

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

**Request for Applications (RFA)**

**Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs (PWID)**

**RFA # 18102 / Internal Program #18-0004  
GRANTS GATEWAY # DOH01-PWID-2019**

**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 #18102. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

**QUESTIONS RELATED TO GRANTS GATEWAY; APPLICATION SUBMISSION;  
APPLICATION DOWNLOAD**

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

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

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the "Grantee Quick Start Guide Applications" from the menu on the left.

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

**Answer 2:** To be registered and prequalified through the Grants Gateway, an organization must have submitted a registration form, identified a grantee delegated administrator, entered required documents into the document vault, and submitted the document vault for review. Please note the documents in the vault must be submitted with sufficient time to be reviewed and approved. Waiting until the last minute is not advised. If your agency vault is in review status and not yet prequalified, please send an email to the mail log for this solicitation at [hepatabc@health.ny.gov](mailto:hepatabc@health.ny.gov) in order to request expedited handling of your document vault. Your organization's status can be viewed by accessing your document vault and observing the current status noted in the details panel at the top of your document vault main menu. The status can also be obtained by running the "State Prequalification Application Status Report" under the Management Screens section of your vault.

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

**Answer 3:** Applicants must be prequalified (if not exempt) by the date and time applications are due. Exemptions for prequalification are limited to governmental organizations. If an organization is not prequalified, the application will be rejected. Please refer to Section IV. Administrative Requirements, M. Vendor Prequalification for Not-for-Profits on page 19 of the RFA.

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

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

## **APPLICATION FORMAT**

**Question 5:** I have a question about what I should include as the Project Title in the Program Specific Questions section on the Grants Gateway online application. Should the Project Title be listed as the actual name of the RFA?

**Answer 5:** Yes, the Project Title should be listed as the actual name of the RFA. Applicants should enter "Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs (PWID)" as the Project Title.

**Question 6:** Are there page limits which apply to different sections of the application?

**Answer 6:** Narrative sections of the application no longer contain page limits. Instead the New York State Grants Gateway online application provides character limits. When applicants are typing a response to the Program Specific Question, the number of characters allowed as a response is shown. As applicants type their response, the number of characters (including spaces) used will be displayed up to the maximum allowed.

**Question 7:** In some questions, it specifically states that the number of characters allowed includes spaces. In other questions it does not specify that the number of characters includes spaces. For questions where this is not specified, does the character limit include spaces?

**Answer 7:** Each text box allows a certain character limit. This character limit in all cases is inclusive of spaces. As applicants enter their response to each Program Specific Question, the number of characters (including spaces) used will be displayed along with the maximum number of characters allowed (e.g., 324 of 1,000).

**Question 8:** Can we write our application in Word and cut and paste it into the grant application form on the Grants Gateway?

**Answer 8:** Yes, it is possible and recommended to prepare your application in Word and cut and paste it into the online system. However, it would be especially important to note the character limits in advance of attempting to cut and paste written material into the Grants Gateway. It is also important to make sure the correct text is entered for the intended question. If a response is not pasted into the text box for the intended answer, it may impact the reviewer's scoring of that response. **It is important to remember to save your application data frequently as you enter it into the Grants Gateway. The system automatically times out after 3 minutes of inactivity and any unsaved work will be lost.**

**Question 9:** If we are already an AIDS Institute funded program, should we use the budget forms we already have? They include the information requested in Attachment 15.

**Answer 9:** No. Applicants should complete the information requested on the budget forms using Attachment 15 which is provided in the Pre-Submission Upload Section of the Grants Gateway, regardless of whether or not they are currently funded by the AIDS Institute.

**Question 10:** When do you anticipate that contracts will begin for projects funded under the new Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs (PWID) RFA?

**Answer 10:** It is anticipated that contracts selected from this RFA will begin on July 1, 2019.

**Question 11:** Attachment 2 is listed on Page 29, does not have an asterisk next to it, but is not included in the RFA package. Where can this attachment be accessed/obtained?

