New York State
Department of Health (NYSDOH)
AIDS Institute (AI)
Division of HIV and Hepatitis Health Care
Bureau of Hepatitis Health Care and
Health Research, Inc. (HRI)

Request for Applications (RFA)
RFA# 20-0001

Eliminating Hepatitis C by Improving Access to Hepatitis C Care and Treatment – Central New York and Long Island Regions

QUESTIONS AND ANSWERS

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

The responses to questions included herein are the official responses by the NYSDOH/HRI to questions posted by potential bidders and are hereby incorporated into the RFA #**20-0001**. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

Question 1: I am unable to find the posting for this RFA on the New York State Grants Gateway. How do I apply for this on the Grants Gateway?

Answer 1: This solicitation contains funding from Health Research Inc. (HRI) only and is not available on the NYS Grants Gateway. **Applications must be emailed by the due date to the email address listed on the cover page of the RFA.**

Question 2: How should applications be delivered? Can they be hand-delivered, or can they be mailed? What is the address that applications should be mailed to?

Answer 2: Applicants **must** submit one PDF version of the entire application (including Application Cover page, Application checklist, narrative and all attachments) by email to **AIGPU@health.ny.gov by 4:00pm on April 13, 2021. Late applications will not be accepted. Hand-delivered and/or mailed applications will not be accepted.**

Question 3: If an application is received after 4PM on April 13, 2021, will it be considered?

Answer 3: It is the applicant's responsibility to see that applications are sent to the email address stated in the RFA prior to the date and time specified. **Late applications will not be accepted.**

Question 4: In 'Section VII. Completing the Application', on page 15, you state that the application must be "numbered consecutively (including attachments)". Do we need to re-number internal documents (attachments, i.e. audit) that are already numbered?

Answer 4: Yes, it is helpful to the review process if the application packet is numbered consecutively for reference purposes. Applicants may "renumber" attachments by hand to achieve this goal.

Question 5: In 'Section VII. Completing the Application', on page 15 under Application Instructions, Format and Consent, you state that "Applications should not exceed 15 double-spaced pages (excluding the budget, and all attachments)." Does that mean the program abstract is part of the 15-page maximum for the application?

Answer 5: The program abstract is not counted in the application 15-page maximum.

Question 6: Where can we find the forms to complete the budget and other required attachments? They don't appear to be included as a part of the RFA.

Answer 6: All forms and documents associated with the RFA can be found at https://www.healthresearch.org/funding-opportunities/.

Question 7: If we are already an AIDS Institute funded program, should we use the forms we already have? They include the information requested in Attachment 16.

Answer 7: No. Applicants should complete the information requested on the forms provided as Attachment 16, regardless of whether or not they are currently funded by the AIDS Institute.

Question 8: What are the staffing requirements for this grant?

Answer 8: The proposed staffing pattern should support the key core services of the program, as outlined in RFA pages 8-11.

Question 9: What are the minimum requirements for patients outreached and patients treated under this contract?

Answer 9: Service projections must be provided in Hepatitis C Care Cascade Projections of Services as Attachment 11. This RFA does not establish a predetermined number of patients for outreach and treatment under this contract. However, the number of clients projected to be enrolled in the program should reflect the burden of HCV in the applicant's catchment area.

Question 10: Can you define a peer? Should peers meet a demographic requirement based on specific criteria (in that they are in a high-risk demographic group or at-risk for HCV themselves)?

Answer 10: On page 9 of the RFA under Section 6, HCV peer-delivered interventions, it states that funded applicants must have a plan to provide interventions delivered by peers – persons with shared lived experience in HCV.

Question 11a: RFA page 9 of 44, #6 discusses the requirements for the program for "HCV peer-delivered interventions". The RFA page 7 of 44 states that a peer should be certified through the NYSDOH AI Peer Certification Program in the HCV and/or harm reduction tracks. Would a peer who is in the process of completing the Certification at the time of the application (07/2021) and who will finish before the grant start (10/1/2021) meet the requirements for this program? Would additional peers who become certified during the grant funding period (10/1/2021 – 9/30/2026) meet the requirements of this program?

