**The New York State Department of Health**
*AIDS Institute*
*Office of the Medical Director*
*Quality Programs*
*And*
**Health Research Inc.**

**Request for Applications (RFA)**
**RFA** #22-0007

# Program Support for Quality of Care

**Applicants may submit no more than one (1) application in response to this RFA.**

## *KEY DATES*

| | |
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| **RFA Release Date:** | **June 16, 2022** |
| **Questions Due:** | **June 30, 2022 by 4:00 PM ET** |
| **Questions, Answers and Updates Posted: (on or about)** | **July 14, 2022** |
| **Applications Due:** | **August 4, 2022 by 4:00 PM ET** |

<u>**DOH Contact Name & Address:**</u>
Charles John Gonzalez, MD
Program Support for Quality of Care
NYS Department of Health/AIDS Institute
Office of the Medical Director (OMD)
Email:  AIGPU@health.ny.gov

<u>**How to File an Application:**</u>

**Applicants <u>must</u> submit one PDF version of the entire application (including Application Cover Page, Application Checklist, Narrative and all Attachments) to AIGPU@health.ny.gov by the Application Due date listed under Key Dates.  The subject line of the email should reference Program Support for Quality of Care RFA 2022. Applications will not be accepted via fax, hard copy, courier, or hand delivery. Late applications will not be accepted.**

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## I.  INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI), Office of the Medical Director (OMD) and Health Research Inc. (HRI) announce the availability of $680,000 annually for five years in HRI (federal) funding to provide a wide range of professional processes and activities associated with the development, dissemination, implementation, and evaluation of the quality of clinical HIV care and its attendant risks and co-morbidities. The intent of this RFA is to identify a contractor with the capacity, experience, and expertise to manage the Quality of Care Program and thereby help ensure the mission of promoting quality implementation metrics in clinical and service care settings is met.

## A.  Background

The mission of New York State Department of Health AIDS Institute (NYSDOH AI) is to protect and promote the health of New York State's diverse population through disease surveillance and the provision of quality prevention, health care, and supportive services for those affected by and at risk for HIV/AIDS, sexually transmitted infections (STIs), viral hepatitis (HCV), and related health concerns. In addition, the NYSDOH AI promotes the health of LGBTQ populations, people who use drugs, and the sexual health of all New Yorkers. Quality management and improvement ensures all people living with HIV (PLWH) achieve good health outcomes. The program is committed to implementing quality improvement tools in the real world with useful and readily accessible strategies with the immediate application in busy clinical and service care settings.

Currently, OMD subcontracts for program assistants, project coordinators, and expert consultants to support the above listed programs, providing services and skills not available within the staffing structure of OMD.  The contractor funded through this RFA will continue the program support by employing/contracting staff and consultants to execute the existing priorities of OMD and its quality of care programs. In order to achieve the greatest level of continuity of support, priority and preference should be given to hiring the current program assistants, project coordinators, and consultants, after thorough vetting by the funded contractor. New candidates for the non-consultant positions are to be recruited competitively through a screening collaboration between the contracted agency and the OMD for first year graduates of either U.S, undergraduate colleges, or U.S. universities with Masters in Public Health programs.

In June 2014, New York State announced a three-point plan to end the AIDS epidemic in NYS. [1] This plan provided a roadmap to significantly reduce HIV infections to a historic low by the end of 2020, with the goal of achieving the first ever decrease in HIV prevalence.  The plan also aimed to improve the health of all HIV positive New Yorkers and was the first jurisdictional effort of its kind in the U.S.  The three points highlighted in the plan are:

> 1) Identify persons with HIV who remain undiagnosed and get them linked to care;

> 2) Link and retain persons diagnosed with HIV in health care to maximize viral

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[1] https://www.health.ny.gov/diseases/aids/ending_the_epidemic/index.htm

suppression; and

3) Increase access to Pre-Exposure Prophylaxis (PrEP) for persons who are HIV negative.

