

**New York State  
Department of Health  
Division of HIV and Hepatitis Health Care  
Bureau of Community Support Services (BCSS)  
And  
Health Research Inc.**

**Request for Applications (RFA)  
RFA #22-0003**

**People Aging with HIV (PAWH) Pilot**

**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 #22-0003. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

**Administrative:**

**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](mailto:AIGPU@health.ny.gov)** by **4:00pm on July 13, 2022**. **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 July 13, 2022, 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 V. Completing the Application’, on page 18, 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 “re-number” attachments by hand or electronically to achieve this goal.

**Question 5:** In ‘Section V. Completing the Application’, on page 18 under Application Instructions, Format and Consent, you state that “Applications should not exceed twelve (12) double-spaced pages (excluding the budget, and all attachments).” Is the program abstract part of the page maximum for the application?

**Answer 5:** The program abstract is not counted in the application twelve (12) double-spaced 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/>. Some attachments are not documents that are provided with the RFA, but rather ones the applicant should include with their application if it is applicable.

**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 12.

**Answer 7:** No. Applicants should complete the information requested on the forms provided (as Attachment 12) regardless of whether or not they are currently funded by the AIDS Institute.

**Question 8:** When will awards be made and contract begin?

**Answer 8:** It is anticipated that awards will be announced mid-October 2022. The anticipated start date of the contract is December 1, 2022.

**Question 9:** If we include tables, do they need to be double spaced with a 12-point font or can they be, for example, single-spaced with 10 point font?

**Answer 9:** Tables can be single spaced with a 10 point font.

**Question 10:** For the organizational chart, do you want us to include the staffing for this program?

**Answer 10:** The organizational chart should include proposed staffing for this program.

**Question 11:** In the Community and Agency Description Section, 2b. – Describe any prior grants your organization has received that are relevant to this proposal: Do you want us to list strictly AI grants, or can we list similar grants that are not AI funded too?

**Answer 11:** All relevant funding should be listed. This includes both AI and non-AI funded grants.

## **Program and Staffing:**

**Question 12:** Is this RFA describing a brand-new program concept, or are there existing grantees implementing this program who are expected to reapply for funding?

**Answer 12:** This is new funding from the AI and considered a five-year pilot project that supports innovative program models that address barriers and needs of older adults living with HIV (as stated on page 3 of the RFA). Page 3 of the RFA also states funds will support providers that develop creative, collaborative approaches using the defined service categories to meet the unique needs of this population with a goal of reducing health disparities and health inequities.

**Question 13a:** Is there a minimum expected number of clients that we would need to engage/enroll? This will help us determine whether we have the population to apply for this funding.

**Question 13b:** Is there a minimum or suggested number of clients expected to be served annually?

**Question 13c:** What is the expectation for number of people to be served annually by this initiative?

**Question 13d:** The RFA is silent on the number of clients we are expected to serve. We plan to provide services in New York City. What is the minimum number of PAWH that we would be expected to serve on an annual basis?

**Answer 13a–13d:** There is not a minimum number of clients required for enrollment as this is a pilot project. Each region and applicant, based on their community assessment and program design will need to assess the target number of individuals that will be reached and enrolled.

**Question 14:** Can more than one agency or entity apply together for this RFA?

**Answer 14:** Yes. Collaborations and joint applications are highly encouraged as community service providers and medical providers bring a vast array of experience and service provision to their respective communities. Collaborative efforts and tapping these differences will only strengthen applications.

**Question 15:** If our agency has multiple service locations, could this program be funded and implemented for all of our locations? Or do we need to pick a single service site location for our application?

**Answer 15:** Yes, agencies can provide services at multiple service locations and/or collaborate with other agencies throughout their region to maximize service delivery to this population.

**Question 16:** What types of positions would be able to be funded using contract money? Are there any restrictions on positions?

**Answer 16:** As stated on page 11 of the RFA, “staffing should meet the need of the priority population in the applicant’s community. A comprehensive holistic approach to care is critical.”

**Question 17:** On page 9, it states that “Case Management is a required service”. Are the Minimum Required Staffing listed in (1) on page 11 the minimum qualifications then for the case manager?

**Answer 17:** Yes, the minimum qualifications listed are intended for the minimum required staffing but should be considered for additional staffing depending on their role.

**Question 18:** Page 11, Minimum Requirements, 1st paragraph: Guidance states, “Funding for the positions under this initiative may NOT be blended with other initiatives or funding streams...”  
1) Does this mean 100% of the employee’s time/effort must be funded by this initiative?  
2) May an employee funded on this initiative be less than 1.0 FTE?

**Answer 18:** One FTE position, at minimum, must be dedicated to this project. Case management as a deliverable service (either medical or non-medical) is required for this position. Additional employees may be funded under this initiative to provide other services and do not need to be a full FTE. These other positions should work in collaboration with the FTE position. The FTE position identified on page 11 and the peer navigator position/s should not be blended with other initiatives or funding streams. Ancillary positions may be shared across programs and are not subject to the non-blending with other initiatives or funding streaming requirement.

