New York State
Department of Health
Division of HIV and Hepatitis Healthcare
Bureau of Community Support Services
And
Health Research Inc.

Request for Applications
RFA Number: 23-0003

Ryan White Part B Emerging Communities

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

KEY DATES

RFA Release Date:	**August 16, 2023**
Questions Due:	**August 30, 2023, by 4:00 PM ET**
Questions, Answers and Updates Posted: (on or about)	**September 13, 2023**
Applications Due:	**October 4, 2023, by 4:00 PM ET**

Contact Name & Address:
Joyce Parkhurst
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Bureau of Community Support Services
New York State Department of Health/AIDS Institute
Email address: 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 the application due date/time shown above. The subject of the email line should reference Emerging Communities RFA-2023.

Applications will only be accepted electronically to AIGPU@health.ny.gov. 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) and Health Research, Inc. (HRI) announce the availability of Ryan White Part B supplemental funds for emerging communities to provide HIV-related support services to gay men and men who have sex with men (MSM) living with HIV/AIDS who are unengaged or sporadically engaged in care and who have had difficulty in maintaining sustained viral suppression. The intent of the Request for Applications (RFA) is to fund approximately $538,595 annually for five (5) years. Funding for these programs is region-specific, targeting three areas identified by HRSA in Upstate New York that have a significant prevalence of AIDS cases: the Albany-Schenectady-Troy, Buffalo-Cheektowaga, and Rochester Metropolitan statistical areas.

A. Background/Intent

The purpose of the Ryan White Part B supplemental funds for emerging communities is to provide a comprehensive array of core and supportive services for communities in need. An emerging community, as defined by HRSA, is a community located within a Metropolitan Statistical Area (MSA) that is not eligible to receive additional grants under Ryan White Part A. A MSA must have between 500-999 cumulative AIDS cases during the most recent five years.

The intent of this funding is to support an innovative program model that addresses the barriers to the social determinants of health (SDOH) including but not limited to access to health care services, availability of resources to meet daily needs, access to educational, economic, and job opportunities, quality of education and training, transportation options, social support, social norms and attitudes, and language/literacy as well as the needs of persons living with HIV/AIDS (PLWH/A), specifically those who are unengaged or sporadically engaged in HIV healthcare and who have had difficulty maintaining sustained viral suppression. The NYSDOH AI is committed to health equity and reducing inequities to ensure that everyone has a fair and just opportunity to reach their full health potential. In support of this commitment, applicants must prioritize gay men and MSM, especially Black and Hispanic MSM who have been disproportionately impacted by HIV.

Since the peak of NYS's HIV epidemic in the 1990s, the number of people newly diagnosed with HIV and the number of deaths among people with diagnosed HIV have declined, while linkage to care and rates of viral suppression have steadily increased. Despite these successes, disparities related to race and ethnicity, age, and geographic regions persist in HIV diagnoses and care outcomes. According to the 2021 New York State HIV/AIDS Annual Surveillance Report, more than half (58.8%) of those recently diagnosed with HIV were gay men/MSM, and of those newly diagnosed, 23.5% were simultaneously diagnosed with AIDS. As identified in the 2020 AIDS Institute (AI) Ryan White Unmet Needs Report, Black and Hispanic MSM 18-39 are an AI priority population. When looking at Statewide data, Black and Hispanic MSM (including MSM/IDU) have the highest number of new diagnoses compared to the other priority populations: Cisgender Female persons of color and people living with diagnosed HIV 50 and older. In addition, of the AI priority populations, Black and Hispanic MSM have the highest percentage of individuals who were in care but not virally suppressed (17.1 %) compared to the other priority populations (13.7% and 10.6% respectively). The Ryan White Unmet Needs Report identified that within the category of race, White Non-Hispanic and Asian Non-Hispanic/Native Hawaiian Non-Hispanic/Pacific Islander Non-Hispanic had the lowest percentage of percent in care but not virally suppressed (6.7% and 7.7% respectively). Over half (55.0%) of the NYS population was composed of Non-Hispanic White persons, but this group comprised less than a fifth (19.7%) of the 30,596 persons diagnosed with HIV in NYS in 2020.