NYS has been laying the groundwork for ending the AIDS epidemic since the disease emerged in the early 1980s.  NYS's response to the HIV/AIDS epidemic has involved the development of comprehensive service delivery systems that evolved over time in sync with the evolution of AIDS from a terminal illness to a manageable chronic disease.  This strategy enabled the state to implement new technologies as they were introduced, including new treatments, new diagnostic tests and, more recently, PrEP.  By building upon each individual success and relying on a strong administrative infrastructure, the state was able to roll out innovative programs quickly to achieve the greatest impact.  Ending the epidemic in NYS is within reach, thanks to aggressive and systematic public health initiatives that have made it possible to drive down rates of new infections.  The State's Ending the Epidemic (ETE) initiative was launched with visionary leadership and extensive stakeholder leadership and participation.

The RFA specifically addresses Blue Print (BP) Recommendations:
- BP4: Improve referral and engagement
- BP16: Ensure access to stable housing
- BP18: Health, housing, and human rights for LGBT communities
- BP19: Institute an integrated comprehensive approach to transgender health care and human rights
- BP22: Access to care for residents of rural, suburban and other areas of the state
- BP23: Provide comprehensive sexual health education
- BP30: Increase access to opportunities for employment and employment/vocational services

The ETE BP continues to guide all ETE efforts.  The ETE Addendum Report is a written report that provides an overview of the past five years of New York State's ETE initiatives, as well as a summary of the community feedback sessions that were conducted in 2020 to assist in identifying areas of focus for ETE beyond 2020.

The ETE BP and the ETE Addendum report are available on the NYSDOH website at:  www.health.ny.gov/endingtheepidemic

Other relevant resources are the National HIV/AIDS Strategy (NHAS) and the New York State Prevention Agenda.  The National HIV/AIDS Strategy is a five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic. Information on the National HIV/AIDS Strategy and updates to the strategy through 2025 can be found at:  https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/.  The New York State Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them. The New York State Prevention Agenda can be found on the following website: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/.

**B. Available Funding**

Up to $680,000 annually in HRI funding is available for five years to support one (1) contract funded through this RFA.

**Applicants may submit no more than one (1) application in response to this RFA.** If more than one (1) application is submitted in response to this RFA, the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

- An award will be made to the highest scoring applicant.

- If there is not an acceptable application (scoring 70 or above) received, HRI/the NYSDOH AI reserves the right to fund an application scoring in the range of 60-69.

- HRI/the NYSDOH AI reserves the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.

- HRI/the NYSDOH reserves the right to revise the award amounts as necessary due to changes in availability of funding.

Should additional funding become available, the NYSDOH AI and HRI may select an organization 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 NYSDOH AI and HRI reserve the right to establish additional competitive solicitations.

**Current Contractors**: If you choose to not apply for funding, the NYSDOH AI highly recommends notifying your community partners of your intent. This will ensure community members and providers are aware of the discontinuation of the program and services.

## II.    WHO MAY APPLY

**A. Minimum Eligibility Requirements**

All applicants must meet the following minimum eligibility requirements:

- Applicant must be a registered not-for-profit 501(c)(3) organization in New York State and;
- Applicant has submitted **Attachment 1 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on Attachment 1.

## III. PROJECT NARRATIVE/WORK PLAN OUTCOMES

### A. Program Model Description

The NYSDOH AI, OMD oversees the Clinical Quality of Care program. The effectiveness of the programs in improving the quality of clinical care is achieved by the coordinated input of medical experts, affected consumers, and OMD's quality managerial expertise. The components of Clinical Quality of Care program include:
- The Consumer Advisory Committee (CAC);
- The Clinical Quality Advisory Committee (QAC);
- The NYLinks Network, which was originally a HRSA/SPNS project (2011-2014) and is currently part of NYS ETE initiative. The focus remains the same: improving linkage to care, engagement in care, and viral suppression for people living with HIV/AIDS; and
- The OMD Quality of Care managerial team.

The proposed program is expected to provide support for OMD quality program through the continued employment of staff and consultants providing the support listed below. The funded applicant needs to be able to seamlessly employ the current staff and consultants so that no break in support for the program occurs and provide the necessary supervision and human resource management to fulfill the ongoing requirements of the contract.

