

New York State Department of Health (NYSDOH)
AIDS Institute (AI)

Office of the HIV Uninsured Care Programs
And
Health Research, Inc. (HRI)

Request for Applications (RFA)
RFA #18-0001

Outreach and Education to Increase Minority Enrollment in the AIDS Drug Assistance Program (ADAP) – Long Island Region (Nassau and Suffolk Counties)

RFA Release Date: April 18, 2018

Questions Due: May 2, 2018

**RFA Updates and Questions
and Answers Posted (on or about):** May 16, 2018

Applications Due: June 5, 2018 by 4:00 PM ET

Contact Name:

Christine A. Rivera, Director
New York State Department of Health
Office of HIV Uninsured Care Programs
Email: AIGPU@health.ny.gov

How to File an Application:

Applicants must submit one PDF version of the entire application (including Application Cover page, Application checklist, narrative and all attachments) to AIGPU@health.ny.gov by 4:00 PM ET on June 5, 2018. The subject of the email line should reference MAI RFA 2018. Late applications will not be accepted.

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I. INTRODUCTION AND PURPOSE

The New York State Department of Health (NYSDOH) AIDS Institute (AI) and Health Research, Inc. (HRI) announces the availability of federal Ryan White Part B Minority AIDS Initiative (MAI) funds for outreach and education to increase the number of minorities participating in the AIDS Drug Assistance Program (ADAP) and other public or private health care coverage programs. The intent of this Request for Applications (RFA) is to identify and fund one (1) community-based organization in the Nassau and Suffolk regions with a history of providing services to persons from disproportionately impacted Long Island communities of color living with HIV disease. The award will be made to the highest scoring applicant.

The funds are designated under the Minority AIDS Initiative of the Ryan White HIV/AIDS Treatment Extension Act of 2009. Approximately \$163,000 is available to support one contract in the Nassau and Suffolk regions for the scope of services described below. Awards made under this initiative are contingent on the receipt of federal Ryan White Part B Minority AIDS Initiative funding by HRI.

The overarching goals of the MAI are to decrease disparities in health outcomes, remove barriers within communities of color that impede the utilization of HIV medications, and increase early access to quality health care consistent with established standards and guidelines. Clients often need assistance in confirming existing coverage or applying for coverage that will enable immediate receipt of care. Applicants are expected to provide persons of color living with HIV/AIDS with information and assistance appropriate for the targeted populations that will enable them to successfully apply to ADAP and/or other public or private health care coverage programs and to access comprehensive medical care and related services.

The services funded through this initiative support the AIDS Institute's commitment to ending the AIDS epidemic by 2020 by reinforcing the priorities of increasing access to and engagement and retention in HIV medical care and treatment as a mechanism to assist in achieving viral suppression among Persons Living with HIV/AIDS (PLWH/A).

On June 29, 2014, Governor Andrew M. Cuomo announced a three-point plan to end AIDS as an epidemic in NYS and decrease new HIV infections to the point where the number of people living with HIV in NYS is reduced for the first time. In 2012, there were nearly 3,000 newly diagnosed HIV infections. The goal of the plan is to reduce the number of new HIV infections to just 750 by the end of 2020.

The three-point program includes:

1. Identifying persons with HIV who remain undiagnosed and linking them to health care;
2. Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission; and
3. Providing access to Pre-Exposure Prophylaxis (PrEP) for persons exhibiting high-risk behaviors to keep them HIV negative.

Ryan White Part B Restrictions:

Outreach and Education to Increase Minority Enrollment in the AIDS Drug Assistance Program (ADAP) – Long Island Region (Nassau and Suffolk Counties)

Ryan White funding is the “*payer of last resort*” and serves to increase access to care for underserved populations and improve the quality of life for those impacted by the epidemic. These funds may NOT be used to supplant funding from other local, state or federal sources or existing programs. It is intended to provide services to persons living with HIV/AIDS who have no other payer source for treatment and care.

In order to ensure that Ryan White funds are the payer of last resort, agencies that receive funding as a result of this solicitation must include mechanisms in the program design to screen consumers for eligibility to receive services through other sources (i.e., Medicaid, private health insurance, etc.). A plan for referral/transition must be implemented in a timely manner if a consumer is deemed eligible to receive services via other funding streams.

II. THE HIV UNINSURED CARE PROGRAMS

A. ADAP, ADAP Plus, APIC, HIV Home Care and PrEP-AP

The NYSDOH AI established the HIV Uninsured Care Programs, which include five components: ADAP, ADAP Plus, ADAP Plus Insurance Continuation (APIC), the HIV Home Care Program and the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP). PrEP-AP is not a fundable service under the MAI. The mission of these programs is to provide access to medical services and medications for all eligible NYS residents with or at risk of acquiring HIV/AIDS.

The HIV Uninsured Care Programs’ goals are: (1) to empower uninsured and underinsured persons living with or at risk of acquiring HIV/AIDS (PLWH/As) to seek, access and receive medical care and prescription drugs; and (2) to supply a stable and timely funding stream to health care providers, enabling them to use the revenues to develop program capacity to meet the needs of the uninsured HIV population.