**Question 19:** May an RN who doesn’t meet the BA/BS requirement be funded to provide the services on this initiative?

**Answer 19:** Yes, an RN who doesn’t meet the BA/BS requirement can be funded to provide the services on this initiative.

**Question 20:** What is the minimum FTE requirement for the peer navigator? May the FTE requirement be met by more than one peer?

**Answer 20:** Peer navigators are required within the staffing structure. There is not a FTE requirement for a peer navigator or group of peer navigators. As stated above, regardless of whether they are part time or full time, peers should not be shared across programs and must be solely dedicated to this project.

**Question 21:** Should the Peer positions be certified by NYS DOH AI?

**Answer 21:** Although not currently required, it is recommended that peer navigators have been certified or are enrolled in the NYSDOH AI peer certification program.

**Question 22: Minimum Required Staffing, page 11:** the preferred qualifications for the first position are "BSN or RN level or other professional" degree. If providing non-medical case management and not medical case management, is it safe to assume non-medical relevant degrees are appropriate and acceptable?

**Answer 22:** Yes, depending on the program design, there is some flexibility for the degrees and experience of key staffing positions, although, the “2 years of experience working in the field of HIV/AIDS or other chronic illness” minimum qualification listed on page 11 must be adhered to.

**Question 23a:** Can the program supervisor position be supported by other funding streams?

**Question 23b:** May employees providing project oversight/supervision and/or administrative services be funded by this initiative? If so, are they subject to the above “no blended funding” requirement?

**Answer 23a and 23b:** Yes, strong supervisory oversight of this program is required and as the award is substantial; it is encouraged that at least partial FTE of supervisory positions are budgeted. Supervisory positions are not subject to the non-blending with other initiatives or funding streaming requirement.

**Question 24: Section (4h), Page 21:** this section asks for a program staffing description but the part beginning with "Provide a brief description of each position's roles and responsibilities...." is all included in Attachment 11. Do you want this in the narrative and the attachment or just the attachment?

**Answer 24:** The position roles and responsibilities should be clearly defined in the program design narrative and consistent with the position descriptions presented as part of the budget.

**Question 25:** May a medical provider (MD, DO, NP, PA) and or pharmacist/pharm D be funded by this initiative? Would these clinicians be subject to the “no blended funding” requirement?

**Answer 25:** Yes, a medical provider (MD, DO, NP, PA) and or pharmacist/pharm D can be funded by this initiative. These types of positions are not subject to the “no blending funding” requirement. Only the first two positions listed under minimum staffing requirements must adhere to the no blending requirement. Ancillary providers’ time or specific services that can be billed under third party reimbursement cannot be budgeted, in other words grant funding should only be used for non-billable services (e.g., consultation, case reviews, education, curriculum review and development). Please see Attachment 14 – Additional Guidance for Part B Direct Service Providers. This attachment has been added as an Attachment to the RFA and can be found on HRI’s website: <http://www.healthresearch.org/funding-opportunities>.

**Question 26:** Can these funds be used to subcontract with a Registered Dietician?

**Answer 26:** Yes. As stated on page 11 of the RFA, “staffing should meet the need of the priority population in the applicant’s community. A comprehensive holistic approach to care is critical.” Addressing the nutritional needs of People Aging with HIV may be part of this holistic approach, but funds should not supplant other HIV specific nutritional services.

#### **Data and Documentation:**

**Question 27:** If AIRS does not have the capability to include necessary documentation as part of client services (such as a service plan in non-medical case management), do you have a preferred way to ensure these plans are documented and properly kept/stored/filed?

**Answer 27:** There will be AIRS data requirements as well as requirements for appropriate documentation of services. Those requirements will be clearly defined in a Program Standards

document that will be provided to all awardees. Documentation can be either electronic in an EHR or other systems OR in a traditional secured paper file.

**Budget related:**

**Question 28:** Can these funds be used to support the costs of hosting a professional conference on HIV and Aging?

**Answer 28:** No, funds cannot be used to support the costs of hosting a professional conference on HIV and Aging. Funding is meant to support direct and indirect service provision for People Aging with HIV. There are HIV and Aging related educational opportunities within NYS and nationally. Continuing education and training for program staff would be supported and can be included in the budget. BCSS will provide opportunities for awardees to network and for ongoing training through provider meetings throughout the course of the demonstration project.

**Question 29:** Can these funds be used to pay for healthy lunches for patients enrolled in this program?

**Answer 29:** Yes, funds can be used for healthy and nutritious food served in conjunction with programming or HIV/Aging specific services.

**Question 30:** Can these funds be used to subcontract for holistic, wellness services such as massage therapy, Reiki, art therapy, music therapy, horticulture therapy, low impact aerobics, or cooking classes?

**Answer 30:** No, as stated on page 5 of Attachment 2 (Program Specific Clauses -NYSDOH AI), funds cannot be used for massage, Reiki, art therapy, music therapy horticulture therapy, or recreational activities (such as low impact aerobics). The one exception is cooking classes. Funding can be used for education for PAWH towards healthy living.

