

**New York State  
Department of Health  
AIDS Institute  
Division of HIV and Hepatitis Health Care  
Bureau of Community Support Services  
And  
Health Research, Inc.**

**Request for Applications (RFA)  
RFA #23-0005**

***Ryan White Part B HIV/AIDS Support Services to Address Social Determinants of Health***

**QUESTIONS AND ANSWERS**

*Questions below were received by the deadline announced in the Request for Applications. The New York State Department of Health/Health Research, Inc. is not responsible for any errors or misinterpretation of any questions received.*

The responses to questions included herein are the official responses by the New York State Department of Health/Health Research, Inc. to questions posted by potential bidders and are hereby incorporated into the RFA #23-0005. In the event of any conflict between the Request for Applications and these responses, the requirements or information contained in these responses will prevail.

**Administrative:**

**Question 1:** I am unable to find the posting for this Request for Applications on the New York State Grants Gateway or in the Statewide Financial System (SFS). How do I apply for this on RFA?

**Answer 1:** This solicitation contains funding from Health Research, Inc. (HRI) only and is not available on the Grants Gateway or in the Statewide Financial System. **Applications must be emailed by the due date to the email address listed on the cover page of the Request for Applications.**

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

**Answer 2:** Applicants **must** submit one PDF version of the entire application (including Application Cover page, Application checklist, narrative and all attachments) by **email** to **[AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov)** by the date listed on the cover page of the Request for Applications, April 3, 2024, by 4:00 PM ET. The subject of the e-mail line should reference: **Ryan White Part B HIV/AIDS Support Services to Address Social Determinants of Health, RFA #23-0005.**  
**Late applications will not be accepted.**  
**Hand-delivered and/or mailed applications will not be accepted.**

**Question 3:** Do you anticipate any problems with the electronic submission of large PDFs that may not go through properly via the email address provided? If so, what can applicants do if they have trouble submitting the large PDF?

**Answer 3:** We have not experienced and do not anticipate issues with submitting large PDFs via email. Anyone experiencing any difficulty should reach out to the email address provided.

**Question 4:** For application submission - Are zipped files acceptable?

**Answer 4:** Applicants **must** submit one PDF version of the entire application (including Application Cover page, Application checklist, narrative and all attachments) by email to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov) by the date listed on the Cover Page of the Request for Applications. Zipped files are not acceptable.

**Question 5:** If an application is received after 4:00 PM ET on April 3, 2024, will it be considered?

**Answer 5:** It is the applicant's responsibility to see that applications are sent to the email address stated in the Request for Applications prior to the date and time specified.

**Late applications will not be accepted.**

**Question 6:** In 'Section V. Completing the Application', on page 22, you state that the application must be "numbered consecutively, including all attachments." Do we need to re-number internal documents (attachments, i.e. audit) that are already numbered?

**Answer 6:** Yes, it is helpful to the review process if the application packet is numbered consecutively for reference purposes. Applicants may "re-number" attachments by hand to achieve this goal.

**Question 7:** In 'Section V. Completing the Application', on page 22 under Application Format and Content, you state that "Applications should not exceed twelve (12) double-spaced pages, using a 12-pitch type font with one-inch margins on all sides." Is the Program Abstract part of the page maximum for the application?

**Answer 7:** The Application Cover Page - Attachment 4, Program Abstract - Attachment 10, budget and budget justification, and all attachments are not included in the application twelve (12) double-spaced page limitation.

**Question 8:** Are all fonts acceptable (ie Calibri, Arial)?

**Answer 8:** Applications should be submitted using a 12-pitch type font. All normal size fonts are acceptable. Please refer to Section V. Completing the Application, A. Application Format and Content, page 22 of the Request for Applications for more information.

**Question 9:** Where can we find the forms to complete the budget and other required attachments? They don't appear to be included as a part of the Request for Applications.

**Answer 9:** All forms and documents associated with this Request for Applications can be found at <https://www.healthresearch.org/funding-opportunities/>. Some attachments are not documents that are provided with the Request for Applications, but rather ones the applicant should include with their application if applicable.

**Question 10:** If we are already an AIDS Institute funded program, should we use the forms we already have? They include the information requested in Attachment 18.

**Answer 10:** No. Applicants should complete the information requested on the forms provided (as Attachment 18: Ryan White Specific Budget Forms and Justification regardless of whether or not they are currently funded by the AIDS Institute.

**Question 11 A:** Attachment 18: The linked budget pages are not the latest HRI forms that were approved in January 2024. Should we use the most current budget forms or the one on the RFA applicant webpage?

**Question 11 B:** The budget forms attachment is an older version of the forms than the version we have been instructed to use for all HRI contracts. Do you want us to use the latest version or the older version that is posted on the website?

**Answer 11 A-B:** Applicants should use the budget forms provided on the Health Research, Inc. website at: <https://www.healthresearch.org/funding-opportunities/> for RFA #23-0005, **Attachment 18 - Ryan White Funding Specific Budget Forms and Justification.**

**Question 12:** Components A and C: Given that the initial contract will be six months, should we submit an annualized budget or a 6-month budget with the application?

**Answer 12:** As stated in Section V. Completing the Application, A. Application Format and Content, 5. Budgets and Justifications, page 25 (Component A) and page 31 (Component C) of the Request for Applications (RFA), applicants are required to submit an annual budget based on the maximum award as listed for the region in which they are applying. The budget should cover the period of 10/1/24 – 9/30/25.

**Question 13:** When will awards be made and contract begin?

**Answer 13:** It is anticipated that awards will be announced August 1, 2024. The anticipated start date of the contract is October 1, 2024.

**Question 14:** Will there be a separate RFA funding Housing in Manhattan in the future?

**Answer 14:** The New York State Department of Health AIDS Institute's Bureau of Community Support Services will not issue a separate solicitation for housing in the future. Funding opportunities for New York State Department of Health are posted on the NYS Statewide Financial System website at: [SFS Public Portal Homepage](#) and additionally, via a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>.

. Funding opportunities for Health Research, Inc. (HRI) are posted at: <https://www.healthresearch.org/funding-opportunities/>

**Question 15:** Program Abstract (Attachment 10) - There is a box to fill in. Should we attach a 2 page narrative instead?

**Answer 15:** Applicants should complete **Attachment 10 - Program Abstract** using the space provided (boxes will expand as text is added). The document should not exceed two (2) pages in length when complete.

**Question 16:** Will all competitions be reviewed by the same team?

**Answer 16:** Applications meeting the eligibility requirements and guidelines set forth in the Request for Applications will be reviewed and evaluated competitively by a panel convened by the New York State Department of Health AIDS Institute using an objective rating system reflective of the required items specified for each component. Review Teams are typically assigned applications according to specific criteria such as region.

**Question 17:** Is Attachment 15, Program Timeline required to be completed for each proposed service or may all service activities be combined into one timeline?

**Answer 17:** Because this is a consolidated, streamlined model of service delivery, all service activities should be reflected on a single timeline using **Attachment 15 - Program Timeline**.

**Question 18:** For question: “2a) Describe why your agency 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 Agency Organizational Chart as Attachment 11.” Do we put our “proposed organizational chart with this grant funding” or our current organizational chart as of the date of the grant submission?

**Answer 18:** The Agency Organizational Chart submitted should reflect the proposed program.

**Question 19:** On February 14th, BCSS providers received an email from the BCSS team at email address BCSS@health.ny.gov stating that funding to support Benefits Counseling, Case Management/Health Education (CM/HE), Medical Transportation, Nutrition Health Education (NHE) and Congregate Meal and Housing Retention and Financial Assistance (HRFA) BCSS initiatives end on 9/30/2024 and that this RFA is represents the “replacement” funding. BCSS providers include programs that are both Ryan White and also discretionary funding. Currently, for example, the discretionary funded NHE program/initiative also ends 9/30/24. Does the email we received also mean that this and other discretionary funded initiatives are ending on 9/30/24 or will there be RFAs released related to these programs and funded with discretionary funds?

**Answer 19:** All Benefits Counseling (BC), Case Management/Health Education (CM/HE), Medical Transportation (MT), Nutrition Health Education (NHE) and Congregate Meal and Housing Retention and Financial Assistance (HRFA) contracts, regardless of funding source, will end September 30, 2024. Agencies currently funded under these initiatives must successfully compete for funding to continue receiving funding past September 30, 2024.

### **Applicant Conference:**

**Question 20A:** Will this recording and slides be shared?

**Question 20B:** I was unable to retrieve the information of where I can locate slides. Can you please provide the specific link or website?

**Answer 20 A-B:** The Applicant Conference slides are included within this formal Question and Answer document, posted at Health Research, Inc.’s website at: <https://www.healthresearch.org/funding-opportunities/>. A recording of the Applicant Conference will not be shared.

**Question 21:** Is the reference for the slide citing Social Determinants of Health all from the same source (feign JR 2006)?

**Answer 21:** No, that reference, Feagin JR, 2006, is specific to the definition of racism in America.

**Question 22:** Can you share a list of agencies that attended the applicant conference or have indicated an interest in applying?

**Answer 22:** The participant list will not be shared.

### **Applicant Eligibility:**

**Question 23:** We are a Federally Qualified Health Center (FQHC) but do not have Ryan White funding. We meet the other eligibility requirements. Are non-Ryan White Part B or AIDS Institute funded FQHCs eligible for this funding?

**Answer 23:** Applicants do not need to be currently or previously funded with Ryan White Part B to apply.

Applications must meet all Minimum Eligibility Requirements listed on Pages 5-6 of the Request for Applications (RFA) to be eligible. Applications that do not meet all the Minimum Eligibility requirements for the Component applied for will be removed from consideration.

**Question 24 A:** Can we apply for both Component A and Component B? Can we submit multiple applications for different regions for each Component?

**Question 24 B:** How do we know which Component to apply for, Component A or Component B?

**Question 24 C:** We only have experience providing one Ryan White service (Medical Transportation). Can we still apply?

