Family Planning Benefit Program, Family Planning Extension Program, Qualified Health Plans available through the New York State of Health, and commercial health insurance plans

Administrative Capacity

Funded applicants will administer their family planning program to implement all required activities and meet contractual and reporting requirements in a timely manner. To provide effective management they will:

- Maintain staffing necessary to fulfill all required functions of the program;
- Ensure orientation and training for all staff, including participation in opportunities offered by the NYSFPP training and TA vendor;
- Maintain and update as needed all policy and procedures documents, including required clinical protocols;

Administrative Capacity (cont)

- Maintain infrastructure to ensure sustainability of services, including Electronic Health Records (EHR) and other HIT systems, contracts with insurance plans, and systems for third party billing; and
- Collect client and clinic-level encounter data and submit data monthly to the Family Planning Data Management Information System (FPDMIS)
 - **Attachment 7: Clinic Visit Record (CVR)**
 - **Attachment 8: New York CVR Specifications**

Community and Client Engagement

Funded applicants are expected to obtain community input on the development, implementation, and evaluation of their programs to assure suitability and acceptance by the populations served.

- Community engagement efforts should have a meaningful emphasis on addressing health equity, with a goal of implementing client-centered family planning services that ensure every client has an opportunity to achieve optimal health regardless of social and economic factors such as race, ethnicity, gender, sexual orientation, disability status, and income

Community and Client Engagement

Funded applicants must conduct community outreach and education to increase awareness and utilization of family planning services.

- Efforts should be designed to increase community understanding of the family planning program, the agency, and available services, and to provide key information about family planning options, sexual and reproductive health.
- Education efforts may be focused in the clinic through individual or group sessions between a client and health educator or counselor, or outside of the clinic in the community to potential clients, their families and peers.

Community and Client Engagement

Funded applicants will be expected to actively engage clients by routinely assessing client experience and satisfaction.

- Implement a patient experience assessment to elicit feedback with the intent to improve program services
- Consider factors such as client assessment of interactions with clinicians and other staff, clinic location and physical environment, hours of operation, accommodation of walk-in clients, timeliness of appointments, visit wait time, availability of telehealth visits, and assessment of other strategies implemented to meet client needs, and reduce barriers to access

Performance Management

The NYSFPP incorporates a performance management framework to measure, monitor, and improve sexual and reproductive health and program service delivery outcomes.

Funded applicants will be expected to:

- Utilize a performance management framework to monitor and improve their programs.
- Actively participate in regular statewide performance management projects conducted by NYSFPP.

Performance Standards and Measures

- The NYSFPP performance management framework includes four performance standards:
 - Performance Standard 1: Access to Services
 - Performance Standard 2: Clinical Quality
 - Performance Standard 3: Community Engagement
 - Performance Standard 4: Administrative Capacity and Oversight
- Performance measures have been established to assess contractor performance with expected contract deliverables and service delivery outcomes
 - Selected performance measures are shown in **Attachment 9: NYSFPP Performance Measures**

Priority Performance Measures

Performance Standard	Priority Performance Measure	Proposed Threshold/Benchmark
PS-1 Access to Services	Total Number of Active Clinic Sites	Maintain # active clinic sites at application
PS-1 Access to Services	Total Number of Unduplicated Clients Served	Maintain or increase unduplicated client volume, compared to historical number of clients served and/or volume proposed at application
PS-2 Clinical Quality	% of Female Clients Age 25 and Under Receiving Chlamydia Testing	Compare to NYSFPP statewide average and/or Healthcare Effectiveness Data and Information Set (HEDIS) average
PS-3 Community Engagement	% of Family Planning Agencies that Routinely Assess Patient Experience and/or Satisfaction	100% of family planning agencies implement patient experience assessment (Year 1); Standardized satisfaction measure TBD (Years 2-5).
PS-4 Administrative Capacity	% of Family Planning Clinic Sites with Timely and Complete Monthly Data Submission	100% of clinic sites submit timely and complete required monthly data to FPDMS (Ahlers)