**Answer 11:** A placeholder has been included in the Pre-Submission Upload Section of the Grants Gateway for Attachment 2. Applicants must submit proof of NYSDOH approval to provide HCV care and treatment at a non-traditional health care setting, through the Certificate of Need process, per 10 NYCRR 710 or documentation to support the certificate of need process has been initiated through NYSDOH. Examples of this documentation include a letter of approval from NYSDOH or acknowledgment email/letter from NYSDOH stating the application process has been initiated, etc.

**Question 12a:** Do we still need to provide a CON as Attachment 2 if we are a Hospital that is already providing HCV Care and treatment, but is opting to do it offsite for this Grant? If not, what do we attach as attachment #2

**Question 12b:** What would constitute sufficient proof that the certificate of need process has been initiated by an organization?

**Answer 12a and 12b:** In addition to the hospital being a NYSDOH licensed Article 28 facility through the certificate of need process, the hospital must also show proof of NYSDOH approval to provide HCV care and treatment off-site at a non-traditional health care setting, through the Certificate of Need process or documentation to support the certificate of need process has been initiated through NYSDOH. Once the application has been submitted and the fee paid, the applicant will receive an acknowledgement email/letter from the NYSDOH. That email/letter would serve as proof that the process has been initiated.

### **PROGRAM QUESTIONS**

**Question 13:** Can you provide further information on what prompted this grant opportunity and/or what the state is looking for in applicants?

**Answer 13:** Background and the intent of this RFA can be found on pages 3-5 of the RFA. The program model description, anticipated goals and scope of services can be found in Section III – Program Model Description - beginning on page 8.

**Question 14:** Would you consider a proposal to fund post-release HCV linkage from Corrections, even if it doesn't involve on-site care? There could be a tele-health component in that the navigators might conference with clients before release, but it isn't tele-medicine or offsite care per se.

**Answer 14:** , funding through this RFA will support Article 28 health care facilities, in partnership with a non-traditional health care setting or by tele-health, to develop innovative models of HCV care and treatment that will increase the number of PWID that are treated and cured of HCV. Each model must make HCV care and treatment services available, accessible and acceptable to PWID. This will be achieved by co-locating HCV services in settings where PWID feel most comfortable and where they access other services.

**Question 15:** Would programs that already provide HCV care on-site at SEPs be eligible to apply to expand services, or is this only to start new programs?

**Answer 15:** Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.

**Question 16:** Can a startup organization apply without being in operation as a registered opiate overdose program for two or more years?

**Answer 16:** All applicants must meet the minimum eligibility criteria outlined in Section II. Who May Apply, A. Minimum Eligibility Requirements, on page 7 of the RFA.

**Question 17:** For Attachment 3, Work Plan, the Objectives and Tasks are already listed in Grants Gateway. It seems that the only option for additional input is the “View/Add” Performance Measures. However, on page 27, second paragraph under “Work Plan,” it states that we are not to enter anything into Grants Gateway for the Work Plan. Please clarify if there is anything that applicants need to enter in the Objectives & Task link or if it is accurate to say that everything has already been automatically completed in the Grants Gateway system.

**Answer 17:** As stated in the Instructions on Attachment 3 –Innovative Hepatitis C Care and Treatment Models Work Plan, applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

**Question 18:** Attachment 3 – Work Plan, Performance Measure 6.1.1 – At least one peer will be maintained by the program during the contract period: Must the program maintain a full-time (1.0 FTE) peer or would a part-time peer (i.e., 1 person @ 0.4 or 0.6 FTE) be eligible?

**Answer 18:** Effort of the peer is determined by the program. Applicants should ensure the expectations of the workplan and the proposed model are met.

**Question 19a:** Should the MWBE Utilization Plan be reflective of just the first-year budget or all five years? Will there be a possibility of applying for a waiver from the MBE and WBE requirements?

**Question 19b:** Is the \$25,000 requirement per contract year or the totality of the 5-year award being over \$25,000? For instance, if each year is over \$5,000 and the total of the 5 years adds up to over \$25,000 would the requirement of MWBE still be required.