All programs are integrated and centrally administered, using coordinated outreach activities.

B. HIV Uninsured Care Programs -- Eligibility and Application Process

Participants must meet the following eligibility criteria:

(1) Residency:

-New York State (U.S. citizenship is not required)

(2) Medical:

-ADAP, ADAP Plus and APIC: HIV-infection (persons who are asymptomatic are eligible)

-Home Care: AIDS or HIV illness and chronic medical dependency due to physical or cognitive impairment from HIV infection.

-PrEP-AP: No HIV-infection

- Home Care: AIDS or HIV illness and chronic medical dependency due to physical or cognitive impairment from HIV infection.

(3) Financial:

-Income less than 435% of Federal Poverty Level

-Liquid Assets less than \$25,000 (not including federally recognized retirement accounts)

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(4) Insurance Continuation:

- Policy must be cost-effective
- Insurance coverage must be comprehensive
- Applicant contribution to premiums must be greater than 4% of income; and if the policy is employer sponsored, the employer share must be greater than 50% of premium cost

Individuals apply to the program, providing proof of residency, income and assets. A medical application from a physician is required, verifying HIV status. A treatment plan by a physician must also be submitted for Home Care applicants. A single application form is used to enroll in all programs, with an additional application required for the APIC Program. Enrollment in the programs is coordinated for all eligible individuals. Upon determination of eligibility, an enrollment card is issued which may be used to receive care from an enrolled provider.

Individuals enrolled in Medicaid are not eligible for the program. Individuals awaiting Medicaid eligibility determination or with Medicaid spend down/surplus requirements are eligible. The program can assist individuals in meeting their Medicaid spend down requirements. The program interfaces with Medicaid to prevent duplication of enrollment and billing.

Medicare covers prescription drugs under the Medicare Part D prescription drug benefit. If participants or applicants qualify for Medicare, they must enroll in Medicare Part D or a Medicare Advantage plan. As necessary, the program will assist eligible participants with the cost of their Medicare Part D or Medicare Advantage co-payments and deductibles.

The APIC program can pay for health insurance premiums for ADAP-eligible clients. The health insurance policy must be cost effective and provide comprehensive coverage. APIC will pay the premiums of people presenting to the program who have existing coverage purchased directly from an insurance company or agent, coverage through a Medicare Prescription Drug Plan or a Medicare Advantage plan, coverage through their employer where the employee contribution for the coverage creates a financial hardship, or COBRA coverage when a person loses their job and cannot afford the premiums. APIC can also pay for cost-effective health care coverage policies through the New York State of Health Marketplace for people who are uninsured.

IV. WHO MAY APPLY AND AWARDS

A. Minimum Eligibility Requirements

- Organizations located in and providing services to Nassau and Suffolk Counties, including: Registered not-for-profit 501c (3) community-based human service organizations, local departments of health, and Article 28 hospitals and diagnostic & treatment centers providing outpatient care.
- Applicant has submitted **Attachment 3 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed in Attachment 3.
- Joint applications submitted on behalf of a formal partnership of eligible providers are required to designate one of the agencies as the lead applicant. The application must include a **Memorandum of Agreement (MOA)** as **Attachment 4**, which defines the roles of the lead and the partner agencies.

B. Preferred Eligibility Requirements

Preference will be given to applicants that can demonstrate the following:

- Board of Directors and staff, including senior management, are representative of the racial/ethnic populations they serve.
- History of at least two years serving communities of color.
- Implementation of strategies that effectively reach communities of color.
- History of at least two years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.
- Proposed program design for enrollment in services in both Nassau and Suffolk counties.

C. Awards

An award will be made to the highest scoring applicant. If there is not an acceptable application (scoring 70 or above) received in response to this RFA, the NYSDOH AI and HRI reserve the right to fund an application scoring in the marginal range (60-69).

If it is determined that the needed expertise/services are not available among the organizations responding to this RFA, the NYSDOH AI and HRI reserve the right to resolicit the funding.

V. PROGRAM REQUIREMENTS/GUIDELINES

A. Client Eligibility

Outreach and education services must target racial/ethnic minority populations most impacted by HIV/AIDS. Attention should be focused on services to special sub-populations that have traditionally experienced barriers to care (i.e., young gay men, men of color who have sex with men, substance users, homeless, mentally ill, youth, pregnant women, state and local correctional releasees, transgender individuals, individuals with language barriers, immigrants, and migrants).

Eligible clients are persons living with HIV/AIDS. Services funded under this initiative must be directly related to reaching persons of color living with HIV/AIDS who:

- Are not aware of their HIV status, or
- Are not receiving health care, and
- Are uninsured or underinsured for health care, or
- Are not aware of their health care coverage.