Non-Hispanic Black persons comprised 14.4% of the state population in 2020, but 45.7% of persons diagnosed with HIV, and Hispanic individuals comprised 19.5% and 29.5% of these populations, respectively. This brief further examines patterns of racial/ethnic disparity in HIV diagnosis in NYS from 2011 to 2020.[1]

The Ending the Epidemic (ETE) Blueprint identifies the contextual factors that contribute to new infections and states that certain populations are more affected by contextual factors, such as poor health care, poverty, mental health problems and geographic disadvantage, and experience the highest rates of associated health disparities, such as MSM, especially Black and Hispanic/Latino MSM, within age clusters with specific characteristics and needs (youth, adulthood, and older MSM). To end the epidemic, it is critical that funded programs address the SDOH that impact equitable health outcomes. SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. Studies consistently show that low income, unemployment, food and housing insecurity, and lack of access to education and health care, among other factors, increase vulnerability to HIV. For these reasons, funded services will include non-medical case management, health education, psychosocial services and client incentives that focus on engagement and retention in care for gay men and MSM living with HIV, especially Black and Hispanic MSM who have been disproportionately impacted by HIV, as a mechanism for increasing viral load suppression and decreasing rates of HIV transmission.

HIV has evolved into a chronic illness for many PLWH/A, requiring a broad range of services and the development of self-management skills to achieve optimal health. Many PLWH/A benefit from health education, assistance in navigating the healthcare and social service systems, and treatment adherence interventions to become effective managers of their own healthcare, achieve and maintain viral suppression, improve their health and quality of life, and prevent further transmission of HIV. While New York State has made significant progress in addressing the HIV epidemic, there are still people living with HIV who are struggling to become engaged or remain adherent to HIV care and are, consequently, unable to achieve and maintain viral suppression.

New York State developed a three-point plan to end of the AIDS Epidemic in NYS. The goal of the plan is to achieve the first ever decrease in HIV prevalence in NYS.[2]

The three-point plan 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 high-risk persons to keep them HIV negative.

The Ending the Epidemic Blueprint was publicly released on April 29, 2015. This document provides recommendations to support the implementation of the three-point plan. The RFA specifically addresses BP#(s):

- BP4: Improve referral and engagement
- BP5: Continuously act to monitor and improve rates of viral suppression

1 https://www.health.ny.gov/diseases/aids/general/statistics/docs/dart_phact.pdf
2 https://www.health.ny.gov/diseases/aids/ending_the_epidemic/

- BP7: Use client-level data to identify and assist patients lost to care or not virally suppressed
- BP8: Enhance and streamline services to support the non-medical needs of all persons with HIV
- BP18: Health, housing and human rights for LGBT communities
- BP22: Access to care for residents of rural, suburban and other areas of the state
- BP23: Provide comprehensive sexual health education

The Ending the Epidemic Blueprint is available on the NYSDOH's website at: https://www.health.ny.gov/diseases/aids/ending_the_epidemic/

Other relevant resources are the National HIV/AIDS Strategy (NHAS) and the New York State Prevention Agenda. The National HIV/AIDS Strategy is a three-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic.[3] Information on the National HIV/AIDS Strategy and updates to the strategy through 2025 can be found at: https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/. 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.[4] 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

Approximately $538,595 in HRI funding is available annually to support programs funded through this RFA.

*The funding amounts indicated in the table below reflect the FY 2023-2024 award amounts for the Emerging Community jurisdictions. Funding under this component is subject to annual review and will fluctuate depending on the regions' AIDS cases. Emerging Communities are generally defined as those jurisdictions reporting between 500 and 999 cumulative AIDS cases over the most recent 5 years. Therefore, award amounts for FY 2024-2025 and all subsequent years are dependent upon AIDS cases and the formulary prescribed by HRSA. Should a jurisdiction become ineligible, funds will no longer be available.