**Answer 24 A-C:** As stated on the Cover Page of the Request for Applications (RFA), applicants may submit no more than one (1) application in response to Component A or Component B. Applicants may not apply for both Component A and Component B.

Applicants should review Section III. Program Model, A. Component A and Component B Program Model Description, page 7 of the Request for Applications (RFA) for information on the program model descriptions for Component A and Component B. Applicants should select the Component/Program Model that best fits the agency's mission and capacity.

### **Supplantation of Services:**

**Question 25 A:** During the applicant conference, it was stated that applicants may only apply to provide non-medical case management, food and nutrition services, health education/risk reduction services, and psychosocial support services if we do not receive Ryan White Part A funds to provide the same services. We do receive Part A funds for some of our programs (e.g., care coordination; food and nutrition), however, services are not provided at one location or in an integrated manner. In addition, said services are not targeted to BIPOC or other populations mentioned in the Part B RFA, and are not provided using a SDOH lens. Are we still eligible to apply?

**Question 25 B:** We are currently funded for the AIDS Institute HIV Primary Care Retention and Adherence (RAP) grant, will the RFA #23-0005 be considered duplicative services?

**Question 25 C:** In the context of an HIV clinic currently receiving funding through the Ryan White Part A Medical Case Management and Mental Health Grant and participating in the Advancing Health Equity Retention Adherence Program from the AIDS Institute, would it be feasible for this clinic to apply for Component B of this grant?

**Question 25 D:** Will the RFA #23-0005 and the Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services RFA be considered duplicative services?

**Answer 25 A-D:** As stated in Section V. Completing the Application, A. Format and Content, 5. Budgets and Justifications pages 26 (Component A), 29 (Component B), and 32 (Component C) of the Request for Applications:

*“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.”*

**Question 26 A:** What are the services that are allowable when an agency has Ryan White Part A?

**Question 26 B:** If an agency is currently funded under Ryan White Part A to implement Health Education/Risk Reduction (HE/RR) services, but this funding is being terminated on August 2024, can they still apply under Component A or B of this Request for Applications (RFA)?

**Question 26 C:** We receive Ryan White Part A for nutrition. Can we still apply?

**Answer 26 A-C:** New York City applicants may apply for Non-Medical Case Management, Food Bank/Home Delivered Meals, Health Education/Risk Reduction and Psychosocial Support services. However, applicants who receive Ryan White Part A funding for these services effective 10/1/24 may not apply for the same service in the same location. Applicants are eligible to apply if they currently receive Ryan White Part A funding that ends before 10/1/24.

**Question 27:** If we have Part A resources that provide similar services in three of the counties in the HV Region, can we limit the service area for this Part B program to the other four counties?

**Answer 27:** Yes. Ryan White Part A is limited to the three (3) counties in the Ryan White Part B Hudson Valley Region, so an applicant may apply to cover the remaining counties.

### **Regional Coverage & Partnerships/Subcontracting:**

**Question 28 A:** Could an agency pick Component model A, apply for all 7 support service categories, but work with another community provider contractually to provide one of the 7 services?

**Question 28 B:** If an agency goes for all available key services in Component A, is sub-contracting allowable to another agency for one or more services? Page 29 of 34 5j Subcontracting.

**Answer 28 A-B:** Yes. Partnerships and collaboration are encouraged, and subcontracts can be considered with justification. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process.

Line-item budgets and work scopes must be submitted for each subcontractor/consultant budget over \$10,000. Refer to Attachment 5 - Ryan White Guidance for Part B Direct Service Subcontractors for more detail.

**Question 29 A:** For Component A, in regions with several counties, does an applicant have to serve the entire region? May they only serve one or two counties, or sub-sections of counties?

**Question 29 B:** For Components A & B: Is an agency required to provide services for all of the counties listed in a region?

**Question 29 C:** Can you service just one county, or do you have to service both Nassau and Suffolk Counties?

**Question 29 D:** For both Components A and B, while the award is for a specific borough of New York City, can program participants come from any of the 5 boroughs to receive services?

**Question 29 E:** Considering there will only be one award for the Queens and Staten Island region, how do you envision the logistics to work between partnering agencies if they don't already serve both Staten Island and Queens?

**Question 29 F:** For regions that are combined in Component A and B, such as Queens / Staten Island, must the proposal include both regions or can an agency submit an application to provide services in only one of the regions?

**Answer 29 A-F:** As stated in Section II. Who May Apply, A. Minimum Eligibility Requirements, NYSDOH Region (applicable to all Components), page 6 of the Request for Applications (RFA), Applicants may only select one (1) NYSDOH Region on the Application Cover Page - Attachment 4. The NYSDOH Region should be the location where the largest number of clients is served. This does not preclude an applicant from proposing to serve one or more counties outside a defined service region.

Applicants are not required to serve every county within the selected New York State Department of Health (NYSDOH) region. The applicant can determine which county (or counties) to serve within that region.

Applicants are encouraged to adopt a model of service delivery that maximizes access, availability, and reach throughout the region.

**Question 30:** Re RFA Section III, A (1) – Component A Community Support Services: We have multiple clinic sites. Is it allowable to conduct our proposed Component A program at all of our sites, with the program being based at 1 primary site?

**Answer 30:** Yes. However, **all** proposed service sites must meet **all** Minimum Eligibility Requirements for Component A as outlined in Section II. Who May Apply, A. Minimum Eligibility Requirements, on page 5 of the Request for Applications.

**Question 31:** Page 8, 2. Component B: do the partnerships developed with Other Ryan White Part B and HIV support service providers have to be in the same borough as the applicant or can they cross boroughs?

**Answer 31:** Partnerships can cross boroughs/counties.

**Question 32 A:** Is there a requirement for how many Memorandums of Understanding (MOUs) or linkage agreements we have to have?

**Question 32 B:** Are letters of support or linkage agreements required to be submitted for this grant?

**Answer 32 A-B:** As stated in Section III. Program Model, A. Component A and Component B Program Model Description, 1. Component A: Community Support Services: Multi-Service Model, page 8 of the Request For Applications (RFA), Component A applicants are expected to establish active bi-directional linkages and work effectively and efficiently including holding case conferences with providers of primary medical care services, medical case management, behavioral health (both mental health and substance use treatment) services, housing and entitlement services, nutrition services, transportation services, legal services, Health Homes, and peer programs.

As stated in Section III. Program Model, A. Component A and Component B Program Model Description, 1. 2. Component B: Community Support Services: Collaborative Model, page 8 of the RFA, Component B applicants will develop partnerships with other Ryan White Part B (RWB) and HIV support service providers, including memoranda of understanding that will be reviewed and signed annually; develop a referral methodology with a referral tool, release forms, outlined referral processes, and follow-up/care coordination processes with scheduled routine case conferences; develop a resource guide for clients with information for all partnership programs; and develop and perform trainings to inform other Ryan White Part B (RWB) service providers on how to access their program services.

All applicants are instructed to complete **Attachment 13 - Service Linkages Chart**.

Letters of Support and Memorandums of Understanding (MOUs) are not a requirement of this Request for Applications.

**Priority Populations:**

**Question 33 A:** Can we serve people who are NOT members of the priority population (Black, Indigenous, People of Color [BIPOC])?

**Question 33 B:** Page 17 of the Request for Applications (RFA) states a program requirement for all components is to *“serve a cross-section of clients who are representative of the overall Black/African American, Indigenous and People of Color population demographics within the selected community.”* Based on our community needs assessment however, this population makes up a small proportion of those impacted by HIV. Instead of race, can we prioritize populations by other demographic factors such as age and/or sex assigned at birth?

**Answer 33 A-B:** Applicants should prioritize and focus on serving populations who are disproportionately impacted by HIV based on the community needs assessment. This does not mean individuals from other populations cannot be served, but the intent of the Request for Applications (RFA) is to advance health equity.

**Question 34:** Re: p15 of RFA: Can we include and serve subpopulations of priority populations mentioned in the RFA in our proposed Component A program?



**Answer 34:** As stated on Page 17 of the Request for Applications (RFA), all applicants are required to serve a cross-section of clients who are representative of the overall Black/African American, Indigenous and People of Color (BIPOC) population demographics within the selected community. Applicants may serve BIPOC subpopulations based on the community needs assessment. Individuals from other populations may be served, but the intent of the Request for Applications (RFA) is to advance health equity.

**Component A & Component B Service-Specific Questions:**

**Question 35:** One of the outcomes listed for Component A and Component B (Page 18) is “improved responses to Social Determinants of Health (SDOH) assessment”. Will SDOH assessment/reassessment be required? Can we use our own SDOH assessment tool?

**Answer 35:** Funded applicants will be required to conduct assessment/reassessment of all clients’ Social Determinants of Health (SDOH) to inform service planning and delivery. Funded applicants will be required to implement a standardized Social Determinants of Health (SDOH) screening tool in the AIDS Institute Reporting System (AIRS).

**Question 36:** In each region, if one agency applies for all 7 Support Service Categories under Component A, would that mean that an agency applying for 3 of the Support Service Categories under Component B would not be funded, as the agency applying for Comp A has taken all of the categories of support services?

**Answer 36:** No. Components A and B are separate and distinct from one another.

**Question 37:** Page 7: Program Model. To clarify: Component A will be services provided within the agency and Component B will be services referred to outside agencies?

**Answer 37:** No. It is expected that Component B programs establish referral networks for other Ryan White Part B services they are not funded to provide onsite.

**Question 38 A:** Regarding Component A under section III PROGRAM MODEL -A1 -Component A: Community Support Services -Multi-Service Model, it states that under this model we are to pick 4 or more of the 7 services available noted on Table A2. Since there is only one award (noted in table A1) per region, how will you address services that are NOT chosen of the 7 options for a particular region? For example, if an agency wishes to apply for 6 out of the 7 categories, what happens with that 7<sup>th</sup> category?

**Question 38 B:** If an agency seeks funding under Component A, but does not bid for all of the key services available, what happens to those services, since there is only one award being offered in each region? Page 7 of 34 Component A: Community Support Services: Multi-Service Model.