Program Monitoring & Performance Improvement

- Performance routinely monitored through monthly data submissions, quarterly and annual reports and technical assistance contacts.
- Comprehensive onsite monitoring reviews will be conducted periodically
- When deficiencies identified, an incremental approach will be taken to address performance issues:
 - Training and technical assistance
 - Intensive technical assistance/participation in performance improvement collaboratives
 - Corrective action plans

Performance Deficiencies

- When performance falls below established thresholds, the NYSFPP may withhold quarterly voucher payments until performance improves, or until there is sufficient demonstrated effort by the contractor to improve on the deficient measure(s).
- For numerous and sustained deficiencies, or failure to meet thresholds established for geographic reach (total number of active clinic sites) and volume (total number of unduplicated clients served) the NYSFPP reserves the right to reduce funding amounts for the following contract year, beginning in year 3.

Subcontracts

- Applicant may subcontract components of the scope of work, however, the lead organization is required to retain 75% implementation of all program activities
- Applicant must state the specific components of the scope of work to be performed through subcontracts
- Lead organization (contractor) has overall responsibility for all contract activities, including those performed by subcontractors
- Subcontractors must be approved by NYSDOH
 - **Attachment 19: Subcontractor Information Form**

Completing the Application

Completing the Application

- When completing the Grants Gateway online application, your responses comprise your application:
 - Respond to each of the sections described.
 - Respond to all items within each section.
 - Be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

Required Submissions

- Application Cover Page (Attachment 2) – provides relevant information about the applicant organization, amount of funding requested, addresses of clinic locations, counties to be served, and average annual unduplicated client volume
- Agency Profile (Attachment 13) – provides detailed information about services that will be provided at each clinic location, hours of operation, and staffing
- PS Detail Narrative Budget Request (Attachment 17) – provides a listing of all staff that will support the program, regardless of funding source

Required Submissions

Other required uploads include:

- MWBE forms (Attachment 11)
- Vendor responsibility attestation (Attachment 12)
- Vendor contact form (Attachment 18)
- Subcontractor information form, if applicable (Attachment 19)

Applicants should not upload any password protected files that can not be accessed by application reviewers.

Application Sections

The application consists of the following sections:

- Executive Summary
- Organizational Capacity and Experience
- Community Resources and Needs Assessment
- Program Narrative
- Budget
- Work Plan
- Preferred Eligibility Criteria
- Supplemental Funding Request

Executive Summary (0 points)

The purpose of this section is for the Applicant to provide a brief description of the program including proposed service areas, and to summarize each of the four major components of the application: Organizational Capacity and Experience, Community Resources and Needs Assessment, Program Narrative, and Budget.

All information in the Executive Summary should be substantiated in the Application as it is not scored.

Organizational Capacity and Experience

(30 points)

The purpose of this section is for the Applicant to describe its capacity to implement and administer the proposed project.

- Question 102: Volume of clients reported in response should be consistent with volume information provided in **Attachment 2: Application Cover Page**
- Question 105: Combine into one document and upload resumes for key staff positions to include credentials, licensure, education, and relevant employment experience.

Community Resources & Needs Assessment (15 points)

The purpose of this section is to describe the existing provision of family planning, sexual, and reproductive health care services in the target communities, populations of reproductive age and their reproductive health outcomes, utilization of services, and gaps in services.

This section should focus on the specific strengths and resources, priority needs, and gaps in services impacting low-income, uninsured, and underinsured individuals of reproductive age in the community.

Program Narrative (35 points)

The purpose of this section is to describe:

- The design of the organization's comprehensive family planning, sexual, and reproductive health care program, and
- How the organization and family planning program will meet the requirements listed in **Attachment 5: Program-Specific Requirements** and described in the RFA in Section III. Project Narrative/Workplan Outcomes.

Budget (20 points)

All costs must be related to the provision of family planning services, consistent with the scope of services, reasonable, and cost effective.

Funds awarded under this RFA may **not** be used to support abortion services. Options counseling that includes information on abortion or referrals to abortion providers does not constitute an “abortion service” under this RFA.