NYSDOH Region	Annual Award Amount	Number of Awards
Albany-Schenectady-Troy, NY Metropolitan Statistical Area Principal Cities: Albany, Schenectady, Troy Counties: Albany, Rensselaer, Saratoga, Schenectady, Schoharie	$148,134	1
Buffalo-Cheektowaga-Niagara Falls, NY Metropolitan Statistical Area Principal Cities: Buffalo, Cheektowaga, Niagara Falls Counties: Erie, Niagara	$186,092	1
Rochester, NY Metropolitan Statistical Area Principal City: Rochester Counties: Livingston, Monroe, Ontario, Orleans, Wayne	$204,369	1

3 National HIV/AIDS Strategy
4 NYS Prevention Agenda 2019-2024: New York State's Health Improvement Plan

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.

- Awards will be made to the highest scoring applicants in each region, up to the minimum number of awards indicated for that region. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.

- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any region, HRI/NYSDOH/AI reserves the right to fund an application scoring in the range of (60-69) from a region.

- If there is an insufficient number of fundable applications in a region, the maximum number of awards may not be met for that region. HRI/NYSDOH/AI reserves the right to re-solicit any region where there are an insufficient number of fundable applications.

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

If it is determined that the needed expertise/services are not available among these organizations, HRI/NYSDOH/AI reserve the right to establish additional competitive solicitations.

Ryan White funding is the *"payer of last resort"*. Please see **Ryan White Guidance for Part B Direct Service Subcontractors (Attachment 1)** for funding restrictions.

Funds under this RFA are considered dollars of "last resort" and can only be used when there are no options for other reimbursement. Grant funding cannot be used to reimburse for services that are able to be billed to a third party (i.e., Medicaid, ADAP, PrEP-AP, private health insurance, Gilead patient assistance, co-pay assistance programs, etc.). A provider cannot use grant funds in lieu of billing for services to a third party.

Organizations that are awarded contracts through this RFA will be required to document, in client files, how each client was screened for and enrolled in eligible third-party programs to pay for those services that are reimbursable by other sources.

II. WHO MAY APPLY

A. Minimum Eligibility Requirements

All applicants must meet the following minimum eligibility requirements:

- Applicant must be a 501(c)(3) non-profit organization status or NYSDOH licensed Article 28 Operating Certificate and has uploaded documentation to support 501(c)(3) non-profit organization status or NYSDOH licensed Article 28 status as **(Attachment 2);**
- Applicant must have a minimum of two (2) years of experience providing services to Persons Living with HIV/AIDS and populations most impacted by HIV and AIDS including ethnic minorities and persons defined as high risk; and,

- Applicant must submit the **Statement of Assurances (Attachment 3)** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed in the RFA.

III. PROGRAM MODEL

A. Program Model Description

Funded applicants will develop a comprehensive model that increases connection to and engagement of gay men and MSM living with HIV, especially Black and Hispanic MSM who have been disproportionately impacted by HIV, and includes client-centered case management using motivational interviewing, case conferencing with both the client and medical provider, individual and group health education, psychosocial and peer support, use of technology including social media and virtual platforms, and incentives for program services/milestones.

Funded services will address barriers to client engagement in the HIV service delivery system and expected program outcomes include behavior change leading to improvement in individual client health outcomes. Services are to be delivered via a seamless and coordinated approach designed to eliminate silos and improve efficiency and effectiveness.