Proof of HIV status is not required for outreach or educational activities. However, proof of HIV status must be determined during the screening and assessment process and documented for subsequent service activities such as enrollment assistance, referral and follow-up. Refer to page 5 of **Attachment 5**, Ryan White Guidance for Part B Direct Services Subcontractors, for a list of documents that indicate client eligibility.

Applicants are expected to target geographic areas where eligible clients are most likely to be found, i.e., locations with high proportions of minority populations and documented indices of need related to HIV/AIDS based on zip code level epidemiological data or Community Need Index (CNI) data, and venues where the targeted populations are likely to congregate.

B. Scope of Services

All applicants are required to provide outreach and education services that will achieve the primary objective of the funding: to identify minority PLWH/A eligible for ADAP through screening and assessment and assist them in enrolling in ADAP. Assistance should also be provided to individuals applying and potentially eligible for other public or private health care coverage programs: Medicaid, APIC, the AIDS Health Insurance Program (AHIP), New York State of Health Marketplace coverage, the Elderly Pharmaceutical Insurance Coverage Program (EPIC), Medicare Part D, Medicare Advantage, Medicare Savings Programs (MSP), Child Health Plus (CHP), or private insurance plans.

Assessment of performance and the level of annual funding for the contractor under this initiative will be based upon the number of people successfully enrolled in ADAP as well as other public or private health care coverage programs.

Specific activities involved in linking clients to care include: outreach, education, screening and assessment, enrollment, referral, transition to comprehensive health care coverage, and follow-up. Enrollment of HIV-negative people in PrEP-AP is not a fundable service under this initiative.

Fundable services are more completely described as follows.

i. Outreach

The funded contractor will be required to provide clearly defined targeted outreach services, which may include community and street level events to inform targeted high-risk/high-prevalence populations and individuals of available health care coverage. Outreach models should use non-traditional venues and hours to provide individuals with information regarding health care coverage options, the importance of HIV testing and early entrance into care, and referral sources to address immediate service needs.

A strong application will present innovative and cost-effective models of service delivery in their proposed outreach plan. Examples include:

- Seek out and identify previously known HIV-positive individuals who appear to be out of care, with the specific objective of re-engaging these individuals and bringing them back to comprehensive medical care and supportive services.
- The use of social media as an adjunct to in-person contact may also be funded under this proposal. *NOTE: Applications referencing use of electronic communication (social media, internet, email, text messaging, etc.) are required to also provide staff and peer workers education on Health Insurance Portability and Accountability Act (HIPAA) approved policies regarding electronic Protected Health Information (PHI) and the consequences of an electronic breach of confidentiality.*
- Partnership with an existing peer-based program where members of the targeted subpopulations would conduct outreach sessions or serve as peer guides/mentors.
- MAI Program Enrollers who are out-stationed at health clinics can assist clients in accessing care immediately following receipt of their HIV-positive test results.

ii. Education

The funded contractor will be required to provide HIV/AIDS education services, including presentations and training, to inform groups and individuals, both providers and consumers, of available health care coverage and HIV/AIDS treatment options. Education activities should be designed to build a foundation of HIV/AIDS knowledge within the targeted communities of color and should generate referrals of individuals in need of other services provided under this initiative. A strong application will include education activities at the following venues in the geographic area served by the applicant:

- a. ADAP Plus participating primary care providers;
- b. Funded HIV case management, primary care, mental health and supportive service organizations; and
- c. Homeless shelters, soup kitchens, food pantries, drug and alcohol rehabilitation centers, day treatment programs, state and local correctional facilities.

iii. Screening and Assessment

The funded contractor will be required to provide screening and assessment of clients to determine: eligibility to be served under this initiative based on the criteria described above, their need for linkage to health care, and their need and potential eligibility for ADAP or other public/private health care coverage. These services must be provided in settings that allow the level of confidentiality necessary for the exchange of personal information.

iv. Enrollment

The funded contractor will be required to provide HIV-positive clients with assistance in applying for ADAP/ADAP Plus, Medicaid, APIC, AHIP, EPIC, Medicare Part D, Medicare Advantage, MSPs, New York State of Health Marketplace coverage, CHP, and private or employer sponsored insurance plans. Strong applications are expected to include current letter agreements with regional New York State of Health enrollment programs (**Attachment 6**).

The funded contractor will be strongly encouraged to implement a method for teaching their clients how to use their new coverage options (i.e., using ADAP to meet Medicaid Spend-down, using ADAP to meet health insurance deductibles and copayments, etc.). Raising the health literacy level of clients can empower them to take a more active role in their health care and promote retention in health services.

v. Referrals

Funded services should include providing referrals for supportive services that are required to enable individuals to enter and stay in health care. Staff should be trained in a variety of topics and issues to provide consumers with referrals for a continuum of HIV/AIDS-related services, such as case management, transportation, housing assistance, mental health services, nutrition and counseling. Clients with intensive needs should be transitioned to appropriate case management programs. Strong applications will describe existing case management programs on-site or relationships that the applicant agency has or is building with culturally appropriate case management programs.