The types of support anticipated include, but are not limited to:

- Providing technical expertise in quality management to the members of the Part A Interagency Group relating to peer review and technical assistance for chart reviews at the agency level;

- Research and writing services related to specific aspects of best practices, quality of care, and education/curriculum development, as prioritized by the NYSDOH AI Medical Director;

- Research and writing services related to scientific issues that will inform policies that shape OMD programs;

- Providing ad hoc clinical and quality consultation to participants serving on the CAC, QAC, and advising the NYSDOH AI in the development and application of quality implementation (QI) strategies;

- Participating on committees internal to OMD representing expertise that complements and augments OMD and NYSDOH AI staff skills;

- Providing consultation, including but not limited to, consultation concerning proposals, applications, and concept papers, to further policy and program development and the refinement of NYSDOH AI quality programs;

- Assisting with the development of Quality of Care indicators;

- Preparing and disseminating publications and presentations;

- Employing staff (program assistants and project coordinators (PA/PC) to support time-limited projects (≤24 months) that involve a variety of skills including but not limited to report writing, evaluation, survey development, literature search with review and presentation, and management of data and knowledge. PA/PCs assist with programmatic responsiveness to short-term projects involving emerging priorities of the ETE initiative and its goals. The number of positions may evolve depending upon the funder's short-term priorities. PA/PCs also provide support to medical consultants who may be conducting activities that require additional short-term research or preparation of materials that they cannot develop or produce independently. PA/PCs may also assist in fulfilling short-term projects requested by funders based on new initiatives and priorities.

  An illustrative list of possible projects includes:
  o Documentation and analysis of QI interventions implemented by participating clinics, and maintenance of the relevant QI sections of the OMD quality and consumer databases (i.e., NYLinks);

  o Documentation and analysis of clinic-level organizational assessments conducted by the ETE viral load suppression campaigns, and maintenance of the relevant QI sections of the OMD quality and consumer databases (i.e., NYLinks);

  o Improvement and maintenance of the relevant QI sections of the OMD quality and consumer website (i.e., NYLinks); and

  o Liaison with and support academic and Local Department of Health partners regarding ETE viral load suppression activities, patient retention initiatives, Rapid Initiation of (HIV) Antiretroviral treatment, and the Long-Term Survivor and HIV Aging projects;

- Provide assistance to OMD staff in developing and conducting meetings, trainings, and coaching activities to the Part B network of service and clinical providers regarding input on quality indicator development;
- Provide support for quality activities regarding PrEP and STIs, especially as it relates to the end of the epidemic activities;
- Provide support for activities related to drug user health as it relates to the end of the epidemic activities;
- Conducting literature reviews regarding quality measurement, group learning theory, stigma intersectionality, use of evidence-based interventions and protocols, and current issues in HIV care and treatment in order to keep the efforts of the clinical quality management program current;
- Providing consultation, data analytic input and QA as needed as part of the ADAP quality reviews;
- Providing support for quality activities regarding PrEP, PEP, and STIs, especially as it relates to ETE activities and the ETE blueprint;
- Providing support for activities related to drug user health as it relates to ETE activities and the ETE blueprint; and
- Assist with other ad hoc projects and initiatives, as needed.

**Ryan White Part A Support**

- Provide technical expertise in quality management in relation to peer review to the members of the Part A Interagency Group, and technical assistance for chart reviews at the agency level, if necessary and requested;
- Assist with indicator development, as needed;
- Provide support for the analysis of performance measurement data on quality indicators for Part A funded services, including mental health, supportive counseling and family stabilization, harm reduction, medical case management, care coordination, food and nutrition, and transitional care coordination;
- Support the development of performance reports utilizing data from the eSHARE or analogous platforms for quality metrics and indicators;
- Provide assistance to OMD staff in developing and conducting meetings, trainings, and coaching activities to the Part A network of providers, including those in the Tri-County region, regarding the quality indicator list above;
- Conduct literature reviews regarding quality measurement, group learning theory, stigma intersectionality, use of evidence-based interventions and protocols, and current issues in HIV care and treatment in order to keep the efforts of the Part A quality management program current;
- Assist with Planning Council activities as needed;
- Assist with the Part A Quality Management Conferences; and
- Providing consultation, data analytic input and QA as needed as part of the ADAP quality reviews;
- Providing support for quality activities regarding PrEP, PEP, STIs and drug user health as it relates to ETE activities and the ETE blueprint; and
- Assist with other ad hoc projects and initiatives, as needed.

**Priority Population/Community:** The program is intended to provide administrative, consultative, and programmatic support in provider settings for the Clinical Quality of Care initiatives supporting those living with HIV as well as for Centers for Disease Control and Prevention sponsored quality of care initiatives for those at risk for HIV acquisition, individuals engaging in drug use, and those living with/or at risk of acquiring HCV or a sexually transmitted infection within the context of the ETE activities and the ETE blueprint.