1. Client Eligibility

All clients must meet the following eligibility requirements:

- Living with HIV;
- NYS Resident living within the defined Emerging Communities catchment area;
- Income eligible (500% of Federal Poverty Level (FPL) based on household size);
- Gay Men and Men who have sex with Men (MSM); and
- Meet **at least one of** the medical criteria listed below:
  - Newly diagnosed with HIV in the past 12 months;
  - Out of care for at least 6 months (if virally unsuppressed at last viral load test) or for at least 9 months (if virally suppressed at last viral load test and in need of treatment adherence support);
  - Virally unsuppressed at most recent known viral load test within the past 12 months;
  - Previously diagnosed but new to care or reengaging in care;
  - Currently living with untreated Hepatitis C and HIV; or
  - Previously diagnosed but inconsistently in care *or* at high risk for falling out of medical care *or* becoming unsuppressed *or* undergoing change in treatment regimen.

Among individuals meeting at least one of the criteria listed above, services should be prioritized for those who are not eligible for Medicaid. See **Program Specific Clauses – AIDS Institute** for additional information on client eligibility (**Attachment 4**).

2. Scope of Services

Funded applicants will provide the following Ryan White fundable support services to create a comprehensive program model. These services must not be provided as standalone services, and clients are required to receive all components of the program.

a. Non-Medical Case Management

Includes providing guidance and assistance in accessing medical, social, community,

legal, financial, and other needed services. Assist eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, and others.

Key activities include:

- Innovative outreach to the priority population;
- Initial assessment of social determinants of health and service needs and barriers;
- Development of a comprehensive, individualized person-centered care plan;
- Continuous client monitoring to assess the efficacy of the care plan;
- Referrals to clinical and supportive service providers including referrals to services to address adherence barriers;
- Re-evaluation of the care plan at least every six (6) months with adaptations as necessary; and
- Ongoing assessment of the client's needs and personal support systems.

b. Health Education/Risk Reduction

Includes sharing information about medical and supportive services with clients to improve their health status. Group sessions are the preferred method of delivering health education; however, in certain cases, individual sessions may be offered to address barriers such as transportation or confidentiality concerns. Health education sessions can be held in-person, via a videoconferencing platform, or over the telephone. Clients are required to complete five (5) health education sessions from a curriculum developed by the funded program that includes topics from the following categories:

- Education on HIV and other infectious diseases;
- Education on risk reduction strategies to reduce transmission including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for clients' partners and treatment as prevention;
- Education on healthcare coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage);
- Improving health literacy; and
- Treatment adherence education.

c. Psychosocial Support Services

Psychosocial support includes activities to increase social supports, such as HIV support groups, supportive counseling, and peer services. Services provided assist eligible people living with HIV address behavioral and physical health concerns. Use of technology including social media and virtual platforms is recommended.

The National HIV/AIDS Strategy for the United States, updated to 2025, states a culturally sensitive and skilled workforce is vital to developing a model of sensitive care which includes peer navigators. Peers are a valuable community resource lending credibility and cultural competence to a program. Peers can be particularly helpful with individuals who are sporadically engaged in or resistant to care, and they also provide an additional social support. Peers can assist with outreach, contacting and engaging consumers, accompany clients on clinical and supportive service appointments, assist with technology, provide encouragement as well as coaching elements, assist clients in self-advocacy and self-management, and assist with monitoring of progress. Peers can also assist a Health Educator during sessions but cannot be the main/sole facilitator. Peers provide a culturally sensitive approach to self-management that incorporates the

sharing of similar experiences and strategies for success from an individual who has navigated similar systems.

Psychosocial support services are not therapeutic in nature. Referrals to licensed behavioral health professionals should be provided to clients in need of mental health and/or substance use treatment.