**Answer 38 A-B:** The seven (7) services are also available for Component B applicants. Between Components A and B, it is anticipated that all seven (7) services will be covered for that region. Applicants should use their community needs assessment to inform the support services selected.

**Question 39:** Regarding Table A2 -Component A: Maximum Annual Award amounts by Supportive Service Selected, although the total award amount will not be separated by each service selected, programmatically, will there be separate standards applicable for each service within the Component A multi service model?

**Answer 39:** Funded applicants will receive one comprehensive set of standards that will address all service-specific requirements.

**Question 40 A:** Under Component A, what is the minimum number of clients that applicants are expected to serve annually by service, and overall? The RFA does not state a minimum number. Would you be able to provide some guidance on the projected number of clients that applicants are expected to serve?

**Question 40B:** Are there minimum and/or maximum caseloads that apply to Non-Medical Case Management (NMCM); where are published guidelines located?

**Question 40 C:** Is there a minimum number of clients we need to serve?

**Question 40 D:** Is there a minimum number of clients served by service area (ex. Minimum 50 clients participate in Medical Transportation services)?

**Answer 40 A-D:** There is no minimum or maximum caseload required. Applicants are encouraged to propose caseloads that are based on the community needs assessment and commensurate with the level of funding requested. In addition, applicants are encouraged to adopt a model of service delivery that maximizes access, availability, and reach throughout the region.

Funded applicants will receive one comprehensive set of standards that will address all service-specific requirements.

**Question 41:** We are a currently funded provider of Case Management/Health Education (CM/HE) and Nutrition Health Education (NHE). May we continue providing Health Education/Risk Reduction (HE/RR)?

**Answer 41:** The services in this new model are no longer bundled together as they have been in previous initiatives. Receiving Non-Medical Case Management (NMCM) and Food Bank/Home Delivered Meals (FB/HDM) will not be contingent on also receiving Health Education/Risk Reduction (HE/RR).

In the example above, the provision of Health Education/Risk Reduction (HE/RR) services could continue and would not need to be tied to the receipt of another Ryan White Part B service. The applicant would need to apply for Non-Medical Case Management (NMCM), Health Education/Risk Reduction (HE/RR), and Food Bank/Home Delivered Meals (FB/HDM).

#### **Non-Medical Case Management (NMCM):**

**Question 42 A:** P. 11-13, Section 5 - Component A & Component B Scope of Services: Non-Medical Case Management (NMCM) services - Are all patients enrolled in any of the services offered through this program required to be enrolled in non-medical case management? For example, if someone's only need is medical transportation assistance, are they required to be enrolled in NMCM?

**Question 42 B:** P. 8 - Are patients who are enrolled in Health Home care coordination programs eligible for Non-Medical Case Management (NMCM) through this program?

**Answer 42 A-B:** Applicants are not required to apply for Non-Medical Case Management, and clients are not required to receive Non-Medical Case Management. Regardless of whether an applicant proposes to provide Non-Medical Case Management (NMCM), all funded applicants for Component A and Component B will be required to conduct centralized intake, assessments and biannual reassessments, joint service plans, and interdisciplinary team case conferencing that address all funded services an enrolled client may receive.

Clients enrolled in a Health Home are not eligible to receive Non-Medical Case Management services, but they would be able to receive other funded support services if they meet Ryan White eligibility criteria.

**Question 43:** Component A (RFA page 11, section 5.a, and page 13, section 5.e): Are monthly home visits required for non-medical case management or for housing?

**Answer 43:** No. Monthly home visits will not be required for Non-Medical Case Management (NMCM) or Housing. Funded applicants will receive one comprehensive set of standards that will address all service-specific requirements.

#### **Health Education/Risk Reduction (HE/RR):**

**Question 44:** More than 75% of deaths of people with AIDS in NYC are now from a range of non-HIV-related causes. Chronic disease, especially diabetes, plays an increasing role in these deaths. For example, a retrospective 20-year study of more than 10,000 PLWA found a 3.6% death rate for those with HIV/AIDS alone but a 12% death rate for those with HIV/AIDS plus diabetes. High blood sugar also fuels other chronic co-morbidities that are elevated in people with HIV/AIDS particularly cardiovascular disease and kidney disease. Equally important, these diseases just make people feel terrible. Diabetes contributes heavily to anxiety and depression, and it is well documented that when people better control their blood sugar, depression measurably decreases.

Poorly controlled chronic disease, in sum, is a major determinant of health for those with HIV/AIDS and proven self-management courses, like the 6-session Diabetes Self-management Program, could do more for their health---and future---than many other “social determinant” services.

We would like guidance how to include this kind of chronic disease self-management in this RFP. We believe it should be included as a “covered topic” in Health Education/Risk Reduction with the understand that multi-session course are what have been proven effective.

Given their importance, where can Chronic Disease Self-Management and Diabetes Self-Management courses for PLWHA be included in this RFP’s funded services?

**Answer 44:** These activities would fall under Health Education/Risk Reduction (HE/RR).

#### **Food Bank/Home Delivered Meals (FB/HDM):**

**Question 45:** Can we partner with a culturally responsive restaurant to distribute hot meals?

**Answer 45:** Cost effective, innovative, and culturally sensitive approaches are encouraged to meet client needs, as determined by the applicant’s community needs assessment.

**Question 46:** Are there eligibility criteria for the Food Bank/Home Delivered Meals service provision other than meeting the Ryan White income requirements?

**Answer 46:** Regardless of services provided, clients must meet all Ryan White eligibility requirements. For full details, refer to Section III. Program Model, A. Component A and Component B Program Model Description, 4. Component A & Component B Client Eligibility, page 11 of the Request for Applications (RFA).

**Question 47:** Will clients who are eligible for the Food Bank/Home Delivered Meals service be required to have an assessment completed by a registered dietitian?

**Answer 47:** No. A Registered Dietitian Nutrition Assessment will no longer be required to receive Food Bank/Home Delivered Meals.

**Question 48:** Component A (RFA page 12, section 5.c): Under Food Bank/Home Delivered Meals, may we select BOTH food/meals AND vouchers?

**Answer 48:** Yes, any combination of the allowable Food Bank/Home Delivered Meals (FB/HDM) services may be proposed as determined by the applicant's community needs assessment.

#### **Psychosocial Support Services (PSS):**

**Question 49 A:** Psychosocial Support Services - can you please clarify the meaning of the "note" in this section? *"Note: If PSS is selected, applicant is instructed to select an additional service."*

**Question 49 B:** For Component B, can we apply for 3 support service areas plus PSS (Psychosocial Support Services)? On page 13, it states that if you select PSS, that we need to select an additional service.

**Question 49 C:** For Component B, can we apply for 3 support service areas plus PSS (Psychosocial Support Services)? On page 13, it states that if you select PSS, that we need to select an additional service. Am I interpreting this correctly that if we choose PSS, that we can still choose an additional 3 support services?

**Answer 49 A-C:** Psychosocial Support Services (PSS) cannot be the only support service selected, but it does count as one (1) of the selected support services. If applying for Component B (up to three (3) Support Services) and selecting Psychosocial Support Services (PSS), only two (2) other support services may be included.

**Question 50:** Per requirement, Page 13, for Psychosocial Support Services (PSS) states, "**Note: If PSS is selected, applicant is instructed to select an additional service**". However, per page 9 (Component A, Maximum Annual Award Amounts by Support Service Selected), only provides funding for four total services and lists N/A for the remainder. **Please confirm that the PSS requirement would not apply for the NYC: Brooklyn region since there are only four total services to choose from.**

Table A2 – Component A: Maximum Annual Award Amounts by Support Service Selected

Region	NMCM	HE/RR	FB/HDM	PSS	EFA	MT	Housing	Max. Award
NYC: Manhattan	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
NYC: Brooklyn	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
NYC: Bronx	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
NYC: Queens/Staten Island	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
Central NY	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
Finger Lakes	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
Hudson Valley	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
Long Island	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
Northeastern	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
Southern Tier	\$112,500	\$75,000	\$150,000	\$48,750	\$127,315	\$112,500	\$150,000	\$776,065
Western NY	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773

**Answer 50:** As stated in Section III. Program Model, A. Component A and Component B Program Model Description, Table A2 – Component A: Maximum Annual Award Amounts by Support Service Selected, only four (4) services available in New York City are Non-Medical Case Management (NMCM), Health Education/Risk Reduction (HE/RR), Food Bank/Hone Delivered Meals (FB/HDM), and Psychosocial Support Services (PSS). Component A applicants cannot select fewer than four (4) services.

**Question 51:** Page 13, g. Psychosocial Support Services: the RFA states “nutrition counseling be provided by a non-registered dietitian.” Given this, can nutrition counseling be provided by a registered dietitian as well?

**Answer 51:** No. According to [Health Resources & Services Administration \(HRSA\) Policy Clarification Notice \(PCN\) #16-02](#), nutrition counseling provided by a Registered Dietitian or other licensed nutrition professional falls under the Medical Nutrition Therapy Ryan White Part B service. This service is not funded under this Request for Applications (RFA). The funded service categories are listed in Section I. Introduction, page 3 of the Request for Applications (RFA).

**Housing Services:**

**Question 52 A:** Can you please clarify housing assistance, is this in the form of financial assistance, i.e., rent assistance, security, moving expenses, rental arrears?

**Question 52 B:** For Component B, under Housing, can we use any of this funding to pay a landlord for short rent for a client?

**Question 52 C:** For Component B, under Housing, aside from staff, can you list what can be provided to the individuals and examples of what cannot be provided?

**Question 52 D:** For Housing E. Page 13 - What type of housing, sect 8? Are realtor fees covered?

**Answer 52 A-D:** [Health Resources & Services Administration \(HRSA\) Policy Clarification Notice \(PCN\) #16-02](#) defines housing as the provision of transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities. Funded applicants will receive one comprehensive set of standards that will address all service-specific requirements.

**Question 53:** Housing - are we required to develop an individualized housing plan in addition to the non-medical case management care plan or is there one comprehensive service plan that includes all eligible services?