**Administrative and Operational Activities**
The funded applicant will be responsible for a wide range of administrative and operational duties to ensure the success of the program, including:

- Providing OMD with bi-weekly status updates of support work accomplished. OMD will discuss project and support progress with the identified supervisor at the agency as needed. Success will be measured by project and program milestones being met for which the agency is responsible.

- Collecting, tracking, and archiving disclosures of relevant financial relationships and confidentiality agreements of program staff, members, liaisons, and all other participants in the program.

Applicants should include qualified staff in their proposed staffing structures, including those to serve as:
- Project Director
- Fiscal Support
- Administrative Support

## Demonstration of a Commitment to Health Equity

Health Equity (HE) is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health. This requires addressing avoidable inequalities (e.g., access to affordable and high-quality food, housing, education, health care/services, and safe environments), historical and contemporary injustices (e.g., economic injustice/poverty, racism, classism, ableism, sexism, homophobia, transphobia, xenophobia, and other forms of oppression, discrimination, and/or stigma) and valuing health differences equally. We also acknowledge the historical and structural underpinnings of race, racism, and genocide in the United States that perpetuate many of the racial inequities we see manifested today. Because health equity can never truly be achieved without racial equity, we work toward achieving both.

The NYSDOH AI works closely with its community partners to identify and respond to current needs. The needs are wide and varied, but they center on addressing social determinants, socioeconomic status, education, housing, transportation, employment, cultural competence, access to healthcare services and discrimination.

The NYSDOH AI is committed to ensuring our funded programs and partners are equipped with the knowledge, skills, and expertise to adequately address health and social inequities. We are all accountable to pay attention to the intersections of race and health equity. We are committed to the implementation of new and tailored approaches to address the challenges faced by our Black/Brown, Indigenous, and People of Color (BIPOC) communities. In our mission to ensure that everyone has a fair chance to experience optimal health, we are employing the following health equity principles:

- Be Explicit
- Identify and Effectively Address Racism and Racial Implicit Biases.
- Adopt a "Health in all Policies" Approach.
- Create an Internal Organization-Wide Culture of Equity.
- Respect and Involve Communities in Health Equity Initiatives.
- Measure and Evaluate Progress in Reducing Health Disparities.

B.  **Requirements for the Program**

   **All applicants selected for funding will be required to:**

1. Adhere to Health Literacy Universal Precautions (https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html);
2. Participate in a collaborative process with the NYSDOH AI to assess program outcomes and provide monthly narrative reports describing the progress of the program with respect to: 1) implementation, 2) significant accomplishments achieved, and 3) barriers encountered and plans to address noted problems; and
3. Address and assess the specific social and/or structural determinants of health. The unequal distribution of social and/or determinants can lead to disparities and ultimately inequities in health and health outcomes. Strategies should prioritize those populations that are most impacted, negatively, by social and structural determinants of health.

Please see **Attachment 2: Health Equity Definitions and Examples** for definitions and examples of health equity and social and structural determinants of health.

## IV. ADMINISTRATIVE REQUIREMENTS

### A. Issuing Agency

This RFA is issued by the NYSDOH AI, Office of the Medical Director, and HRI. NYSDOH AI and HRI are responsible for the requirements specified herein and for the evaluation of all applications.

### B. Question and Answer Phase

All substantive questions must be submitted in writing via email to: **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 the date posted on the cover of this RFA.**

Questions of a technical nature can also be addressed in writing at the email address listed above. **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.**

**All questions submitted should state "Program Support Quality of Care" in the subject line.**

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

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

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an

application.

## C.  Letter of Intent

Letters of Intent are not a requirement of this RFA.

## D.  Applicant Conference

An Applicant Conference will not be held for this project.

## E.  Filing an Application

Applicants must submit one PDF version of the entire application (including Application Cover Page, Application checklist, narrative and all attachments) to the Bureau Mail Log: AIGPU@health.ny.gov by the Application Due date listed on the cover page of this RFA.  The subject of the email line should reference **Program Support for Quality of Care RFA.**

*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.  **Applications will only be accepted electronically to the Bureau Mail Log as stated in the instructions.  Applications will not be accepted via fax, hard copy, courier, or hand delivery. Late applications will not be accepted.**

## F.  Department of Health's and HRI's 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 the Department's or 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 the Department or 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 the State and HRI.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state and HRI.