Budget (20 points) (cont)

- Question 401: Complete Year 1 (7/1/2021 - 6/30/2022) of the budget in Grants Gateway. Refer to **Attachment 14: Grants Gateway Expenditure Budget Instructions**, **Attachment 15: Grants Gateway Budget Data Entry Guidelines**, and **Attachment 16: BWIAH Budget Guidance** for eligible expenses and instructions on completing the online budget.
- Justification for each cost should be submitted in narrative form.

Budget (20 points) (cont)

- Question 402: List all personal services for the program that will be funded by the grant. Any required position that is not supported in full or in part by grant funds should be indicated in the narrative, including how that position is funded.
- Complete and upload to the pre-submission upload section of Grants Gateway the **Attachment 17: PS Detail Narrative Budget Request** that lists all staff that will support the program, regardless of funding source.

Budget (20 points) (cont)

- Question 404: Applicants should upload to the pre-submission upload section of Grants Gateway a completed Certification of Indirect Costs if utilizing a Federal indirect cost rate (ICR).
 - If not using a Federal ICR, applicants must limit indirect costs to no more than 10% of total direct costs.
 - Calculated indirect cost rates will be subject to DOH review and approval
 - Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs

Work Plan (0 points)

- Objectives, Tasks, and Performance Measures have been completed for Applicants in the Workplan section of the Grants Gateway.
- For the Project Summary, applicants are instructed to copy and paste the Project Summary as it is listed on page 1 of **Attachment 4: NYSFPP Standardized Work Plan**
- In the Organizational Capacity section, applicants are instructed to enter “not applicable”
- Any additional information entered into these areas will not be considered or scored by reviewers

Preferred Eligibility Criteria (3 points)

The purpose of this section is for the Applicant to demonstrate that it has the experience and expertise as listed in the Preferred Eligibility Requirements section of the RFA (II, B).

- Question 601: Describe the organization's experience (including number of years) in the administration of a comprehensive family planning, sexual and reproductive health program in compliance with NYS Family Planning Program requirements.

Supplemental Funding Request (5 points)

This section allows the Applicant to request supplemental funds, beyond the base award specified in RFA section II. D. To be considered, the Applicant must specify the requested funding amount and justify the need for additional funds.

- Question 703: Applicants that do not currently contract with the NYSFPP must upload de-identified documentation from electronic health records or other systems to substantiate information about client demographics provided in the narrative response. Documentation should be combined into one file.

Grants Gateway Instructions

Application Deadline

Applications must be submitted online via the Grants Gateway system by **4:00 pm on December 17, 2020**

LATE APPLICATIONS WILL NOT BE ACCEPTED

NO applications will be accepted that are submitted via fax, email, hard copy, hand delivery or any other method outside of Grants Gateway

Pre-Qualification

- Not-for profit applicants must be **prequalified** on the due date and time (4:00 pm December 17, 2020) for this application submission.
 - Applications from not-for-profits who are not prequalified **will not be reviewed**.
- Prequalification status must be maintained 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 any of these three documents are allowed to expire, the not-for-profit's prequalification status expires as well, and they will NOT be eligible for funding from this procurement.**

Helpful Links for Grants Gateway

- General Information: <https://grantsmanagement.ny.gov/resources-grant-applicants>
- Videos: <https://grantsmanagement.ny.gov/videos-grant-applicants>
- Grants Gateway Team (Application Completion, Policy, and Registration questions)
 - Email: grantsgateway@its.ny.gov
 - Phone: 518-474-5595, Hours: Monday thru Friday 8am to 4pm
- Agate Technical Support Help Desk (Technical questions)
 - Email: helpdesk@agatesoftware.com
 - Phone: 1-800-820-1890, Hours: Monday thru Friday 8am to 8pm (after hours support with user names and lockouts)

Questions specific to this opportunity should be directed to fprfa@health.ny.gov by 5pm on November 10, 2020.

Grants Gateway User Roles

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
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

To Apply for this Opportunity

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name Comprehensive Family Planning and Reproductive Health
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.