**Answer 53:** Regardless of the specific services selected for funding, all funded applicants for Components A and B will be required to conduct centralized intake, assessments and biannual reassessments, joint service plans, and interdisciplinary team case conferencing that address all funded services an enrolled client may receive. It is expected that housing needs be included in the assessment, biannual reassessment and joint service plans, along with any other service category being funded by the Ryan White Part B HIV/AIDS Support Services Program.

**Question 54:** I'm inquiring on behalf of my organization to determine whether renewal of Housing funding is being offered for NYC applicants through the recent Ryan White Part B procurement. We currently hold a contract with NYSDOH AI which funds our housing services that is set to expire on March 31<sup>st</sup>. Our clients living at our congregate housing facility in the Bronx depend on this funding to remain there, so sustaining financial support for them is imperative.

**Answer 54:** Housing, Emergency Financial Assistance, and Medical Transportation services are not available to New York City applicants through this Request for Applications. Current Housing Retention & Financial Assistance (HRFA) providers located in New York City were offered contract extensions to cover services through September 30, 2024. These programs were funded for supportive services only. Clients do not currently receive financial assistance through this funding; rental subsidies are funded by the HIV/AIDS Services Administration (HASA).

**Question 55:** Component A (RFA page 11, section 5.a, and page 13, section 5.e): Are monthly home visits required for non-medical case management or for housing?

**Answer 55:** No. Monthly home visits will not be required for Non-Medical Case Management (NMCM) or Housing. Funded applicants will receive one comprehensive set of standards that will address all service-specific requirements.

**Question 56:** We are a current housing provider. Will HCBS continue to be an expectation in this new program?

**Answer 56:** Yes. Home and Community-Based Services (HCBS) Setting Compliance and Final Rule expectations will continue. More information can be found at the following link: <https://www.health.ny.gov/diseases/aids/general/about/housing.htm#six>

#### **Emergency Financial Assistance (EFA):**

**Question 57 A:** Emergency Financial Assistance – can these funds be used for security deposits?

**Question 57 B:** P. 11-13, Section 5 - Component A & Component B Scope of Services: f. Emergency Financial Assistance – Can these funds be used for security deposits?

**Answer 57 A-B:** No. Ryan White funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental/security deposits. Refer to Attachment 20 – Program Specific Clauses – NYSDOH AIDS Institute for a list of unallowable costs.

**Question 58:** Under Emergency Financial Assistance can you please clarify Transportation services, does this fall under medical transportation meaning can we use the money to enhance the medical transportation program.

**Answer 58:** No. Health Resources Services Administration (HRSA) [Policy Clarification Notice \(PCN\) #16-02](#) states that Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA Ryan White HIV/AIDS Program client with an urgent need for essential items or services necessary to improve health outcomes, continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance. In this example, continuous provision of Medical Transportation to a client should be provided under the Medical Transportation service category.

**Question 59:** For Emergency Financial Assistance (EFA) page 13, some medication charges that patients experience come from co-pays due to their lack of insurance could this grant cover if patients are RW eligible. Will the grant allow coverage of Co-pays/deductible?

For EFA how many items are recommended to cover? There are 5 items on the list do we have to cover all or just 1? EFA provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including **utilities, housing, food (including groceries and food vouchers), transportation, medication** not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance should occur as a direct payment to an agency.

**Answer 59:** If Emergency Financial Assistance (EFA) is selected as a service, the funded program should prioritize emergency financial needs specific to its region and population to be served based on its community needs assessment. Funded applicants will receive one comprehensive set of standards that will address all service-specific requirements.

As stated in Section II. Who May Apply, NYSDOH Region (applicable to all Components), page 7 of the Requests For Applications (RFA):

*“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, AIDS Drug Assistance Program (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.”*

### **Component A & Component B Staffing:**

#### **General Staffing**

**Question 60 A:** Are there specific education requirements for the NMCM position?

**Question 60 B:** For Component A, what are the minimum qualifications for the recommended staffing (Program Director or Coordinator, Centralized Intake & Service Coordinator, Peer Navigator). The RFA only provides recommended qualifications for the Quality and Data position, but not the other recommended staffing. For the Quality and Data position, the RFA states: “Have at least one 1.0 FTE position for Component A and at least one 0.5 FTE position for Component B to provide quality and evaluation activities consistent with tracking division and program indicators and outcomes as described below in 7.... The recommended qualifications for this position are a B.A. or B.S. with at least two (2)

years of experience working in quality and/or data/evaluation.” (pages 14-15 of RFA, Item #6. Component A & Component B Staffing Requirements).

**Answer 60 A-B:** There are no minimum required qualifications for Component A or Component B staff positions. Applicants are strongly encouraged to determine appropriate qualifications for each position.

As stated in Section III. Program Model, A. Component A and Component B Program Model Description, 6. Component A & Component B Staffing Requirements, page 14 of the Request for Applications (RFA): *“Each service component requires a significant knowledge base and skill set. It is expected that staff have the credentials, skills, and experience to offer high quality services and meet the needs of the priority population in the applicant’s community. A comprehensive holistic approach to care is critical. Applicants are strongly encouraged to determine appropriate qualifications for each position, and to propose salaries that are commensurate with these qualifications.”*

**Question 61 A:** In Component B, can the staff person hired on this grant who is providing Psychosocial Support Services (PSS) also provide Health Education/Risk Reduction (HE/RR) support services?

**Question 61 B:** What if you have a position that is responsible for more than one component?

**Answer 61 A-B:** Yes. As stated in Section III. Program Model, A. Component A and Component B Program Model Description, 6. Component A & Component B Staffing Requirements, page 14 of the Request for Applications (RFA):

*“Each service component requires a significant knowledge base and skill set. It is expected that staff have the credentials, skills, and experience to offer high quality services and meet the needs of the priority population in the applicant’s community. A comprehensive holistic approach to care is critical. Applicants are strongly encouraged to determine appropriate qualifications for each position, and to propose salaries that are commensurate with these qualifications.”*

Funded applications will demonstrate a staffing structure that supports the delivery of multiple services. This Request for Applications is not requiring specific positions for service delivery.

**Question 62:** Are there any requirements for facilitators of HIV support groups? For example, would we be required to have a mental health clinician facilitate an HIV support group?

**Answer 62:** There are no requirements for the staff who can provide Psychosocial Support Services (PSS), which is defined as group or individual supportive counseling, not the provision of mental health services. Mental health services are not fundable under this solicitation.

As stated in Section III. Program Model, A. Component A and Component B Program Model Description, 6. Component A & Component B Staffing Requirements, page 14 of the Request for Applications (RFA): *“Each service component requires a significant knowledge base and skill set. It is expected that staff have the credentials, skills, and experience to offer high quality services and meet the needs of the priority population in the applicant’s community. A comprehensive holistic approach to care is critical. Applicants are strongly encouraged to determine appropriate qualifications for each position, and to propose salaries that are commensurate with these qualifications.”*

## **Centralized Intake & Service Coordinator Staff**



**Question 63 A:** Page 14, 6. Component A & Component B Staffing Requirements: For the 1.0 FTE Centralized Intake and Service Coordinator, can this be achieved by, for example, two staff, each .5FTE. As well, can this 1.0 FTE position include an allocation of time of another program staff. So, for example, a .8 FTE Centralized Intake and Service Coordinator and a 1.0 FTE staff member that is, for example, allocated as .8 FTE Health Educator and .2 FTE Centralized Intake and Service Coordinator?

**Question 63 B:** P. 7, Section III, A, 1 - Component A: Community Support Services: Multi-Service Model: Can Case Managers fulfill the role of completing intakes or does this need to be conducted by someone in a unique and specific position?

**Question 63 C:** Can the required Centralized Intake and Service Coordinator also serve as a case manager on this contract?

**Question 63 D:** Can the initial assessment be conducted by the Case Manager to whom the patient is assigned or does this need to be done by the person conducting the intake?

**Question 63 E:** For Component B, can the Central Intake person also provide services to clients who are not on this grant, yet are HIV positive? We have other clients in programs that could utilize this central intake opportunity.

**Answer 63 A-E:** At least one (1) Full Time Equivalent (FTE) for Component A and 0.5 Full Time Equivalent (FTE) for Component B Centralized Intake & Service Coordinator is required to triage services provided under the Ryan White Part B Supportive Services Program. Funding for these activities may be assigned to more than one (1) individual, and funding for this position may be blended with other initiatives or funding streams. However, if these duties are assigned to a single individual budgeted at 1.0 Full Time Equivalent (FTE), all effort is expected to be provided solely to the Ryan White Part B Supportive Services Program.

Applicants should provide a sound rationale for the staffing pattern in the application and clearly demonstrate how the staffing pattern meets the minimum Full Time Equivalent (FTE) requirements.

Regardless of whether an applicant proposes to provide Non-Medical Case Management (NMCM), all funded applicants for Components A & B will be required to conduct centralized intake, assessments and biannual reassessments, joint service plans, and interdisciplinary team case conferencing that address all funded services an enrolled client may receive.

### **Peer Navigator**

**Question 64:** Can applicant divide the FTE (salary) of required Peer Navigator and NMCM between NMCM and HE/RR service categories if these positions are going to provide services for clients under both categories?

**Answer 64:** Full Time Equivalent (FTE) does not need to be delineated by service categories.

**Question 65:** Please confirm that Peer Navigator must be HIV+?

**Answer 65:** Yes. The Peer Navigator must have lived experience as a person living with HIV.

**Question 66:** Page 14, 6. Component A & Component B Staffing Requirements: is there a minimum FTE required for a Peer Navigator position?

**Answer 66:** No. As stated in Section III. Program Model, A. Component A and Component B Program Model Description, 6. Component A & Component B Staffing Requirements, page 14 of the Request for Applications (RFA): *“The Peer Navigator can be full or part-time and may be blended with other initiatives or funding streams.”*

The applicant should determine the most appropriate Full Time Equivalent (FTE) allocation for the Peer Navigator position based on the community needs assessment, position responsibilities, program structure, and available funding. Applicants should provide a sound rationale for the staffing pattern in the application.