## G. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by Health Research Inc. Refer to **Attachment 3 – HRI General Terms and Conditions**. Contracts resulting from this RFA will be for 12-month terms, however, the initial contract term will be for a shorter time period. The anticipated period for the initial contract term is April 1, 2023 – March 31, 2024. 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.

## H. Payment and Reporting Requirements of Awardees

1. Due to requirements of the federal funder, no advance payments will be allowed for contracts resulting from this procurement.

2. The funded contractor will be expected to submit voucher claims and reports of expenditures in the manner that HRI requires. Required forms will be provided with the contract package.

All payments and reporting requirements will be detailed in Exhibit "C" of the final contract.

## I. General Specifications

1. By signing the **Application Cover Page (Attachment 4),** each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractors will possess, at no cost to HRI or the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified 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, including the terms and conditions of the contract. Any exceptions allowed by HRI during the Question and Answer Phase (Section IV.B.) must be clearly noted on the Application Cover Page **(Attachment 4)**.

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 this RFA, HRI acting for and on behalf of the State, 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.

## V. COMPLETING THE APPLICATION

### A. Application Format and Content

Please respond to each of the following statements and questions. Your responses comprise your application. **Number/letter your narrative to correspond to each statement and question in the order presented below.** Be specific and complete in your response. Indicate if the statement or question is not relevant to your agency or proposal. The value assigned to each section is an indication of the relative weight that will be given to that section when your application is scored.

An Application 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 5)**.

Applications should not exceed (12) double-spaced pages (not including the budget and all attachments) using a 12-pitch type font with one-inch margins on all sides. Pages should be numbered consecutively, including all attachments. The Application Cover Page **(Attachment 4)**, Program Abstract, budget and budget justification, and all attachments are **not** included in the 12-page limitation. Please submit only requested information in attachments and do not add attachments that are not requested. **Failure to follow these guidelines will result in a deduction of up to ten (10) points.**

When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, **answers should be specific, succinct and responsive to the statements and questions as outlined.**

**Application Format**

| | | | |
|---|---|---|---|
| 1. | Program Abstract | Not Scored | |
| 2. | Community and Agency Description | Maximum Score: | 20 points |
| 3. | Program Design and Implementation | Maximum Score: | 60 points |
| 4. | Budget and Justification | Maximum Score: | 20 points |
| | | | 100 points |

**1.      Program Abstract                                                      Not Scored**
                                                                                 **Maximum Pages: 2**

Applicants should provide a program abstract with the following information:

a) Describe the proposed program.

b) Include what will be completed and how.

c) What are the Project goals and objectives?

d) What types of outcomes does your organization expect to achieve? How will success be measured?

**2.      Community and Agency Description                    Total 20 Points**
                                                                                 **Maximum Pages: 4**

a) Describe your organization's qualifications, strengths, partnerships, and experience related to the proposed program model.

b) Describe the outcomes achieved as a result of any prior grants your organization has received with regard to delivery or having expertise in the capacity and experience to manage a Quality of Care support program ensuring the mission of promoting quality implementation metrics in clinical and service care settings is met.

c) Describe why the applicant is qualified to implement the proposed program. Include both quantitative and qualitative evidence and metrics (if any) used when addressing this question.

**3.    Program Design and Implementation**                    **Total 60 Points**
                                                               **Maximum Pages: 8**

3a) Describe your overall program design. Include specific strategies for implementing the program services and complying with the Program Model.  Describe any innovative strategies you will utilize to implement your program model. Strategies should align with the prescribed Program Model.

3b) Describe the methodology your program would utilize in recruiting and maintaining the necessary cadre to support a Quality of Care program.

3c) Describe your program's capabilities in project management with groups of medical professionals and capacity to oversee multiple projects simultaneously.

3d) What challenges do you anticipate encountering during the on-boarding of consultants, program assistants, and program coordinators and how will you address them?

3e) What methods would your program use to gather feedback from those serving as consultants, program assistants and program coordinators on their experiences within the AIDS Institute in order to improve the program?