Bi-directional referral agreements should be in place and current to help address the multiple medical and supportive service needs of clients served by this initiative. The funded contractor will be required to develop a system for tracking referrals and reporting them in the AIDS Institute Reporting System (AIRS). This includes the number and types of referrals made and their outcome. This information will be a key indicator for evaluating the effectiveness of the program and for measuring performance.

vi. Transitioning to Comprehensive Health Care Coverage

Funded services should include activities to assist eligible clients with the transition process from ADAP and ADAP Plus to other comprehensive public or private health care coverage programs. Staff should be trained and knowledgeable in the following areas: covered services, eligibility criteria, and transition planning related to ADAP, APIC, Medicaid, AHIP, EPIC, Medicare Part D, Medicare Advantage, MSPs, New York State of Health Marketplace coverage, CHP and private insurance plans. Staff must be willing and able to participate in training provided by AI staff regarding these coverage programs and have the knowledge necessary to provide guidance to clients and assist with or refer to the various enrollment processes.

vii. Enrollment Follow-up

The funded contractor will be required to assure that individuals have completed the appropriate application processes, including all necessary documentation. Contact with the applicable health care coverage program may be necessary to ensure that the application has been received, processed and acted upon. If the client's application has been denied,

additional assistance should be provided to either appeal the denial or pursue alternative coverage.

Strong applications are those where the applicant has an established relationship with internal or external providers that provide case management and/or Health Home services, adherence support services, and other supportive services that motivate and recognize clients for reaching adherence milestones, keeping appointments and achieving or sustaining an undetectable viral load.

To accomplish the primary objective of enrolling clients into ADAP or other public/private health care coverage and to provide the range of services described above, experience has shown *best practice models* are those that involve partnerships between agencies that are part of the targeted minority communities.

MAI-funded providers integrate health literacy universal precautions into their funded program policies, staff training requirements, care models and quality improvement activities to ensure patient understanding at all points of contact. Best practice recommendations for health literacy universal precautions include the expansion of these guiding principles agency wide.

It is important to note that many health service providers who have succeeded at increasing the number of individuals from communities of color enrolled in ADAP and in continuous care have stepped outside the traditional boundaries of medical care and linked patients with comprehensive support services. Health service provider staff can provide linkages to many services, including assistance with basic living, mental health and substance abuse services. They may also provide ongoing treatment education; link clients with culturally competent staff; connect patients with support groups and peer networks; and encourage them to get social support from friends or family.

A. Minimum Required Staffing

The funded contractor will be encouraged to adhere to the minimum staffing requirement. Funding under this initiative will not support the funding of HIV/AIDS Program Enrollers across multiple initiatives or funding streams.

One or more 1.0 Full Time Equivalent (FTE) HIV/AIDS Program Enroller(s) to:

- Be primarily responsible for screening and enrollment of potential clients;
- Learn and remain up-to-date on health care entitlement program eligibility requirements and covered services;
- Advocate and assist consumers in accessing the most appropriate and cost-effective comprehensive health care coverage; and
- Identify emergent needs and provide referral to medical providers and other supportive services to promote linkage and retention in care.

Minimum Qualifications:

- An Associate's degree or a minimum of two (2) years of experience in HIV/AIDS, substance abuse, behavioral health and/or other chronic illnesses;
- Familiarity with regional In-Person Assistance/Navigator programs for enrollment in health care through the New York State of Health;

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- An understanding of community level work and the importance of collaborating and coordinating with other organizations;
- Effective communication and documentation skills; and
- Cultural and linguistic competence for the priority population(s).

Supervisor:

Minimum Qualifications:

- BA/BS degree or four (4) years of experience in HIV and/or other social service field, and two (2) years supervisory experience.

VI. GENERAL PROGRAM REQUIREMENTS

Applicants are required to assure that the services they deliver are ethnically, culturally and linguistically appropriate and delivered at a literacy level suitable for their clients. All written documents as well as social media campaigns associated with this initiative are required to be submitted to the AI for approval prior to being disseminated to the community.

Applicants are required to involve PLWH/As and affected individuals, particularly persons of color, in identifying needs of the targeted populations and in the planning and program design of the services to be offered, and maintain their ongoing involvement in an advisory capacity, which should be described in the application.

Agencies who include peers are expected to build sustainable wages into their budgets. Protocols or guidelines must be developed related to transitioning peers currently on public assistance or disability to part- or full-time work status. The protocol should include support for transitioning from Medicaid and Medicare to employment-related health insurance.

Agencies receiving funding in response to this RFA are expected to integrate these services with other HIV/AIDS-related programs provided by the agency.

The funded organization will be expected to use the AIDS Institute Reporting System (AIRS) for the maintenance and reporting of Outreach/Education services and unduplicated client level data; including demographics, special populations reached, client service encounters and referrals in accordance with applicable federal and/or state contract reporting requirements. The AI provides and supports the AIRS software to enable providers to meet data submission requirements. Funded providers are required to collect and report data using AIRS. Details on this software product may be obtained by accessing this internet address, www.airsny.org. If necessary, applicants should include the costs associated with AIRS (both personnel and hardware-related) in their proposed budget.