**Question 67:** Is there any credential or qualification requirement for Peer Navigator under staffing?

**Answer 67:** No. There is no required credential or qualification for Peer Navigator staff.

As stated in Section III. Program Model, A. Component A and Component B Program Model Description, 6. Component A & Component B Staffing Requirements, page 14 of the Request for Applications (RFA): *“Each service component requires a significant knowledge base and skill set. It is expected that staff have the credentials, skills, and experience to offer high quality services and meet the needs of the priority population in the applicant’s community. A comprehensive holistic approach to care is critical. Applicants are strongly encouraged to determine appropriate qualifications for each position, and to propose salaries that are commensurate with these qualifications.”*

Applicants are encouraged to provide additional training and certification for peers that would support them in carrying out grant-related duties. One example of a certification program is the [NYS Peer Work Certification Program](#), created by the New York State Department of Health AIDS Institute.

### **Quality/Evaluation Staff**

**Question 68 A:** P. 14, Section 6 - Comp A & B Staffing Requirements: Quality/Evaluation position: Does this position have to be 100% dedicated to quality and evaluation or can the job description include additional responsibilities such as budget oversight, supervision of staff, etc.?

**Question 68 B:** Page 14, 6. Component A & Component B Staffing Requirements: For the 1.0 FTE evaluation position under Component A, can this position include an allocation of time of, for example, the program manager. So, for example, a .8 FTE Program Evaluator and of the 1.0 FTE program Manager, we state in the narrative and budget description that .2 FTE of their time would be dedicated to program evaluation or, equivalently, allocate as .8 FTE program manager and .2 FTE program evaluation?

**Answer 68 A-B:** As stated in Section III. Program Model, A. Component A and Component B Program Model Description, 6. Component A & Component B Staffing Requirements, page 14 of the Request for Applications (RFA), at least one (1) Full Time Equivalent (FTE) position for Component A and at least 0.5 Full Time Equivalent (FTE) position for Component B is required to provide quality and evaluation activities and be responsible for participating in the New York State Department of Health Ryan White Quality Management Program. Funding for these activities may be assigned to more than one (1) individual, and funding for this position may be blended with other initiatives or funding streams.

Additional responsibilities can be included in required staff job descriptions. Applicants however must clearly delineate the portion of that staff's Full Time Equivalent (FTE) and demonstrate how it meets the required minimum Full Time Equivalent (FTE) indicated in the Request For Applications (RFA).

Applicants should provide a sound rationale for the staffing pattern in the application and clearly demonstrate how the staffing pattern meets the minimum Full Time Equivalent (FTE) requirements.

### **Component C: Benefits Counseling Questions:**

**Question 69 A:** Component C (RFA page 6, paragraph 2): Can you describe what "credentialed or certified benefits counseling" experience would entail?

**Question 69 B:** For Component C, can an agency qualify if the agency has "past" experience with providing a minimum of 2 years credentialed or certified benefits counseling, but is not providing it currently?

**Question 69 C:** Section II - Who May Apply: Page 6 states that applicant must "have a minimum of two (2) years of experience providing credentialed or certified benefits counseling work." Can you please clarify what constitutes "credentialed or certified?" What are examples of approved credentials or certifications?

**Question 69 D:** Component C Program Model Description (Page 15): Can trained and supervised volunteers assist with client counseling?

**Answer 69 A-D:** There is no requirement that an applicant be currently providing these services to be eligible to apply. As stated in Section III. Program Model, B. Component C Program Model Description, on pages 15-17 of the Request for Applications (RFA), it is the expectation that staff who perform benefits counseling have extensive knowledge of public benefits and the regionally specific complexities involved with returning to work and the impact on their benefits.

Credentialed or certified means that staff hold a nationally recognized and accredited certification or credential in benefits counseling work and have met all the necessary requirements and competencies. As stated in Section III. Program Model, B. Component C Program Model Description, 5. Component C Program Staffing, page 17 of the Request for Applications (RFA), the preferred certification is the Workforce Incentive Practitioner Certification. Credentialing or certification should be obtained within six (6) months if not already active and is the best way to guarantee that the agency will be able to competently meet the needs of clients. Funded applicants are expected to have at least one (1) Full Time Equivalent (FTE) Benefits Counselor (one or more staff depending on regional needs) to deliver benefits counseling services and submit documentation of Workforce Incentive Practitioner Certification (preferred certification) or equivalent OR obtain certification within the first six (6) months of receiving an award.

**Question 70:** I just wanted to confirm, is there just one Benefit Counseling award available for all of downstate (Manhattan, Brooklyn, Bronx, Queens/Staten Island and Long Island (Nassau/Suffolk)?

**Answer 70:** As shown in Section III. Program Model, B. Component C Program Model Description, 2. Component C: Benefits Counseling Available Funding, Table C on page 16 of the Request for Applications (RFA), the number of Component C awards available for Downstate is 0-1. The Downstate region includes Manhattan, Brooklyn, Bronx, Queens/Staten Island, and Long Island (Nassau/Suffolk).

Funded applicants are expected to provide certified benefits counseling services either in person, virtually, or both. Applicants are encouraged to adopt a model of service delivery that maximizes access, availability, and reach throughout the region.

**Question 71:** Requesting clarification around direct client work vs. working with professionals, can you please confirm/clarify the extent of work that will be direct client work versus collaborating with providers?

**Answer 71:** As stated in Section III. Program Model, B. Component C Program Model Description, page 15 of the Request for Applications (RFA), funded applicants must provide direct client services and collaborate with providers.

*“All staff members providing benefits counseling are required to collaborate with internal and external stakeholders to assist each client in achieving their benefits counseling goals. This involves ensuring that the client receives the information and guidance necessary to make responsible and fiscally appropriate choices as they consider employment, discontinuing public benefits, or applying for such benefits. Staff will work with supportive services providers, public benefit representatives (e.g., health insurance navigators) and other services and resources in the community that will support client goals.”*

**Question 72:** For provider work (page 16), will SDOH assist with identifying organizations with which to collaborate?

**Answer 72:** It will be the funded applicant’s primary responsibility to identify and partner with relevant organizations. Guidance and technical assistance will be provided to funded organizations to assist as needed.

**Question 73:** For client work, will SDOH assist with identifying clients, or will the grantee build its own network?

**Answer 73:** It will be the funded applicant’s primary responsibility to identify clients. Guidance and technical assistance will be provided to funded organizations to assist as needed.

**Question 74:** Are the group education sessions/seminars (page 16) for clients, for professionals, or both?

**Answer 74:** The group education sessions/seminars are for clients.

**Question 75:** Does SDOH have target metric, including, but not limited to, the following:

- Number of presentations conducted annually
- Number of clients assisted annually
- Benefits counseled on (Benefits discussed with clients, outcomes, etc.)

**Answer 75:** As stated in Section III. Program Model, B. Component C Program Model Description, 6. Component C Program Outcomes, page 17 of the Request for Applications (RFA), Component C Program Outcomes include:

1. Increased connections to, and engagement of communities disproportionately impacted including Black/African American, Hispanic and People of Color, Trans, Gender Non-Conforming and Non-Binary;
2. Improved access to the necessary supports impacting the social determinants of health;

3. Improved capacity for individuals living with HIV/AIDS to understand their current benefits;
4. Improved capacity for individuals living with HIV/AIDS to make informed decisions regarding benefits related to work opportunities.

A document with additional details on evaluation indicators and benchmarks will be provided to funded applicants during orientation.

**Question 76:** For Component C- Page 15 of the RFA states that: “Funded applicants will develop a program that provides certified benefits counseling services either in person or virtually.” Can we offer both in person or virtual services via a hybrid model? Or do we have to pick one?

**Answer 76:** Funded applicants can choose to offer services virtually, in person, or both. Applicants are encouraged to adopt a model of service delivery that maximizes access, availability, and reach throughout the region.

### **Budget**

**Question 77:** Where can we find a list of unallowable and allowable expenses?

**Answer 77:** For a detailed list of unallowable and allowable expenses, refer to **Attachment 5 – Ryan White Guidance for Part B Direct Service Subcontractors** and **Attachment 20 – Program Specific Clauses – AIDS Institute**.

**Question 78 A:** Can any of this funding be used for rent? Specifically, we’d like to rent space next to our clinic to put in a food pantry and have patient navigators in the space as well.

**Question 78 B:** Is it possible to use part of the funding as rent to house NMCMs etc.?

**Answer 78 A-B:** Space and rent for program staff or a food pantry is an allowable expense. Applicants are required to provide a detailed cost methodology for all space and rent expenses. For full details, refer to **Attachment 19 – Instructions for Completion of Budget Forms for Solicitations**.

**Question 79:** Where can I find guidance on how to apply Ryan White Administrative expenses?

**Answer 79:** Please refer to **Attachment 5 – Ryan White Guidance for Part B Direct Service Subcontractors** for guidance specific to staffing and associated fringe, non-personal services expenses, indirect costs, and subcontract related Ryan White administrative costs.

### **Budgeting for Specific Services**

**Question 80 A:** For Component B, we understand that we only put in one budget. Do we though have to stay within the parameters of each support service dollar amount (as long as we don’t exceed the maximum total award for the entire grant submitted)? For example, could we spend a bit more on Food and less on Housing (or vice versa)?

**Question 80 B:** If you do not use all funds for 1 of the components, can you do a budget mod and use left over money for 1 of the other components?

**Question 80 C:** Is there a certain amount or percentage that has to be allocated to services?

**Question 80 D:** How should expenses be reflected on the budget for each component?

**Question 80 E:** We are applying for component B (3 Services) with one budget and want to know if awarded the 3 different award amounts can salaries be allocated to all three components?

**Question 80 F:** Component A: Is there a requirement to invest a specific percentage of the budget towards direct assistance to clients (short-term rent, emergency financial assistance, transportation, and food)?

**Question 80 G:** Is there a minimum required amount that must be budgeted towards patient benefits/subsidies in each service category?