Submitting the Application

Applicants are **strongly encouraged** to submit their completed 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.

Only individuals with the roles “**Grantee Contract Signatory**” or “**Grantee System Administrator**” can submit an application.

Attachments

Certain attachments are accessed in the “Pre-Submission Uploads” section of an online application and are not included in the RFA document.

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”.

Attachments in Pre-Submission Upload Section

- Attachment 2: Application Cover Page
- Attachment 10: Sample Letter of Interest
- Attachment 11: Minority & Women-Owned Business Enterprise (MWBE) Forms
- Attachment 12: Vendor Responsibility Attestation
- Attachment 13: NYSFPP Agency Profile
- Attachment 15: Grants Gateway Budget Data Entry Guidelines
- Attachment 17: PS Detail Narrative Budget Request
- Attachment 18: Vendor Contact Form
- Attachment 19: Subcontractor Information Form
- Attachment 20: Administrative Forms

Review & Award Process

Available Funding

- It is the intent of the Department to fund programs across New York State to ensure statewide access to comprehensive family planning and sexual and reproductive health services.

Region	Available Annual Funding	% of Available Funding	Maximum Number of Awards
New York City	\$19,705,858	40%	24
Rest of State	\$29,558,788	60%	26

Available Funding (cont)

- Applicants may submit only one application in response to this RFA but may propose to provide services in multiple counties and/or regions of the state.
- Applicants should indicate the region(s) for which funds are requested and provide the location of the family planning clinic site(s) that are proposed to be supported with these funds in **Attachment 2: Application Cover Page.**
- Applicants proposing to provide services in both regions (New York City and Rest of State) must provide the estimated amount of annual funding needed to support work in each region.



Base Award

- Successful applicants will be eligible for a base award that will be made based upon the applicant's:
 1. Family planning client volume, and
 2. County coverage
- Requested funding should not exceed the eligible base award as outlined in Section II. D. Basis for Award.
- Requested funding must be consistent with the scope of services proposed and be reasonable and cost effective.

Base Award (cont)

1. Family Planning Client Volume

The average annual number of unduplicated family planning clients served in the previous three years (2017-19)

Band	Average Annual Unduplicated Client Volume	Eligible Annual Award Amount
1	> 50,000	\$8,000,000
2	25,000 – 49,999	\$4,000,000
3	12,500 – 24,999	\$2,000,000
4	5,000 – 12,499	\$1,000,000
5	2,500 – 4,999	\$560,000
6	1,500 – 2,499	\$360,000
7	500 - 1499	\$140,000
8	<500	\$100,000

Base Award (cont)

2. County Coverage – The number of counties that the applicant proposes to serve, as evidenced by presence of one or more family planning clinic sites in that county. The number of clinic sites includes permanent physical clinic locations only and does not include mobile and temporary clinics sites.

Band	Number of Counties with Clinic Sites	Eligible Annual Award Amount
1	10+ counties	\$500,000
2	5-9 counties	\$300,000
3	2-4 counties	\$180,000
4	1 county	\$75,000

Supplemental Award

- Successful applicants may be eligible for a supplemental award equaling up to 25% of the base award, upon request by the applicant, and based on availability of funding.
- To be considered, the applicant must specify the requested funding amount and justify the need for additional funds.
 - Application questions 701-703

Supplemental Award (cont)

- Eligibility to receive supplemental funding will be based upon demonstrated performance in successfully serving NYSFPP priority populations, including:
 - Rural populations,
 - Clients with incomes under 100% of the Federal Poverty Level
 - Clients under age 25

Supplemental Award (cont)

Service to Rural Areas:

- Applicant organizations that have one or more clinic sites located in Health Resources and Services Administration (HRSA) federally-designated rural areas (either county or sub-county census-tract level) may be awarded **up to 10%** of the base award for service to rural populations.
- Applicants should use the [HRSA Rural Health Grants Eligibility Analyzer](#) to determine if proposed clinic locations are designated as rural.