Question 11b: Must the requirement for peer certification through the NYSDOH AI Peer Certification Program in the HCV and/or harm reduction tracks be met prior to submission, prior to receipt of the award, or can this training and certification be part of our plan to use grant funds to support integration of persons with a lived HCV experience as part of the peer-based intervention?

Question 11c: Can a peer be in the process of being certified through the NYSDOH AI Peer Certification Program at the time of submission, or does the peer need to already be certified before we submit the application?

Question 11d: Our agency currently employs a Hep C Linkage Specialist who an integral member to the Hep C Care Team, has shared lived experience with our Hep C patients, and providers peer navigation services within this role. We plan to support pursuit of official Peer Certification at a Western NY training. Would this satisfy the Peer Preference Factor?

Answer 11a, 11b, 11c, & 11d: As stated on page 7 of the RFA, to receive the preference factor, applicants must demonstrate at least one peer involved in the program has completed the NYSDOH AI Peer Certification Program in the HCV and/or harm reduction tracks prior to the application dead line. It is an expectation of the workplan that funded applicants promote the AIDS Institute Peer Certification Program and support peer staff in pursuing certification (See page 28 of the RFA, Care and Treatment Program Work Plan, Task 6.3). Grant funds may be used to support training and certification of persons with a lived HCV experience as part of the peer-based intervention in the program.

Question 12: Are Memorandums of Understanding (MOUs) required with our application?

Answer 12: Yes. Applicants are required to include any MOUs with community partners as Attachment 12; MOUs with drug treatment program partners as Attachment 13; and MOUs with liver specialists as Attachment 14.

Question 13: Page 7 of the RFA states that a peer should be certified through the NYSDOH AI Peer Certification Program in the HCV and/or harm reduction tracks. Can a peer be a full-time patient navigator who receives an annual salary? Or is a peer required to be a part-time staff

person who receives a weekly or monthly stipend? Is it required that the peer position be paid, or can peers be volunteer/in-kind?

Answer 13: Effort of the peer is determined by the program. Applicants should ensure the expectations of the workplan are met. As stated on page 9 of the RFA, Section III.B. Requirements for the Program, 6, HCV peer-delivered interventions, peers are persons with shared lived experience in HCV. Peer-delivered services may include: targeted outreach and recruitment, client escort, appointment reminders, treatment adherence, HCV education, and other supportive services. Whether a peer is paid or is a volunteer is left up to the applicant and its organizational policies.

Question 14a: Can you provide a further explanation for 5b under budget? What is meant by the statement, "The percent of effort for billable staff must not exceed 20% cumulative?" Who would be considered billable staff for the purposes of the RFA?

Question 14b: In the budget section, #5b – please clarify the meaning of billable staff. Is this providers who are able to bill for the patient visits?

Question 14c: Can you provide more details about the 20% cumulative effort cap listed in the RFA? How is the determined relative to the overall budget and distribution of effort? Does this include only Network personnel, or does it extend to collaborating organizations or contractors?

Answer 14a, 14b & 14c: The combined percent of effort for all billable staff cannot exceed 20%. You may not bill 20% effort for each billable staff person. This cap applies to all personnel, including subcontracts and consultants, who provide services billable to third party payers. The percent of effort and total funding requested for billable staff should reflect the percent of effort dedicated to administrative and other tasks not reimbursable under Medicaid, Medicare, ADAP, or other third-party payers.

Question 15: Are there restrictions on the use of funds for provider salaries?

Answer 15: Yes. As stated on page 18 of the RFA, the percent of effort allowed for billable staff must not exceed 20% cumulative, meaning the combined percent of effort for all billable staff positions cannot exceed 20%.

Question 16: Are we required to track patient revenue?

Answer 16: Applicants are expected to have written policies and procedures for Third Party Revenue Reimbursement (Page 32 of the RFA, Care and Treatment Program Workplan, Performance Measure 10.1.14.) that are reviewed and updated at least annually.