**Question 19c:** Please clarify what the ‘combined purchase of the foregoing greater than \$25,000’ statement means. Is the \$25,000 purchase requirement within a budget category or across budget categories? For instance, does it mean that if your purchasing more than one piece of equipment, and the total of all the equipment is greater than \$25,000, then the requirement holds OR/AND does the requirement still hold, for instance, if we have a subcontracted labor or services for \$10,000, and equipment for \$6,000 and materials for \$10,000 where the totality of these categories is greater than \$25,000?

**Answer 19a, 19b and 19c:** The MWBE Utilization plan should be based on the life of the contract, which is five years. Eligible M/WBE expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation. Please refer to the instructions on Attachment 4,

MWBE Utilization Plan - Guide to New York State DOH M/WBE RFA/RFP Required Forms, Form #2: MWBE Utilization Waiver Request for instructions on applying for a waiver. Applicants should refer to Attachment 4 - MWBE Utilization Plan - Guide to New York State DOH M/WBE RFA/RFP Required Forms for instructions for all M/WBE questions.

**Question 20:** When will announcement of grant awardees be made?

**Answer 20:** The estimated award date is April 1, 2019.

**Question 21:** The statement under #5, Budget and Justification, item f) states “Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.” But then, on page 40, Tab 5 – Operating Expenses/Other notes, “Please note indirect costs are limited to 10% of direct costs.” Please clarify whether the indirect cost rate is 15% or 10% for this RFA.

**Answer 21:** Addendum #1 to the RFA was issued on 11/20/18 to address this question. Applicants are instructed to reference page 26 of the RFA for the allowable indirect cost rate, V. Completing the Application, 5. Budgets and Justifications, f., Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.

**Question 22:** Our organization is a licensed Article 28 facility approved to provide primary care in non-traditional settings. Please verify that HCV care is included in the State’s definition of primary care.

**Answer 22:** Yes, primary care includes HCV medical care and treatment.

**Question 23:** Can an applicant identify sites and commit to grow additional sites under this grant? How will this approach be scored? In other words, will the applicant be at a disadvantage in seeking new sites post-award?

**Answer 23:** The applicant is not limited to the number of locations. Site(s), address(es), day(s) and hour(s) of operations must be included in Attachment 8. Applications will be scored as outlined on page 22 of the RFA, Section V. Completing the Application, A. Application Format and Content.

**Question 24:** Our main clinic is an Article 28 compliant site. We have several satellite sites including an SEP that are not Article 28 compliant and cannot be converted to be compliant. Does the NYSDOH offer waivers to the Article 28 CON requirements for non-traditional medical settings to allow organizations to provide HCV and Buprenorphine/MAT at sites such as the SEP? If not, would the DOH Bureau of Hepatitis Health Care advocate on behalf of emergency waivers being granted given the epidemic of HCV in the injecting drug use community?

**Answer 24:** As noted on page 7, Section II. Who May Apply, A. Minimum Eligibility Requirements, applicants must have proof of NYSDOH approval to provide HCV care and treatment at a non-traditional health care setting, through the Certificate of Need process, per 10 NYCRR 710 or has provided documentation to support the certificate of need process has been initiated through NYSDOH. Waivers are not available currently.

**Question 25:** Section II. Who May Apply, A. Minimum Eligibility Requirements: Does a valid New York State Article 28 Operating Certificate qualify as Proof of Compliance with NYS public health law?

**Answer 25:** As stated on page 7, Section II. Who May Apply, A. Minimum Eligibility Requirements, all applicants must meet both of the following eligibility requirements:

- Applicant must be a not-for-profit health care organization licensed by the NYSDOH under Article 28 of the NYS Public Health Law.
- Applicants must have proof of NYSDOH approval to provide HCV care and treatment at a non-traditional health care setting, through the Certificate of Need process, per 10 NYCRR 710 or has provided documentation to support the certificate of need process has been initiated through NYSDOH. Sites must meet the statutory and regulatory requirements. Applicants are required to upload proof of compliance with NYS public health law and applicable provisions of Title 10 or documentation to support the certificate of need process has been initiated as Attachment 2. Attachment 2 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