The funded contractor will be required to provide monthly reports to ADAP identifying the number of individuals for whom enrollment applications to ADAP, Medicaid, or other public or private health care coverage programs result from activities funded by this initiative. This information will be used to assess the number and status of such applications and will be the major component of evaluating the effectiveness of the funded services and determining whether performance milestones are met.

All staff whose salaries are paid by this initiative, in full or in part, are required to be knowledgeable about the application processes, covered services, and provider networks for: ADAP and the other components of the HIV Uninsured Care Program (ADAP Plus, APIC, and the HIV Home Care Program), as well as other public health care coverage programs including Medicaid, New York State of Health Marketplace Coverage, EPIC, Medicare Part D, Medicare Advantage, MSPs, CHP, and private insurance plans.

All staff whose salaries are paid by this initiative, in full or in part, must be trained in HIV confidentiality procedures, and all activities funded under this initiative must be conducted in accordance with Article 27F of the New York State Public Health Law and the Federal HIPAA, including the provisions of HIPAA which pertain to transfer of electronic Protected Health Information (PHI), Public Law 104-1911. To ensure compliance with each of these confidentiality requirements, the funded contractor will be required to provide a copy of their internal Policies and Procedures, including the chapters which address confidentiality of personal health related information.

VII. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the NYSDOH, AI, Office of HIV Uninsured Care Programs and HRI. NYSDOH and HRI are responsible for all requirements specified herein and for the evaluation of all applications.

B. Questions and Answer Phase

All substantive questions must be submitted in writing to Christine A. Rivera at the following email address:

AIGPU@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until 4:00 PM on the date posted on the cover of this RFA.

Questions of a technical nature can be addressed in writing to:

AIGPU@health.ny.gov

Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.

Prospective applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application during the period specified in this document.

This RFA is posted on HRI's public website at: <http://www.healthresearch.org/funding-opportunities>.

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Questions and answers, as well as any updates or modifications, will be posted on HRI's website. All such updates will be posted on or before the date identified on the cover sheet of this RFA.

C. Applicant Conference

An applicant conference will **not** be held for this solicitation.

D. Letter of Intent

A Letter of Intent is **not** requested for this project.

E. How to File an Application

Applicants must submit one PDF version of the entire application (including Application Cover Page, Application checklist, narrative and all attachments) to AIGPU@health.ny.gov by 4:00 pm ET on the date posted on the cover page of this RFA. The subject of the email line should reference **MAI RFA 2018**.

*It is the applicant's responsibility to see that applications are emailed to AIGPU@health.ny.gov by 4:00 PM ET on the date specified. **Late applications will not be accepted.**

F. The Department of Health/HRI Reserved Rights

The Department of Health and HRI reserve the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at HRI's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.

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

G. Term of Contract

The contract resulting from this RFA will be effective only upon approval by Health Research Inc. It is expected that the contract resulting from this RFA will be for 12-month terms. The anticipated start date is November 1, 2018; the initial contract term could be for a shorter time period and may be renewed for up to two (2) additional annual contract periods. HRI reserves the right to revise the award amount as necessary due to changes in the availability of funding.

H. Payment & Reporting Requirements of Awardees

1. The contractor will be required to submit monthly invoices and required reports of expenditures to the AI's payment office, who will be assigned once the contract is issued.
2. The contractor is required to submit monthly narrative reports to their contract manager related to program activities and submit a monthly AI extract to AIRS containing program and client level data.

3. Due to requirements of the federal funder, HRI will not make advance payments.

All payment and reporting requirements will be detailed in the final contract.

I. General Specifications

1. By signing the “Application Cover Page” (**Attachment 1**), each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractor will possess, at no cost to the State and/or HRI, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant’s acceptance of all conditions and terms contained in this RFA. Any exceptions allowed by HRI during the Question and Answer Phase (Section VII.B.) should be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default:
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of HRI as to all matters arising in connection with or relating to the contract resulting from this RFA.
 - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from the RFA, HRI shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
6. Applicant must maintain an active registration in the System for Award Management (SAM) at SAM.gov; have no exclusions or delinquent federal debt.

J. HRI General Terms and Conditions

The preceding will be incorporated into the executed contract as Attachment A – General Terms and Conditions – Health Research Incorporated Contracts into any contract(s) resulting from this Request for Application. See General Terms and Conditions – Health Research Incorporated Contracts. (**Attachment 7**)

K. State Health Improvement Plan/Prevention Agenda

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In keeping with the Department's efforts to improve the health of all New Yorkers, NYSDOH is requesting collaboration and participation in implementing the state's new health improvement plan, the *Prevention Agenda 2013-2018*, which is available here: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/.