3f) Describe the plan for program evaluation and how your program will ensure that all goals of the program are being met. What are your program's indicators for success?

3g) What challenges do you anticipate encountering during program evaluation and how will you address them?

3h) How would your program manage the collection, tracking, and archiving of disclosures of relevant financial relationships and confidentiality agreements of those serving as consultants, program assistants and program coordinators?

3i) How does your proposed staffing plan meet the minimum requirement described in the program model and what modifications have you made that will enhance service delivery and improve program outcomes?  Provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures, and experience for each position.  If in-kind staff are included in the proposed program, they should be included in the staffing detail. Applicants are instructed to complete **Attachment 6 – Agency Capacity, Staffing Information and Organizational Chart.**

3j) What are your program's indicators for success?  How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets?

3k) Indicate previous outcomes and any changes that were made to the model being proposed to improve it.  If this is a new service, include a rationale for why your organization

expects this model will work.  Include any evidence from pilot programs to demonstrate potential success.

3l) Describe the plan for initial and ongoing staff training and support.

3m) Describe how the agency will ensure that the services provided are culturally competent and linguistically appropriate.


4. **Budgets and Justifications**                           **Total 20 Points**
                                                            **Not counted in Page Limit**

   *Complete and submit a budget following these instructions:*

4a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. Complete all required Budget Pages.  See **Attachment 7: HRI Expenditure Based Budget Summary**.   Instructions for completing the budget forms are included as **Attachment 8: Instructions for Completion of Budget Forms**. All budget lines should be calculated using whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative, and should be justified in detail.  All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be cost reimbursable.

4b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff.  Indicate how the positions relate to program implementation.  Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

4c) For each item listed under Non-Personal services, describe how it is necessary for program implementation.  Non-Personal services include: Supplies, Travel, Equipment, Space/Property, Telecommunications, Miscellaneous costs, Contractual and Operating Expenses.

4d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue?  If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this.  Please attach the **Statement of Activities** from your yearly audit for the last three (3) years as **Attachment 9**.  The Statement of Activities must show total support and revenue and total expenditures.

4e) Applicants are required to submit a copy of the agency's most recent **Yearly Independent Audit** attached as **Attachment 10.**

4f) Applicants are required to submit a copy of their agency **Time and Effort policy** as **Attachment 11.**

4g) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).

4h) Funding requests must adhere to the following guidelines:

- 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.
- 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.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed program or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

## B. Freedom of Information Law

All applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If NYSDOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

## C. Review & Award Process

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the NYSDOH AI using an objective rating system reflective of the required items specified for each component.

The NYSDOH AI anticipates that there may be more worthy applications than can be funded with available resources. Please see Section I. B of the RFA for specific review and award information. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) not funded, due to limited resources, and 3) not approved.

In cases in which 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 for Section 3 – Program Design and Implementation will receive the award.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues

need to be resolved prior to time of award.  An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

NYSDOH AI and HRI reserve the right to revise the award amounts as necessary due to changes in the availability of funding.  If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above. NYSDOH AI and HRI reserve the right to review and rescind all subcontracts.

Once an award has been made, applicants may request a debriefing of their application (whether their application was funded or not funded).  Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications.  Requests must be received no later than fifteen (15) calendar days from date of award or non-award announcement.

To request a debriefing, please send an email to AIGPU@health.ny.gov. In the subject line, please write: *Debriefing Request (Program Support for Quality of Care RFA).*

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC).  These procedures can be found on the OSC website at *http://www.osc.state.ny.us/agencies/guide/MyWebHelp*. (Section XI. 17.)

## VI. ATTACHMENTS

Attachment 1:  Statement of Assurances*
Attachment 2:  Health Equity Definitions and Examples**
Attachment 3:  HRI General Terms and Conditions**
Attachment 4:  Application Cover Page*
Attachment 5:  Application Checklist*
Attachment 6: Agency Capacity, Staffing Information and Organizational Chart*
Attachment 7:  HRI Expenditure Based Budget Summary*
Attachment 8:  Instructions for Completion of Budget Forms **
Attachment 9:  Statement of Activities for past three (3) years*
Attachment 10:  Yearly Independent Audit*
Attachment 11:  Time and Effort Policy*

*These attachments are required and must be submitted with your application.

**These attachments are for applicant information only.  These attachments do not need to be completed.