Ryan White funds may not be used for social/recreational activities or to pay for a client's gym membership. Refer to **Program Specific Clauses – AIDS Institute** for additional information on unallowable costs (**Attachment 4**).

d. Incentives to Promote Behavior Change

Positive reinforcement along with client incentives for program services and milestones including viral suppression, case conferences and health education sessions. Applicants will be required to follow the **Emerging Communities Incentive Policy (Attachment 5).**

Offering incentives is not a standalone service and is just one strategy to achieve improvements in health outcomes. This service is a pilot component of the RFA, and additional evaluation activities will be conducted by the AI for this service.

i. **Viral Suppression:** Incentives are used to encourage clients to achieve and maintain viral load suppression.
   - A $50 incentive may be distributed to eligible clients every six (6) months, up to $100 per year. Verification of viral load suppression should be supplied by the client or accessible by staff in the medical record. Client self-report is not sufficient.
   - Funded applicants must have access to viral load lab results via an electronic health record (EHR)/medical record (EMR) or through access to the Regional Health Information Organization (RHIO).
   - For the purpose of this policy, the definition of viral load suppression will mirror that of the New York State Department of Health AIDS Institute Clinical Guidelines (below 200 units/mL).
   - Clients enrolled in the program may not receive a Ryan White incentive for viral load suppression if they are receiving an incentive for viral load suppression from another source (such as Medicaid/health insurance plan, a research study, or other agency program).

ii. **Case Conferences:** Incentives are used to encourage clients to attend case conferences at enrollment and every six (6) months thereafter.
   - A $50 incentive may be distributed to eligible clients every six (6) months for attending their case conference; up to $100 per year.
   - Case conferences must be with at least one HIV clinical provider (MD, PA, RN, NP, medical social worker, medical case manager).
   - Clients must be in attendance. Case conferences can be held in-person, via a videoconferencing platform, or over the telephone.
   - Case conferences must be documented in the client's record and address ART and appointment compliance, viral load, and other lab results, outline any barriers to care and treatment, and identify needed referrals.

iii. **Health Education:** Incentives are used to encourage clients to attend health education sessions about HIV self-management, as defined in the scope of services.
   - An incentive up to $20 may be distributed to eligible clients for attending a health education session; up to $100 per year.
   - Pre- and post- test surveys must be incorporated to evaluate change in clients' knowledge. Surveys must be completed to receive the incentive.

Besides the required services, cultural and linguistic competency and health equity must be demonstrated.

e. Demonstration of Cultural and Linguistic Competency

In order to effectively engage clients and provide high-quality services, a meaningful, trusting partnership should be developed between provider and client. Programs should be designed with an understanding of the differences that derive from language, culture, race/ethnicity, religion, age and developmental characteristics. Programs would benefit from using The Guide to Providing Effective Communication and Language Assistance Services within their organization which can be found at https://hclsig.thinkculturalhealth.hhs.gov/. This Guide is grounded in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (or the National CLAS Standards located at https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf), which were developed by the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) as a means to advance health equity, improve health care quality, and help eliminate health care disparities. Applicants should also review the topic of Structural Competency, which aims to develop a language and set of interventions to reduce health inequalities at the level of neighborhoods, institutions and policies. Organizations that address structural competency can be more attentive to social determinants of health in patients/clients, shift how clients are understood, and potentially increase empathy for marginalized clients.

f. Demonstration of 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. The NYSDOH AIDS Institute also acknowledges 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. See **Health Equity Definitions and Examples (Attachment 6).**

The NYSDOH AIDS Institute 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 of health including socioeconomic status, education, housing, transportation, employment, cultural competence, access to healthcare services and discrimination.

The NYSDOH AIDS Institute is committed to ensuring 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 the AIDS Institute's 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.

In addition, funded applicants will incorporate the Bureau of Community Support Services Guiding Principles (Attachment 7) in their program model:

- Formal partnership(s) with clinical provider(s) in the region;
- Development of Referral Service Agreements;
- Consumer Involvement;
- Harm Reduction Approach Strategies;
- Development of Self-Management Interventions;
- Integration of Trauma-Informed Care Principles;
- Use of Behavioral Science-Based Interventions;
- Hepatitis Screening and Referrals;
- Health Literacy Universal Precautions;
- Undetectable = Untransmittable (U=U);
- Affiliation with Medicaid Managed Care (MMC), Medicaid Health Homes, and SNPS for NYC Medicaid Beneficiaries; and
- Development of a Quality Management Plan including an evaluation strategy and program deliverables/benchmarks to monitor success.