**Question 80 H:** Can we change funded service categories from one year to the next?

**Answer 80 A-H:** There is not a specific or minimum amount or percentage that must be allocated to specific services/service categories or direct assistance/subsidies to clients. A single budget should be developed based on the total award and not separated by each support service selected. The program and staffing structure should reflect the selected services. A separate position, program, or budget is not required for each service. The set funding amount for each service category serves as a guide to assist with budgeting and staffing for the funded services. Projected services should also be guided by the set funding amounts for each service.

Shifting funds from one service category to another in future contract years may be negotiated between funded applicants and their Contract Manager, dependent upon funding availability and results of the funded applicants' ongoing community needs assessments.



**Department  
of Health**

# **Ryan White Part B HIV/AIDS Support Services to Address Social Determinants of Health**

**Component A: Community Support Services: Multi-Service Model**

**Component B: Community Support Services: Collaborative Model**

**Component C: Benefits Counseling**

**Request For Applications #23-0005**

New York State Department of Health AIDS Institute  
Division of HIV and Hepatitis Health Care  
Bureau of Community Support Services

# Today's Presenters

## **AIDS Institute Bureau of Community Support Services**

Harrison Moss, Heather Duell, & Allison Pierce-Wendell

## **AIDS Institute Health Equity Team**

Louise Square & Sanya Peck

## **AIDS Institute Administration**

Michele Kerwin



# Logistics

- All participants have been placed on mute.
- Enter questions in the Chat or email: [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov)
- To the degree possible, each question should cite the **RFA section and paragraph to which it refers.**
- We aim to provide a complete and accurate response to all questions. As a result, all questions received in the Chat and via email ([AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov)) by the due date will be compiled into a **formal Question and Answer document** that will be posted on the Health Research, Inc. (HRI) webpage.
- **Responses to questions are not considered final until posted in the formal Question and Answer document.**

# Important Information

- **Applicant Conference slides** and the **formal Question and Answer document** will be posted on the Health Research, Inc. (HRI) webpage.
- The information presented during the Applicant Conference will provide a **summary of key information** in the Request For Applications (RFA).
- Applicants must **review the Request For Applications (RFA) in its entirety and all Attachments** to ensure all requirements are met.
- Nothing said or discussed during this Applicant Conference will modify, add to, alter, or in any way amend the published procurement.

# Agenda

- Available Funding & Purpose/Background (**Slides 6-12**)
- Minimum Eligibility (**Slides 13-17**)
- Program Model Changes (**Slides 18-22**)
- Program Model Requirements (**Slides 23-51**)
- Health Equity & Social Determinants of Health (**Slides 52-67**)
- Completing the Application (**Slides 68-74**)
- Review/Award Process & Important Dates (**Slides 75-78**)

# Available Funding & Purpose/Background

# Available Funding

The intent of this Request for Applications (RFA) is to fund **\$15,090,655 annually for five (5) years** through three (3) distinct Components.

**Component A: Community Support Services: Multi-Service Model**

**Component B: Community Support Services: Collaborative Model**

- **Up to \$14,690,655 annually** in Health Research, Inc. (HRI) funding is available for **Component A and B programs**.

**Component C: Benefits Counseling**

- **Up to \$400,000 annually** in Health Research, Inc. (HRI) funding is available for **Component C programs**.

# Purpose/Background

The Bureau of Community Support Services has issued this Request for Applications (RFA) for Ryan White HIV/AIDS Program Part B Supportive Services to Address the Social Determinants of Health and provide the following services for persons living with HIV/AIDS in New York State:

**Non-Medical Case Management (NMCM)**  
**Health Education/Risk Reduction (HE/RR)**  
**Food Bank/Home Delivered Meals (FB/HDM)**  
**Medical Transportation (MT)**  
**Housing**  
**Emergency Financial Assistance (EFA)**  
**Psychosocial Support Services (PSS)**  
**Other Professional Services (OPS) – Component C Only**

Addressing **Social Determinants of Health** for persons living with HIV/AIDS is critical to decreasing health disparities, increasing access to medical care for viral load suppression, and improving health outcomes.

# Purpose/Background

- To ensure this portfolio of Ryan White Part B support services aligned with need and identified gaps, the AIDS Institute:
  1. Used Unmet Needs data and input from consumers and HIV supportive service providers in each region of New York State; and
  2. Collaborated with Ryan White Part A partners funding similar services in Long Island, New York City, and the Tri-County region.
- This Request for Applications was guided and informed by:
  1. [Ending The Epidemic \(ETE\) Priorities](#)
  2. [National HIV/AIDS Strategy \(NHAS\)](#)
    - A 5-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic

# Purpose/Background

The intent of this Request For Applications (RFA) is to promote the development of innovative programming based on the needs of persons living with HIV/AIDS in each region and the provision of a portfolio of Ryan White Part B support services.

This integrated care system will be composed of two (2) care delivery models.

Applicants can apply as ***either*** a:

1. **Multi-Service Model (Component A): four (4) or more** approved support services  
**OR** as a
2. **Collaborative Model (Component B): up to three (3)** approved support services

**Component C – Benefits Counseling** intends to make certified benefits counseling services available statewide.



# Components A and B

**Applicants may submit no more than one (1) application in response to Component A or Component B.**

**Applicants may **not** apply for both Component A and Component B.**

If more than one (1) application is submitted in response to Component A or Component B, the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

# Component C

**All applicants may submit one (1) application for Component C.**

If more than one (1) application is submitted in response to Component C, the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

# Minimum Eligibility

# Minimum Eligibility – Components A & B

## Applicant must:

- Submit **documentation** of not-for-profit 501(c)(3) organization status, or Federally Qualified Health Center (FQHC) status, or Federally Qualified Health Center(FQHC) Look-Alike status as **Attachment 1**;
- Have a **minimum of three (3) years of experience** providing services to Persons Living With HIV/AIDS (PLWH/A) and populations most impacted by HIV and AIDS including Black, Indigenous, and People of Color (BIPOC) and persons defined as high risk;
- Have selected **four (4) or more Support Services from Table A2 (Component A Only)**
- Have selected **three (3) or fewer Support Services from Table B2 (Component B Only)**
- Submit **Attachment 2 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**;
- **AND**
- Be located in the **New York State Department of Health Region** they propose to serve.

# Minimum Eligibility – Component C

## Applicant must:

- Have a **minimum of two (2) years of experience** providing credentialed or certified benefits counseling services to Persons Living With HIV/AIDS (PLWH/A);
- Submit **documentation** of not-for-profit 501(c)(3) organization status as **Attachment 3**;
- Submit **Attachment 2 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**; **AND**
- Be located in the **New York State Department of Health Region** they propose to serve.

# New York State Department of Health Region

Applicants may only select **one (1) New York State Department of Health Region** on the **Application Cover Page - Attachment 4**.

- The region selected should be the **location where the largest number of clients is served**.
- All applicants selected for funding are required to serve a **cross-section of clients who are representative of the overall Black/African American, Indigenous and People of Color population demographics** within the selected community.
- This does **not** preclude an applicant from proposing to serve one (1) or more counties outside a defined service region.

**Applications who do not meet all the Minimum Eligibility requirements will be removed from consideration.**

# Program Model Changes



## Program Model Changes – Components A and B: Support Services

- Program design changes were based on **input from existing agencies during statewide provider forums held in 2019**. The COVID-19 pandemic delayed the release of this Request For Applications (RFA).
- This RFA is a **new model**. Prior this to Request For Applications (RFA), Ryan White Part B funded support services (noted on Slide 8) were solicited under separate Request For Applications (RFA).
- This RFA merges the following initiatives:
  - 1. Engagement and Supportive Services – Case Management/Health Education (CM/HE) and Medical Transportation (MT)**
    - *Emerging Communities (EC) contracts were resolicited separately.*
  - 2. Nutrition Health Education and Food and Meals (NHE) and Congregate Meals**
  - 3. Housing Retention and Financial Assistance (HRFA)**
    - *Medicaid Redesign Team Housing Retention and Financial Assistance (MRT HRFA) contracts were resolicited separately.*

## Program Model Changes – Components A and B: Support Services

**The Support Services initiatives will no longer be funded as separate initiative-specific contracts.**

- Instead, funded programs under this RFA are expected to provide a variety of Ryan White Part B Support Services in a more holistic manner.
- **Multiple Ryan White Part B Support Services** will be awarded/funded under a **single contract**.
- Reducing the number of contracts will:
  1. **Reduce** administrative burden for providers
  2. **Streamline** the service delivery experience for clients

## Program Model Changes – Component C: Benefits Counseling

- This RFA will replace current programs delivering Benefits Counseling (BC) services.
- The current Benefits Counseling (BC) contracts were originally granted to Legal Services for Individuals and Families Living with HIV/AIDS & Family Stabilization Support Services providers in 2020 as part of a pilot program.
- To develop this new model, results of the Benefits Counseling (BC) pilot based on **actual service provision** and **level of need** determined during the pilot were used.

**Agencies currently funded under these initiatives must successfully compete for funding to continue receiving funding past September 30, 2024.**

# Program Model Requirements

# Program Models – Components A & B

## Component A: Multi-Service Model

- Funded applicants will develop a comprehensive model of support services using a combination of **four (4) or more Ryan White Part B support services** based on expertise and community needs to form a comprehensive HIV supportive service program.

## Component B: Collaborative Model

- Funded applicants will develop a program that delivers **up to three (3) Ryan White Part B support services** based on expertise and needs of their region.
- The collaborative service model includes formal partnerships with other Ryan White, HIV, and community service providers where clients can seamlessly access a myriad of HIV support services that address social determinants of health.

# Program Models – Components A & B

Funded programs under both Components A & B should incorporate:

- **a centralized intake and assessment/reassessment process**
- **a referral system for specific services within the program**
- **a shared service plan**
- **coordination of care** among staff in the program with clearly defined policies and procedures.

For more details, refer to **Pages 7-8** of the Request For Applications (RFA).