Developed by a diverse group of stakeholders, the *Prevention Agenda 2013-2018* is a comprehensive plan which identifies goals, measurable objectives and a range of evidence based and promising practices in five priority areas that can be implemented by public health, health care and community partners. The Agenda focuses on the social determinants of health and on health disparities along racial, ethnic, and socioeconomic lines.

The Prevention Agenda 2013 is a blueprint for state and local community action to improve the health of New Yorkers. In 2013, local health departments and hospitals are working with their community partners including community based organizations, businesses, schools, and other organizations to conduct local community health assessments, identify local priorities and develop and implement community health improvement plans. Each health department and hospital has been asked to identify at least two priorities from the Prevention Agenda including one that addresses a health disparity.

The Department cannot achieve the ambitious goals of the *Prevention Agenda 2013-2018* without the full participation of our public health and health care partners in these local community health improvement efforts. We are encouraging you to reach out to your local health department's state health improvement plan contact person to learn more about how you can participate in Prevention Agenda planning and implementation. Your local health department contact is available here: http://www.health.ny.gov/prevention/prevention_agenda/contact_list.htm.

It is NYSDOH/HRI's expectation that each funded recipient will join with their local health departments and other Prevention Agenda partners to participate in the development and implementation of a plan toward achieving the *Prevention Agenda 2013 -2018* goals which are related to this RFA.

L. Health Literacy Universal Precautions

Health literacy impacts all levels of the health care delivery system. Improving health literacy is critical to achieving the objectives set forth in Healthy People 2020 and, more broadly, key to the success of our national health agenda ^[1].

Limited health literacy affects people of all ages, races, incomes, and educational levels. Even people who have adequate health literacy may experience difficulty processing and using information when they are sick, frightened or otherwise impaired. Evidence shows that health information and the complexity of the health care system can overwhelm people regardless of their literacy or health literacy skill level. With this realization has come the recognition that health care professionals have a responsibility to improve patients' understanding of what they have been told and what they need to do to care for themselves. Health care professionals need to assume that all patients are at risk for not understanding information relevant to maintaining or

¹ US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy.

improving their health. As such, a universal precautions approach to health literacy is essential to improve health outcomes, reduce disparities and reduce costs. Health literacy universal precautions is defined as an approach that: 1) assumes everyone could use help with health information; 2) considers it the responsibility of the health care system to make sure patients understand; 3) focuses on making health care environments more literacy friendly and training providers to always communicate effectively. For more information on health literacy universal precautions, see the following journal articles:

1. “[Ten Attributes of Health Literate Health Care Organizations](http://iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf)” (http://iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf)
2. “[A Proposed ‘Health Literate Care Model’ Would Constitute A Systems Approach To Improving Patients’ Engagement In Care](http://www.health.ny.gov/diseases/aids/health_literacy/index.htm)”. The full journal article is available on the AIDS Institute website: http://www.health.ny.gov/diseases/aids/health_literacy/index.htm

The AIDS Institute recognizes the importance of health literacy universal precautions to improve quality, reduce costs and reduce health disparities. The funded contractor will integrate health literacy universal precautions into their program policies, staff training requirements, care models and quality improvement activities to ensure patient understanding at all points of contact. Best practice recommendations for health literacy universal precautions include the expansion of these guiding principles agency wide.

VIII. COMPLETING THE APPLICATION

A. Application Instructions, Format and Content

Applications should not exceed 11 double-spaced pages (excluding the program abstract, budget, budget justification and all attachments), be numbered consecutively (including attachments), and be typed using a 12-pitch font, with one-inch margins on all sides. **Up to five (5) points may be deducted for applications that do not comply with all formatting requirements.**

An applicant checklist has been included to help ensure that submission requirements have been met. Applicants should review this attachment before and after writing the application. **In assembling your application, please follow the outline provided in the Application Checklist (Attachment 2).**

Respond to each of the following statements and questions. Be specific and complete in your responses, as they comprise your application. **Number/letter your narrative to correspond to each statement and/or question in the order presented.** Indicate if a statement or question is not relevant to your agency or application. The review team, in rating the applications, will use the maximum score identified for each section.

Refer to the Program Requirements and Guidelines contained in Sections V and VI of this RFA in preparing your application.

Application Format

Outreach and Education to Increase Minority Enrollment in the AIDS Drug Assistance Program (ADAP) – Long Island Region (Nassau and Suffolk Counties)

1. Program Abstract	Not Scored
2. Preference Factors	Maximum Score: 5 points
3. Community and Agency Description	Maximum Score: 25 points
4. Program Design and Implementation	Maximum Score: 55 points
5. Budget and Justification	Maximum Score: <u>20 points</u>
	105 points

1. Program Abstract

**Maximum 1 page
(Not counted in page total)
NOT SCORED**

Applicants should provide a program abstract with the following information:

- a. Summarize the proposed program.
- b. Describe the purpose of the program and program design.
- c. Describe the priority population(s) and the projected numbers to be served in each major category.
- d. Briefly describe the geographic area(s) to be served.
- e. Describe the proposed services.
- f. Describe the anticipated outcomes.