**Question 26:** Regarding the minimum eligibility requirement on page seven (7) of the RFA:

Applicants must have proof of NYSDOH approval to provide HCV care and treatment at a non-traditional health care setting, through the Certificate of Need process, per 10 NYCRR 710 or has provided documentation to support the certificate of need process has been initiated through NYSDOH. Sites must meet the statutory and regulatory requirements. Applicants are required to upload proof of compliance with NYS public health law and applicable provisions of Title 10 or documentation to support the certificate of need process has been initiated as Attachment 2. Attachment 2 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

Is the proof of NYSDOH approval to provide HCV care and treatment at a non-traditional health setting provided by the applicant or non-traditional (community) sites at which we will operate? If the answer is the former, how does an organization initiate this certificate of need process through the NYSDOH?

**Answer 26:** The proof of NYSDOH approval is provided by the Article 28 facility (i.e., the applicant). The certificate of need is not to become an Article 28 licensed facility. It is

specifically for the Article 28 to provide health care services at a non-Article 28 location (i.e., non-traditional site).

If you currently do not have approval, please visit the NYSDOH Certificate of Need web page at: <https://www.health.ny.gov/facilities/cons/>.

The Certificate of Need regulations, specifically 10 NYCRR 710.1 can be found here: <https://regs.health.ny.gov/volume-d-title-10/936075936/section-7101-general-provisions>

If you have questions after reviewing what is available online, you can submit questions to the CON mail box at [cons@health.ny.gov](mailto:cons@health.ny.gov).

**Question 27:** If my facility is already an Article 28 licensed health care facility (i.e., hospital or diagnostic and treatment center) providing HCV care and treatment, do we need to apply through the certificate of need process to also provide HCV care and treatment at a non-traditional health care setting?

**Answer 27:** Yes, all Article 28 licensed facilities must receive additional approval from the NYSDOH, through the certificate of need processes, to provide health care services at non-Article 28 licensed facilities, such as those defined as non-traditional health care settings in the RFA.

**Question 28:** At the bottom of page 7 it states that ‘for the purposes of this RFA, non-traditional health care settings are settings other than primary care and whose clients are disproportionately impacted by drug use and HCV. This includes community-based organizations, syringe exchange programs/drug user health hubs, NYS OASAS-licensed drug treatment programs (Article 32), homeless shelters, on a mobile van, etc.’ Would a NYS OASAS-licensed drug treatment program that also provides primary care qualify as a non-traditional health care setting for the purposes of this RFA? For example, an Opioid Treatment Program where primary care is also provided?

**Answer 28:** As stated at the bottom of page 7, “for the purposes of this RFA, non-traditional health care settings are settings other than primary care and whose clients are disproportionately impacted by drug use and HCV”. Therefore, an OASAS licensed facility already providing primary care, would not be eligible for this funding.

**Question 29a:** Section I. Introduction, B. Available Funding: If an organization were to propose to serve a substantial proportion of a second region in addition to their primary region of service, would it be eligible to apply for an award amount greater than \$300,000? For example, if an organization’s primary region of service is Rest of State, but they also apply to serve NYC – Bronx, would the organization be able to apply for \$600,000?

**Question 29b:** On page 6, the funding allocations by NYSDOH Regions are indicated in a table. Will the application be assigned a region based on the location of the Article 28 facility

submitting the application or the primary region of service for the application if they differ? For example, would an Article 28 clinic in Manhattan submitting the application with the primary region of service being Queens be considered a 'Manhattan' application or a 'Queens' application in terms of the NYSDOH region?

**Answer 29a and 29b:** Applicants must select one primary region of service and are limited to a maximum annual award of \$300,000. Applicants may submit no more than one (1) application in response to this RFA. Applicants are requested to select their primary region where services will be provided in the Grants Gateway online application and on the Application Cover Page (Attachment 6). The primary region of service for the application should be based on the location where the largest number of clients is served.