**Question 31:** The RFA says it's for "Up to \$4,000,000 annually in HRI funding is available for five years to support programs funded through this RFA." This is from section B. Does this mean that awarded funding will be guaranteed for five years, or will grantees need to re-apply every year?

**Answer 31:** Page 16 of the RFA states, "HRI awards may be renewed for up to four (4) additional annual contract periods based on satisfactory performance and availability of funds. HRI reserves the right to revise the award amount as necessary due to changes in the availability of funding." Awardees will not need to reapply each year but will need to complete the standard Continued Funding Application (CFA) package that is customary for all HRI grants.

**Question 32:** We have been funded through NYC to implement a pilot program for 75 older adults living with HIV (2021-2024). This pilot will allow us to build enhancements and expand services to a greater number of PAWH. Would this current funding pose a problem in terms of fundability?

**Answer 32:** No, the funding sources are different, and this funding may build upon existing programming if it is clear in the application that the funding is not supplanting currently funded services.

**Question 33:** Is local public transportation for clients an allowable cost?

**Answer 33:** Yes, client transportation costs can be supported by this grant, although program design should maximize existing AI and non-AI funded resources; coordinating and collaborating with both internal and external programs. Please note that per Attachment 2 (Program Specific Clauses – NYSDOH AI) transportation for any purpose other than acquiring medical services or acquiring support services that are linked to medical outcomes associated with HIV clinical status are unallowable. Transportation for personal errands, such as grocery shopping, other shopping, banking, social/recreational events, restaurants, or family gatherings is not allowed. Although grocery shopping is not allowed, if a client is going to the grocery store as part of a group or educational event to learn how to shop for healthy food, etc. that would be allowable.

**Question 34:** Are incentives, such as a gift cards, and allowable cost?

**Answer 34:** Yes, incentives are an allowable cost if they are aligned with the “allowable costs” categories in Attachment 2 (Program Specific Clauses – NYSDOH - AI) in the RFA document. It is recommended that incentives are pre-approved, highlighted in specific policy regarding the use of incentives, adhere to AI fiscal guidelines, and are continually evaluated for efficacy.

**Question 35:** Is psychological / mental health counseling or therapy an allowable service?

**Answer 35:** No, mental health services are not supported by this grant as all consumers should have access to behavioral health services due to the Mental Health Parity and Addiction Equity Act that requires all large group health plans (including Medicaid) that provide mental health coverage and addiction services to do so at levels comparable with medical services. As there can be wait lists or delays in treatment access, program design could include supportive counseling or treatment readiness education while making referrals for treatment.

**Question 36:** What is the admin cap on this grant?

**Answer 36:** Per page 22 of the RFA, an indirect cost rate of up to 10% of total modified direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.

**Question 37:** If a client is receiving services through a health home, can we still provide non-medical case management services to that same client?

**Answer 37:** Yes, depending on the level of services that the client is receiving through Health Home care management, they may also receive ancillary services from this funding depending on the program design you select and services you offer. Services should not supplant other AI or non-AI funded services.

**Question 38:** On page 12 of the RFA, under the Outcomes header, it states that one of the intended outcomes of the RFA is to demonstrate success in seven areas. The first of these areas is “increased connections to, and engagement of, PAWH who have not received NYSDOH AI funded services in the past five (5) years”. Most clients do not know who funded the services that they have received over the past five years. As a provider, what due diligence would we be expected to perform to ensure that we were serving clients who have not received NYSDOH AI funded services in the past five years? What efforts would we have to undertake to ensure that we were fulfilling this outcome?

**Answer 38:** If this information is not available to the funded provider via the client or other internal sources, the AI may be able to provide aggregated data retrospectively.

**Question 39:** Are there any restrictions on advertising and promotional materials?

**Answer 39:** Promotional materials are an allowable cost but should be reasonable and appropriate in accordance with the proposed services. These materials should be specifically listed in the budget under program supplies and detailed in the program narrative.

**Question 40:** The contract starts 12/1/22, what would the start date be for providing first service or enrolling first client?

**Answer 40:** Although it is understood that there is some “start-up time” with new grant funding, clients should be enrolled as soon as possible. The proposed timeline should be included with the application.

**Question 41:** Can funds be used to support telehealth as addressing barriers to care? If so, are there any restrictions.

**Answer 41:** Yes, funding can be used to provide program services (as needed) and support clients to maximize telehealth (e.g., education and technical assistance to use devices etc.). There should be policies and procedures regarding appropriate use.

**Question 42:** Why are long term survivors (LTS) under the age of 50 not included as a priority population in this RFA?

**Answer 42:** As stated in the RFA, 56% of the HIV population in NYS is over 50 years of age and that number is increasing each year. Many of those individuals are also long-term survivors. Although there are some parallels, many of the issues that will be addressed by this RFA are unique to those living with HIV over the age of 50. The AIDS Institute will continue to support LTS of younger ages through services provided by other funding sources.