3. Minimum Required Staffing

All funded programs must adhere to the minimum staffing requirements, but staffing should meet the need of the priority population in the applicant's community. A comprehensive holistic approach to care is critical.

a. One (1.0) Full Time Equivalent (FTE) position to provide the complement of services described above and in the provider's grant application. Funding for this position under this initiative may **NOT** be blended with other initiatives or funding streams.

   The recommended qualifications for this position are:
   - Associates Degree, B.A. or B.S. preferred, with 2 years of experience working in the field of HIV/AIDS, behavioral health, substance abuse, health education, or other chronic illnesses;
   - Familiarity with regional HIV primary care, mental health, substance abuse and other services and resources;

- Possess an understanding of community level work and the importance of collaborating and coordinating with other organizations;
- Effective communication and documentation skills;
- Cultural and linguistic competence for the priority population; and
- Familiarity with motivational interviewing and trauma-informed care.

b. One (1) Peer Navigator can be full or part-time and may be blended with other initiatives or funding streams.

The recommended qualifications for a Peer Navigator are:
- Ability to speak and write clearly;
- Be reflective of the communities/populations being served (bilingual, PLWH/A, BIPOC, Latino, LGBT, former substance users, etc.); and
- Be knowledgeable about the region's services and familiar with navigating the systems of care.

4. Outcomes

The intended outcome of this initiative is to develop a set of best practices for engaging and providing high quality services to gay men and MSM who are unengaged or sporadically engaged in HIV care and treatment, reduce racial and ethnic disparities, and demonstrate success in the following areas:

a. Increased connections to, and engagement of, MSM;
b. Improved retention in HIV medical care;
c. Prompt linkages to social support services that address social determinants of health; and
d. Increased rates of sustained HIV viral load suppression (defined as a viral load test less than 200 copies).

The best practices identified by contractors may be used to inform future potential funding solicitations.

B. Requirements for the Program

All applicants selected for funding will be required to:

1. 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) client recruitment, 3) success in meeting the **NYSDOH AI Emerging Communities Program Model**, 4) significant accomplishments achieved, and 5) barriers encountered and plans to address noted problems;
2. Submit statistical reports on clients served, and other data using the NYSDOH AI Reporting System (AIRS). Successful applicants must demonstrate the capacity to collect and report all required data, both personnel and hardware-related using AIRS. AIRS is a data reporting system that is required by the NYSDOH AI to report client demographic information as well as program activities. The NYSDOH AI requires maintenance and reporting of unduplicated client level data, including demographics and service histories, in accordance with applicable federal and/or state reporting requirements. The NYSDOH AI provides and supports the AIRS software to enable providers to meet data submission requirements. System requirements for AIRS include having an Operating system of Windows 7 or greater with a 17" or larger monitor for

running AIRS. Details on this software product may be obtained by accessing the following Internet address, www.airsny.org.

IV. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute, Division of HIV & Hepatitis Health Care/Bureau of Community Support Services and Health Research Inc. The Department 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 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 "*Emerging Communities RFA*" in the subject line.

This RFA has been 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. 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 ***Emerging Communities 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 (BML) 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 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 HRI General Terms and Conditions (Attachment 8).** Contracts resulting from

this RFA will be for 12-month terms. The anticipated start date of the contract is April 1, 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 & Reporting Requirements of Grant Awardees

1. Due to requirements of the federal funder, no advance payments will be allowed for HRI 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 9)** each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractors will possess, at no cost to HRI, 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 and the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in the **Application Cover Page (Attachment 9).**

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 and the Department 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 and the Department 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.

    c. If, in the judgment of the Department and HRI, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State and HRI, the

Department and HRI acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

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 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 10).**

Applications should not exceed **twelve** (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 9)**, 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:	15 points
3.	Health Equity	Maximum Score:	15 points
4.	Program Design and Implementation	Maximum Score:	50 points
5.	Budget and Justification	Maximum Score:	20 points
			100 points

1. Program Abstract **Maximum 1 page**
Not Scored

Applicants should provide a program abstract with the following information:

1a) Describe the proposed program. Include what will be completed and how.