2. Preference Factors

**Maximum 1 page
Maximum Score: 5 points**

- a. Describe the current composition of the agency's staff and Board of Directors. Include in your description the percentage and aggregate number of Board members, senior staff and program staff who are representative of the racial/ethnic populations to be served. (1 point)
- b. Describe the agency's two (2) years or more history of providing effective outreach strategies to communities of color. (1 point)
- c. Describe the agency's history of screening, assessing and successfully enrolling PLWH/As of color in comprehensive health care. Include mention of experience enrolling those eligible for Medicaid, Medicare Part D, Medicare Advantage plans, private health insurance and coverage offered through the New York State of Health. (1 point)
- d. Describe the two (2) (or more) years of experience the agency has in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports. (1 point)
- e. Describe the proposed program design for enrollment in services in both Nassau and Suffolk counties. (1 point)

3. Community and Agency Description

Maximum 2 pages
Maximum Score: 25 points

- a. Specify the priority population(s) to be served through your proposed program. Identify the needs and major barriers to care you are addressing through your application and how this funding and your proposed program will address these needs and barriers.
- b. Describe your agency, its mission and major services. including the number of years of experience your agency has in providing each major service. Attach a copy of the agency's organizational chart as **Attachment 8**.
- c. Describe your agency's experience in providing culturally competent and language appropriate outreach and education services to diverse communities of color. Demonstrate that the proposed program uses the priority population's language, beliefs, norms, values and socioeconomic factors as the foundation for the program design, ensuring the services delivered are ethnically, culturally and linguistically appropriate, and delivered at literacy levels suitable for the targeted populations.
- d. Describe your agency's experience in the provision of services to PLWH/A, the types of services provided and the number of PLWH/A served. Include the agency's experience in screening, assessing and successfully enrolling PLWH/A of color in Medicaid, Medicare Part D, Medicare Advantage plans, private health insurance, and coverage offered through the New York State of Health.

4. Program Design and Implementation

Maximum 8 pages
Maximum Score: 55 points

- a. Provide a detailed description of how each of the following service categories will be designed and implemented within the proposed program:
 - i. Outreach
 - ii. Education
 - iii. Screening and Assessment
 - iv. Enrollment
 - v. Referrals
 - vi. Transitioning to Comprehensive Health Care Coverage
 - vii. Enrollment Follow-Up

The narrative should describe how and why outreach venues and locations for educational presentations will be determined. Provide details regarding how prospective clients in need of proposed services will be identified and engaged, how client eligibility will be determined, and how enrollment follow-up will be conducted. Special focus should be given to describing the process for identifying and enrolling clients in ADAP and other public/private health care coverage as appropriate.

- b. Describe any innovative and cost-effective models of service delivery in the proposed outreach plan to find and engage HIV-positive individuals who are not in care, not aware of their HIV status, not aware of health care coverage, and are uninsured or under-insured. Indicate if any of the following is part of the proposed outreach plan:
 - i. Partnering with testing programs
 - ii. Peer Outreach
 - iii. Marketplace Navigators
 - iv. Social media
 - v. MAI Program Enrollers out-stationed at health clinics
- c. Describe the agency's working relationships with partner agencies providing medical or supportive services and how the proposed program will utilize these relationships to help reach and enroll the target population into comprehensive health care coverage. Outline how bi-directional referral agreements will be utilized to meet the multiple needs of the priority population(s).
- d. Complete the **Populations to Be Reached/Served Table** labeled as **Attachment 9**, indicating the projected number of clients expected to be served by each activity type and the estimated percent reached/served by race/ethnicity, gender, age, and by the special population groupings listed on the table. All projected numbers should be reasonable based on the proposed activities and requested budget.
- e. Describe how PLWH/A, particularly persons of color, were involved in the planning and design of the proposed program and how they will remain involved in an advisory capacity. Describe how consumer feedback will be systematically analyzed and utilized for program modifications to address problems and meet the changing needs of clients.
- f. Describe how your program will ensure confidentiality under the provisions of HIPAA which pertain to use and transfer of electronic Protected Health Information (PHI) when texting, using email, social media and the internet. Describe how confidentiality will be protected in the field, when using Wi-Fi, and how laptops, tablets, phones and other devices will be securely transported.
- g. Explain the follow-up services your program will provide to insure clients know how to use their new coverage options (i.e., using ADAP to meet Medicaid spend-down, using ADAP to meet health insurance deductibles and copayments, etc.), including the steps that clients should take to inform the ADAP staff of coverage or premium changes.
- h. If a joint application is submitted by partner agencies, your application should designate one agency as the lead, describe the working relationship between the agencies and attach the required **Memorandum of Agreement (MOA)** as **Attachment 4** (maximum 2-3 pages not counted in the page limit) defining the specific roles of the lead and partner agencies in carrying out the proposed program, as well as how communication, follow-up and problem resolution will occur. The

MOA should also describe the management, fiscal and administrative responsibilities of the respective agencies, and be signed by the chief executive of each organization.