# Service Categories – Components A & B

The Health Resources and Services Administration Ryan White HIV/AIDS Program defines and provides program guidance for each of the following services.

Review the Request for Applications (RFA) for more information on each.

**Non-Medical Case Management (NMCM)**  
**Health Education/Risk Reduction (HE/RR)**  
**Food Bank/Home Delivered Meals (FB/HDM)**  
**Psychosocial Support Services (PSS)**  
**Emergency Financial Assistance (EFA)**  
**Medical Transportation (MT)**  
**Housing (Short Term)**



# Service Categories – Components A & B

*Refer to pages 11-13 of the Request for Applications for full detail on each service.*

- **Non-Medical Case Management:** improves access to medical and support services, whereas Medical Case Management improves health care outcomes. This RFA is *not* funding Medical Case Management.
- **Health Education/Risk Reduction:** topics that improve health outcomes
- **Food Bank/Home Delivered Meals:** the provision of actual food items (e.g., pantry bags), hot meals (e.g., congregate meals), or a voucher program to purchase food.
- **Psychosocial Support Services:** includes group or individual supportive counseling, not the provision of mental health services. Mental health is *not* fundable under this solicitation. Also, Ryan White funds cannot be used to support social, recreational or entertainment activities.

# Service Categories – Components A & B

- **Emergency Financial Assistance:** one-time payments to assist with an urgent need for essential Ryan White fundable items or services necessary to improve health outcomes. Direct cash payments to clients are not permitted.
- **Medical Transportation:** nonemergency transportation services to Ryan White fundable medical and support services.
- **Housing** includes transitional, short-term, or emergency housing assistance to enable a client to gain or maintain health. Housing activities also include housing referral services, search, placement, housing advocacy services, and fees associated with these activities. Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental/security deposits.

***Refer to pages 11-13 of the Request for Applications for full detail on each service.***

# Service Categories – Components A & B

Services that are **not** funded in New York City under Components A & B include:

- Emergency Financial Assistance – duplicative with HIV/AIDS Services Administration (HASA) resources
- Housing (Short-Term) – duplicative with Ryan White Part A and HIV/AIDS Services Administration (HASA) resources
- Medical Transportation – need met in region

Services **that are fundable** in New York City **ONLY** if the applicant is **not** receiving Ryan White Part A funds for the same service include:

- Non-Medical Case Management (NMCM)
- Food Bank/Home Delivered Meals (FB/HDM)
- Health Education/Risk Reduction (HE/RR)
- Psychosocial Support Services (PSS)

# Component A: Multi-Service - Four (4) or more services

## One (1) Award per Region - **Table A1**

New York State Department of Health Ryan White Regions	Annual Award Range Based on Support Service(s) Selected from <b>Table A2</b>	Number of Awards
<b>New York City (NYC):</b> Manhattan	\$515,000	1
<b>New York City (NYC):</b> Brooklyn	\$515,000	1
<b>New York City (NYC):</b> Bronx	\$515,000	1
<b>New York City (NYC):</b> Queens/Staten Island	\$515,000	1
<b>Central New York:</b> Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, and Tompkins	\$465,000 - \$1,034,773	1
<b>Finger Lakes:</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates	\$465,000 - \$1,034,773	1
<b>Hudson Valley:</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester	\$465,000 - \$1,034,773	1
<b>Long Island:</b> Nassau and Suffolk	\$465,000 - \$1,034,773	1
<b>Northeastern New York:</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington	\$465,000 - \$1,034,773	1
<b>Southern Tier:</b> Broome, Chenango, and Tioga	\$348,750 - \$776,065	1
<b>Western New York:</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming	\$465,000 - \$1,034,773	1

# Component A: Multi-Service - Four (4) or more services

## Table A2

Ryan White Region	NMCM	HE/RR	FB/HDM	PSS	EFA	MT	Housing	Max. Award
<b>NYC: Manhattan</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
<b>NYC: Brooklyn</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
<b>NYC: Bronx</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
<b>NYC: Queens/ Staten Island</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
<b>Central New York</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
<b>Finger Lakes</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
<b>Hudson Valley</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
<b>Long Island</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
<b>Northeastern</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
<b>Southern Tier</b>	\$112,500	\$75,000	\$150,000	\$48,750	\$127,315	\$112,500	\$150,000	\$776,065
<b>Western New York</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773

# Component B: Collaborative - Three (3) or fewer services

One (1) Award per Region - **Table B1**

New York State Department of Health Ryan White Regions	Annual Award Range Based on Support Service(s) Selected from <b>Table B2</b>	Number of Awards
<b>New York City (NYC):</b> Manhattan	\$100,000 - \$450,000	1
<b>New York City (NYC):</b> Brooklyn		1
<b>New York City (NYC):</b> Bronx		1
<b>New York City (NYC):</b> Queens/Staten Island		1
<b>Central New York:</b> Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, and Tompkins	\$100,000 - \$569,773	1
<b>Finger Lakes:</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates	\$100,000 - \$569,773	1
<b>Hudson Valley:</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester	\$100,000 - \$569,773	1
<b>Long Island:</b> Nassau and Suffolk	\$100,000 - \$569,773	1
<b>Northeastern New York:</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington	\$100,000 - \$569,773	1
<b>Southern Tier:</b> Broome, Chenango, and Tioga	\$75,000 - \$427,314	1
<b>Western New York:</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming	\$100,000 - \$569,773	1

# Component B: Collaborative - Three (3) or fewer services

## Table B2

Ryan White Region	NMCM	HE/RR	FB/HDM	PSS	EFA	MT	Housing	Max. Award
<b>NYC: Manhattan</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$450,000
<b>NYC: Brooklyn</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$450,000
<b>NYC: Bronx</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$450,000
<b>NYC: Queens/ Staten Island</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$450,000
<b>Central New York</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773
<b>Finger Lakes</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773
<b>Hudson Valley</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773
<b>Long Island</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773
<b>Northeastern</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773
<b>Southern Tier</b>	\$112,500	\$75,000	\$150,000	\$48,750	\$127,314	\$112,500	\$150,000	\$427,314
<b>Western New York</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773

# Budget – Components A & B

A **single budget** should be developed based on the total award and not separated by each support service selected.

The program and staffing structure should reflect the selected services.

A separate position, program, or budget is not required for each service.



# Budget – Component A Example

An agency in the **Finger Lakes region** selects **four (4) services**:

Non-Medical Case Management (NMCM)

Health Education/Risk Reduction (HE/RR)

Emergency Financial Assistance (EFA)

Medical Transportation (MT)

If successful, this agency would be awarded a total of:

**???? annually**

# Component A: Multi-Service - Four (4) or more services

## Table A2

Ryan White Region	NMCM	HE/RR	FB/HDM	PSS	EFA	MT	Housing	Max. Award
<b>NYC: Manhattan</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
<b>NYC: Brooklyn</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
<b>NYC: Bronx</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
<b>NYC: Queens/ Staten Island</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$515,000
<b>Central New York</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
<b>Finger Lakes</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
<b>Hudson Valley</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
<b>Long Island</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
<b>Northeastern</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773
<b>Southern Tier</b>	\$112,500	\$75,000	\$150,000	\$48,750	\$127,315	\$112,500	\$150,000	\$776,065
<b>Western New York</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$169,773	\$150,000	\$200,000	\$1,034,773

# Budget – Component A Example

An agency in the **Finger Lakes region** selects **four (4) services**:

Non-Medical Case Management (NMCM)

Health Education/Risk Reduction (HE/RR)

Emergency Financial Assistance (EFA)

Medical Transportation (MT)

If successful, this agency would be awarded a total of:

**\$569,773 annually**

# Budget – Component B Example

An agency in the **Bronx region** selects **two (2) services**:

Non-Medical Case Management (NMCM)

Food Bank/Home Delivered Meals (FB/HDM)

If successful, this agency would be awarded a total of:

**???? annually**

# Component B: Collaborative - Three (3) or fewer services

## Table B2

Ryan White Region	NMCM	HE/RR	FB/HDM	PSS	EFA	MT	Housing	Max. Award
<b>NYC: Manhattan</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$450,000
<b>NYC: Brooklyn</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$450,000
<b>NYC: Bronx</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$450,000
<b>NYC: Queens/ Staten Island</b>	\$150,000	\$100,000	\$200,000	\$65,000	N/A	N/A	N/A	\$450,000
<b>Central New York</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773
<b>Finger Lakes</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773
<b>Hudson Valley</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773
<b>Long Island</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773
<b>Northeastern</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773
<b>Southern Tier</b>	\$112,500	\$75,000	\$150,000	\$48,750	\$127,314	\$112,500	\$150,000	\$427,314
<b>Western New York</b>	\$150,000	\$100,000	\$200,000	\$65,000	\$150,870	\$150,000	\$200,000	\$569,773

# Budget – Component B Example

An agency in the **Bronx region** selects **two (2) services**:

Non-Medical Case Management (NMCM)

Food Bank/Home Delivered Meals (FB/HDM)

If successful, this agency would be awarded a total of:

**\$350,000 annually**

# Staffing – Components A & B

Staffing structure allows more flexibility for direct service positions than the previous Initiatives.

Each service requires a significant knowledge base and skill set. Applicants should determine appropriate qualifications for each position and propose salaries that are commensurate with these qualifications.

Applicants must complete **Attachment 16** to indicate which services will be provided by each budgeted position title.

# Required Staff – Components A & B

Funded applicants are **required** to have the following positions:

- 1. At least one (1) Full Time Equivalent (FTE) Centralized Intake & Service Coordinator** to triage services provided under the Ryan White Part B Supportive Services Program.
- 2. At least one (1) Peer Navigator.** The Peer Navigator can be full or part-time and may be blended with other initiatives or funding streams.
- 3. At least one (1) Full Time Equivalent (FTE) position for Component A and at least one 0.5 Full Time Equivalent (FTE) position for Component B to provide quality and evaluation activities** consistent with tracking division and program indicators and outcomes.