1b) How many years of experience does you organization have providing services to Persons Living with HIV/AIDS and populations most impacted by HIV and AIDS including ethnic minorities and persons defined as high risk?

1c) What are the program goals and objectives?

1d) What is the geographic region to be served?

1e) Describe the priority population. Indicate the total number of unduplicated clients to be served.

1f) What types of outcomes does your organization expect to achieve? How will success be measured?

2. Community and Agency Description **Maximum 2 pages**
Total 15 Points

2a) Describe why your organization is qualified to implement the proposed program model. Describe the need for services within the community. Include both quantitative and qualitative evidence to address this question. Applicants are instructed to include their **Organizational Chart as Attachment 11.**

2b) Describe the other programs and agencies in the geographic area that are relevant to your proposed program model and how you will leverage these programs to maximize benefit to MSM who are unengaged or sporadically engaged in HIV care and treatment in your community without supplanting other resources. Applicants are instructed to complete **Service Linkages Chart (Attachment 12).**

2c) Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal. Include the results of the program and successes of those grants. If your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results.

3. Health Equity **Maximum 1 Page**
Total 15 Points

3a) Which SDOH(s) barriers will you address with the priority population(s) served by this funding?

3b) Please provide the most current data that you have used to identify the SDOH barriers affecting the population(s) served by the funding.

3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the SDOH(s). (i.e., if you have offered nutrition or housing services, for example, to a client and they have responded, has it improved their adherence with treatment?)

3d) What is your organization's policy around addressing SDOH(s)? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?

3e) How does the organization's leadership reflect the population served?

4. Program Design and Implementation **Maximum 9 Pages**
Total 50 Points

4a) Describe the community or communities you will serve through this funding. Include a description of the priority population; the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the priority population. Include how regional needs assessment and other data support the need for these services for the priority population. Applicants are instructed to complete **Sites, Days, and Hours of Operations Chart (Attachment 13).**

4b) Describe your overall program design. Include specific strategies for implementing the scope of services as a comprehensive program. Applicants are instructed to complete **Program Timeline (Attachment 14).**

4c) Describe how client incentives for program services and milestones including viral suppression, case conferences and health education sessions will be incorporated into the program model. Describe how distribution of incentives will be operationalized in accordance with AI's Incentive Policy and how viral load lab results will be obtained to verify milestone achievement. Refer to **Emerging Communities Incentive Policy (Attachment 5).**

4d) Describe how the use of technology including social media and virtual platforms will be incorporated into the program model to promote engagement in care and treatment.

4e) Describe key community partnerships required for successful implementation of the proposed program and how clients' access to and engagement in these services will be facilitated, coordinated, recorded, and reported. Describe how viral load results for enrolled clients will be obtained.

4f) 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? How will you monitor and evaluate the immediate impact of your efforts to address social determinants of health?

4g) Describe how data will flow from point of service delivery to entry into AIRS. Include how your organization will collect, analyze, and report client level and programmatic data. If using an electronic health record (EHR), describe how data is extrapolated from this to AIRS and other tracking systems.

4h) How does your proposed staffing plan meet the minimum requirement described in the program model? Provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures and experience required for each position. Staff roles and responsibilities for AIRS activities (System administration, data entry, data quality control and NYSDOH AI reporting) should be included. Applicants are instructed to complete **Agency Capacity and Staffing Information (Attachment 15)**. If in-kind staff are included in the proposed program, they should be included in the staffing detail and included in **Attachment 15**.