Supplemental Award (cont)

Service to Clients with Incomes Under 100% FPL:

- Successful applicants that can demonstrate a family planning client population that is primarily low-income (i.e. greater than 65% of clients served have incomes under 100% of the FPL) may be awarded **up to 10%** of the base award for demonstrated service to low-income populations.

Supplemental Award (cont)

Service to Clients Under Age 25:

- Successful applicants that can demonstrate a family planning client population that is primarily adolescent or young adult (i.e. greater than 50% of clients served are under age 25) may be eligible for **up to 5%** of the base award for demonstrated service reaching adolescent and young adult populations.

Supplemental Award (cont)

Priority Population	Threshold	Eligible Award
Rural	1 or more clinic sites in HRSA-designated rural location	Up to 10% of base
Low-Income	>65% of clients served have incomes <100% FPL	Up to 10% of base
Adolescents/ Young Adults	>50% of clients served are under age 25	Up to 5% of base
	Total Eligible Supplemental Award	Up to 25% of base

Supplemental Award (cont)

- Supplemental awards will be applied proportionally to the base awards of successful applicants, based on available remaining funding.
- Any supplemental awards determined by the Department will be added to the base budget request and negotiated with the grantee after awards are made.

Data Verification

- Prior to making awards, the Department will verify applicant client volume and demographic data to ensure accurate calculation of eligible base and supplemental awards
- Current NYSFPP grantees – Historical data submitted to the Family Planning Data Management Information System (FPDMIS) from 2017-2019 will be reviewed and verified against information submitted by the applicant at time of application.

Data Verification (cont)

- For new applicants, electronic health record (EHR) data submitted as part of the funding application will be reviewed.
- Client volume - Reports must include a three-year (2017-2019) average annual volume of unduplicated clients served who meet the definition of a family planning client
 - **Attachment 3: Family Planning Client Definition**
 - Upload in response to Question 102.
- Client demographics – If supplemental funding requested, reports must include client demographic data on age and income level
 - Upload in response to Question 703

Review & Award Process

- Pre-screening for minimum eligibility requirements
- Applications meeting requirements will be reviewed and evaluated competitively by the NYSDOH Division of Family Health, Bureau of Women, Infant and Adolescent Health
- An application must have a minimum score of 70 to be considered for funding
- In the event of a tie score, the applicant with the greatest geographic coverage and volume of clients breaks the tie

Award Process - NYC

In making awards to New York City (NYC), the Department will award applicants from highest to lowest score to ensure coverage in each borough, using the following process:

- The two highest-ranking applicants offering a clinic site in a borough not offered by a higher-ranking applicant, will be awarded as funding allows.
- If funding remains after two organizations are awarded in each borough, additional awards will be made from highest to lowest scoring applications, regardless of borough, until funds are exhausted.

Award Process – Rest of State

In making awards to the Rest of State (ROS), the Department will award applicants from highest to lowest score to ensure coverage in each county of the State using the following process:

- The highest-ranking applicant offering a clinic site in a county not offered by a higher-ranking applicant, will be awarded as funding allows.
- If funding remains after the above round of awards, additional awards will be made with a goal of awarding at least two organizations within each county.
- If funding remains after both prior rounds of awards, additional awards will be made from highest to lowest scoring application, regardless of service area, until funds are exhausted.

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 five-year time period: July 1, 2021 to June 30, 2026.
- 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.
- Annual award amounts may be reduced by up to 25% in years three through five of the contract (July 1, 2023 - June 30, 2026) if the contractor does not maintain the original criteria for its award.

Important Information

Applications must be submitted online via the Grants Gateway by 4:00 pm on December 17, 2020

- Late applications **will not** be accepted
- Applications **will not** be accepted via fax, e-mail, hard copy or hand delivery
- Questions and Answers will be posted on Grants Gateway (on or about) **November 23, 2020**

Important Information

The WebEx chat box will remain open for 10 minutes to allow you to submit your questions.

You may also submit questions to fprfa@health.ny.gov until 5:00 PM on November 10, 2020.