- i. Describe the program staffing pattern for implementing all activities being requested for funding. Include a brief description of the role of each staff person in carrying out the proposed activities, and the job qualifications and experience for each position, including consultants. Indicate who will be directly responsible for the supervision provided to each person funded under the contract.
- j. Describe how the agency will conduct quality improvement projects to evaluate the proposed program design, including how it will recognize the need to revise the program and how changes will be implemented. Describe your process and mechanism for reviewing staff performance and abilities, including knowledge of health care coverage options, interpersonal skills, communication and cultural sensitivity.
- k. Describe how data will flow from point of service delivery to entry in AIRS. Include staff position roles and responsibilities for system administration, data entry, quality control and AI reporting.
- l. Describe how quality control will be done on AIRS data and how AIRS will be used to monitor and evaluate program performance.

5. Budget and Justification

Use Budget Forms; not counted in page total
Maximum Score: 20 points

- a. Complete all required Budget Pages. See **Attachment 10 - Ryan White Specific Budget Forms**. Applicants should submit a **12-month budget**, assuming an November 1, 2018 start date. Instructions for completing the budget forms are included as **Attachment 11**.
- b. The budget request should relate directly to the activities described in the application, be reasonable and cost-effective.
- c. A budget justification for each cost should be submitted in narrative form. **The budget justification should not exceed two-double spaced pages in total.** For all existing staff, including peers, the budget justification should delineate how the percentage of time devoted to this project has been determined.
- d. If a joint application is submitted, the budget should specify how resources will be allocated between the lead and partner agencies.
- e. Attach a copy of the agency's most recent **Yearly Independent Audit** as **Attachment 12**.

- f. Indirect costs are limited to a maximum of 10% total direct costs. See **Attachment 5 - Ryan White Guidance for Part B Direct Service Subcontractors**.
- g. This funding cannot supplant funding currently available for existing activities.
- h. Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by the NYSDOH/HRI to be inadequately justified in relation to the proposed work plan or not fundable under existing state and federal guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.

IX. APPLICATION REVIEW PROCESS

Applications meeting the minimum eligibility requirements will be reviewed and evaluated competitively using an objective rating system reflective of the required items specified for each section and the maximum points for each section specified above. A panel convened by the AI will conduct a review of applications from eligible applicants.

The reviewers will consider the following factors:

1. Clarity of application;
2. Responsiveness to the Request for Applications;
3. Ability/willingness to develop working relationships with other providers, which may include medical providers and community organizations;
4. The applicant's experience in the effective oversight of the administrative, fiscal and programmatic aspects of government contracts; and
5. The funding and performance history of the agency or program with the AIDS Institute and other funding sources for providing similar and related services.

The application with the highest acceptable score within the Long Island Region (Nassau and Suffolk Counties) will receive the award. If there is not an acceptable application (scoring 70 or above) received in response to this RFA, the NYSDOH AI and HRI reserve the right to fund an application scoring in the marginal range (60-69).

Where two or more applicants for funding are judged, on the basis of their written applications, to be equal in quality, the applicant with the highest score in the "Program Design and Implementation" section will receive the award.

It is anticipated that there may be more worthy applications than can be funded with available resources. Applications will be deemed to fall in one of three categories: 1) approved and funded, 2) approved but not funded, 3) not approved. Should additional funding become available, the AI may select a contractor from the pool of applicants deemed approved but not funded. If it is determined that the needed expertise/services are not available among these organizations, the AI reserves the right to establish additional competitive solicitations or to award funds on a sole source basis.

Applicants awarded funding will be required to follow the guidance detailed in **Attachment 5 - Ryan White Guidance for Part B Direct Services Subcontractors**.

Following the awarding of the contract from this RFA, applicants may request a debriefing of their application from the NYSDOH/HRI no later than fifteen (15) business days from the date of the awards announcement. This debriefing will be limited to the strengths and weaknesses of the subject application and will not include any discussion of other applications.

X. ATTACHMENTS

The following items are required to be submitted with your application and are not counted toward the specified page limits.

- Attachment 1 - Application Cover Page
- Attachment 2 - Application Checklist
- Attachment 3 - Statement of Assurances
- Attachment 4 –Memorandums of Agreement (for joint applications) *
- Attachment 5 - Ryan White Guidance for Part B Direct Services Subcontractors
- Attachment 6 - Letters of Agreement with Regional New York State of Health Enrollment Programs
- Attachment 7 - General Terms and Conditions – Health Research Incorporated Contracts
- Attachment 8 - Agency Organizational Chart
- Attachment 9 - Populations to Be Reached/Served
- Attachment 10 - Ryan White Specific Budget Forms and Justification
- Attachment 11 - Instructions for Completing the Budget Forms
- Attachment 12 - Applicant’s Most Recent Yearly Independent Audit

*Memorandum of Agreement (MOA) for joint applications, designating one agency as lead. The detail required in this MOA is described in the section “Completing the Application,” in paragraph 1.h. under Program Design and Implementation.