4i) Describe the plan for initial and ongoing staff training and support.

4j) Describe how the agency will ensure that the services provided are culturally sensitive and linguistically appropriate.

5. Budgets and Justifications **No Page Limit**
Total 20 Points

Complete and submit a Budget and Budget Justification following these instructions:

5a) 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 **Ryan White Funding Specific Budget Forms and Justification (Attachment 16)**. Instructions for completing the budget forms are included as **Instructions for Completion of Budget Forms for Solicitations (Attachment 17)**. 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. See **Program Specific Clauses – AIDS Institute** for additional information on unallowable costs **(Attachment 4).** Contracts established resulting from the RFA will be cost reimbursable.

5b) 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.

5c) 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, and Subcontracts/Consultants.

5d) 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 18**. The Statement of Activities must show total support and revenue and total expenditures.

5e) Applicants are required to include a copy of the agency's most recent **Yearly Independent Audit** as **Attachment 19.**

5f) Applicants are required to include a copy of their **Agency Time and Effort Policy** as **Attachment 20.**

5g) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200). This information should be included in the Budget Justification.

5h) Applicants are required to complete and include **Funding History for HIV Services** as **Attachment 21.**

5i) Ryan White administrative and indirect costs are limited to a maximum of 10% total direct costs. See **Ryan White Guidance for Part B Direct Service Subcontractors (Attachment 1)**.

5j) Funding requests must adhere to the following guidelines:

- 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. Agencies currently funded by the NYSDOH AI to provide program services in accordance with the requirements of this RFA must apply for continuation of funding.

- 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. Application Review & Award Process

Applications meeting the minimum 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. A panel convened by the NYSDOH 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 NYSDOH AI and other funding sources for providing similar and related services.

The application with the highest acceptable score 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).

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. Should additional funding become available, the NYSDOH AI may select a contractor from the pool of applicants deemed not funded due to limited resources. If it is determined that the needed expertise/services are not available among these organizations, the NYSDOH AI reserves the right to establish additional competitive solicitations or to award funds on a sole source basis.

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 – *Health Equity* will receive the award.

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.
Applicants awarded funding will be required to follow the guidance detailed in **Ryan White Guidance for Part B Direct Services Subcontractors (Attachment 1**).

Once the awards have been made, applicants may request a debriefing of their application. 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.

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.)

To request a debriefing, please send an email to AIGPU@health.ny.gov. In the subject line, please write: *Debriefing Request - Emerging Communities RFA.*

VI. ATTACHMENTS

Attachment 1: Ryan White Guidance for Part B Direct Service Subcontractors**
Attachment 2: Documentation of: Current 501(c)(3) non-profit organization status OR NYSDOH Article 28 Operating Certificate*
Attachment 3: Statement of Assurances*
Attachment 4: Program Specific Clauses - AIDS Institute**
Attachment 5: Emerging Communities Incentive Policy**
Attachment 6: Health Equity Definitions and Examples**
Attachment 7: Bureau of Community Services Guiding Principles**
Attachment 8: HRI General Terms and Conditions**
Attachment 9: Application Cover Page*
Attachment 10: Application Checklist*
Attachment 11: Agency Organizational Chart*
Attachment 12: Service Linkages Chart*
Attachment 13: Site(s), Address, Day(s), and Hours of Operations Chart*
Attachment 14: Program Timeline*
Attachment 15: Agency Capacity and Staffing Information*
Attachment 16: Ryan White Funding Specific Budget Forms and Justification*
Attachment 17: Instructions for Completion of Budget Forms for Solicitations**
Attachment 18: Statement of Activities for past three (3) years*
Attachment 19: Yearly Independent Audit*
Attachment 20: Agency Time and Effort Policy*
Attachment 21: Funding History for HIV Services*

*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.