# Staffing – Component A Example

**A Multi-Service program (Component A)** could be comprised of:

- Non-Medical Case Management (NMCM)
- Psychosocial Support (PSS)
- Health Education/Risk Reduction (HE/RR)
- Medical Transportation (MT)
- Food Bank/Home Delivered Meals (FB/HDM)
- Housing
- Emergency Financial Assistance (EFA)

The multi-disciplinary team could include the following staff:

- 1. Case Manager** providing non-medical case management and health education
- 2. Community Health Worker** coordinating medical transportation and food
- 3. Peer Navigator** providing individual/group supportive counseling
- 4. Housing Specialist** providing housing placement and emergency financial assistance

# Program Outcomes – Components A & B

1. Increased connections to, and engagement of, communities disproportionately impacted by HIV/AIDS including Black/African American, Hispanic and People of Color, Trans, Gender Non-Conforming and Non-Binary
2. Improved engagement in HIV medical care
3. Improved responses to social determinants of health assessment
4. Increased rates of sustained HIV viral load suppression

# Program Models – Component C: Benefits Counseling

- Funded applicants will develop a program that **provides certified benefits counseling services statewide (one for Downstate and one for Upstate)** to Ryan White Part B eligible persons living with HIV/AIDS who are currently employed or considering employment and need assistance with understanding how earned income may affect their benefits.
- Economic stability, a social determinant of health, and the stress involved in navigating a complicated benefits system, can negatively impact persons living with HIV/AIDS, including returning to work.
- Experienced and certified staff are expected to perform benefits counseling and have extensive knowledge of public benefits and regional complexities in returning to work and the impact on benefits.

# Service Category – Component C

The Health Resources & Services Administration Ryan White HIV/AIDS Program defines and provides program guidance for the following service. Review the Request for Applications (RFA) for more information.

**Other Professional Services:** the provision of professional and consultant services rendered by members of specific professions licensed and/or qualified to offer such services by local governing authorities. **For Component C, this includes the provision of certified or credentialed benefits counseling services.**

Does **not** include the provision of:

- Legal services
- Employment readiness or vocational training (services are not fundable under Ryan White HIV/AIDS Program Part B funding)

# Component C: Benefits Counseling

## Table C

New York State Department of Health Region	Maximum Annual Award Amount	Number of Awards
<b>Downstate:</b> Manhattan, Brooklyn, Bronx, Queens/Staten Island, and Long Island (Nassau/Suffolk)	\$200,000	0 to 1
<b>Upstate:</b> Central NY, Finger Lakes, Hudson Valley, Northeastern, Southern Tier, and Western NY	\$200,000	0 to 1

# Required Staff – Component C

Funded applicants are **required** to have **at least one (1) Full Time Equivalent (FTE) Benefits Counselor** to deliver benefits counseling services.

- Benefits counseling services will be provided by certified or credentialed staff.
- Applicants must submit **documentation of Workforce Incentive Practitioner Certification (preferred certification) or equivalent OR obtain certification within the first six (6) months of receiving an award.**

# Recommended Staff – Component C

Funded applicants are **recommended** to have:

- **A Quality, Data and Evaluation position(s)**
- **Program Director or Coordinator position** familiar with the provision of benefits counseling to the HIV/AIDS population who will be responsible for the oversight, coordination, and outcomes of the program.

# Program Outcomes – Component C

1. Increased connections to, and engagement of communities disproportionately impacted including Black/African American, Hispanic and People of Color, Trans, Gender Non-Conforming and Non-Binary
2. Improved access to the necessary supports impacting the social determinants of health
3. Improved capacity for individuals living with HIV/AIDS to understand their current benefits
4. Improved capacity for individuals living with HIV/AIDS to make informed decisions regarding benefits related to work opportunities



# Payer of Last Resort & Funding Restrictions

- Funds under this Request For Applications (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.** A provider cannot use grant funds in lieu of billing for services to a third party.
- For more details on funding restrictions and allowable/unallowable services, applicants should review:

**Attachment 5: Ryan White Guidance for Part B Direct Service Subcontractors**  
**Attachment 20: Program Specific Clauses – NYSDOH AIDS Institute**

# Health Equity

Viewing your work  
through a health equity  
lens

## **AIDS Institute's focus on Health Equity?**

- The AIDS Institute has a long history of identifying, serving and supporting individuals in our society who are stigmatized and marginalized. We want to continue this tradition by identifying and supporting our residents who are currently the most vulnerable to negative health outcomes.
- Data shows that disease and health outcomes are most often worse for Indigenous, Black and Hispanic Americans than for other racial groups in NYS. To improve our overall health status and outcomes, we are emphasizing the racial aspects that aids in health inequities.
- As such, race is a key factor to consider for this RFA. This does not mean ignoring individuals who fall outside one of the three racial/ethnic groups above.

## What does Health Equity mean?

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

*Robert Wood Johnson, What is Health Equity and What Difference does a Definition Make? 2017*

# Other Important Definitions

The state of being free from illness or injury *Oxford Dictionary*

## Health

A state of complete physical, mental and social well-being... not just the absence of disease *Wikipedia*

## Health disparity

Health disparities are health differences between different groups of people. These health differences may include:

- How many people get certain diseases
- How severe the diseases are
- How many people have complications because of the diseases
- How many people die from a disease
- Whether people can get health care
- How many people get screened for a disease

*Medline Plus*

## Equality

The state of being equal especially in status, rights and opportunities.

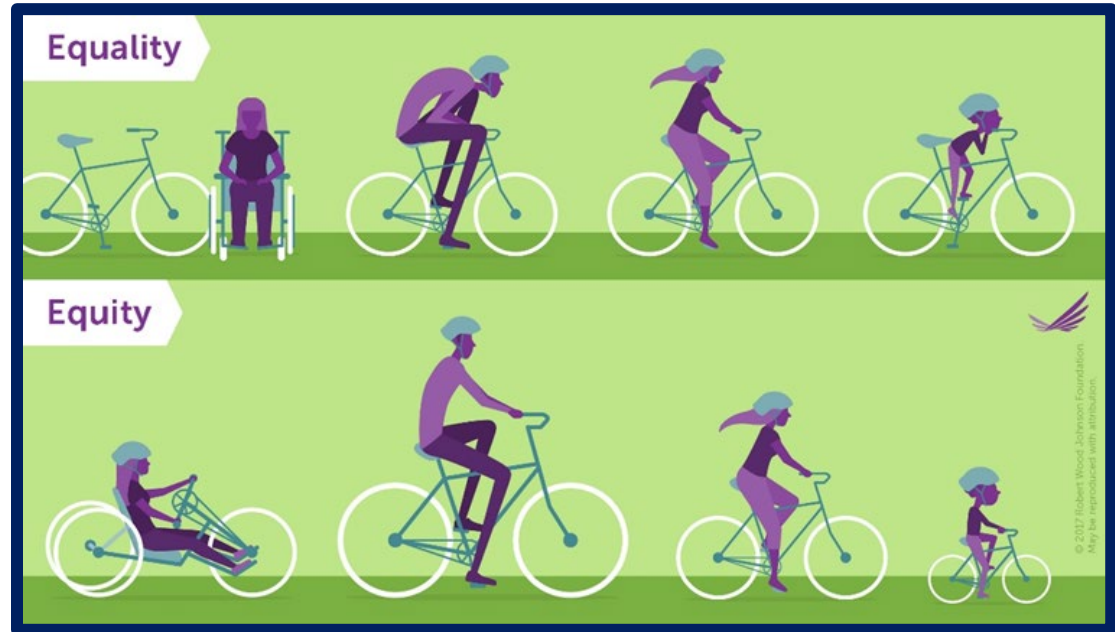
*Oxford Dictionary*



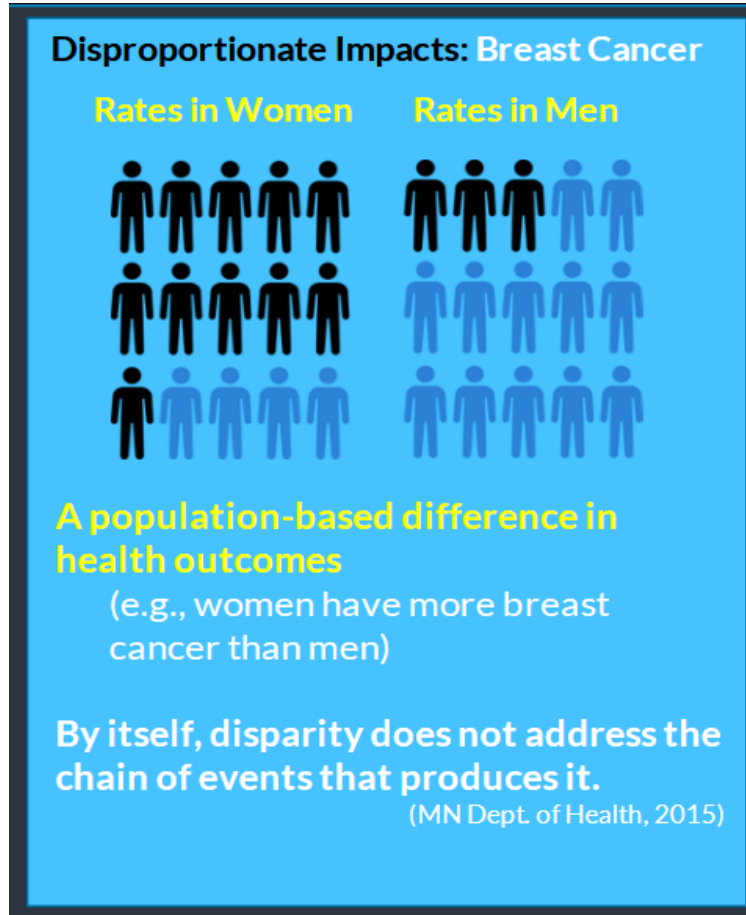
**Equity  
vs.  
Inequity**

- **Equity** – fair and just; giving everyone **what** they need to be successful.
- **Inequity** - circumstances that are unjust or unfair and most often avoidable.

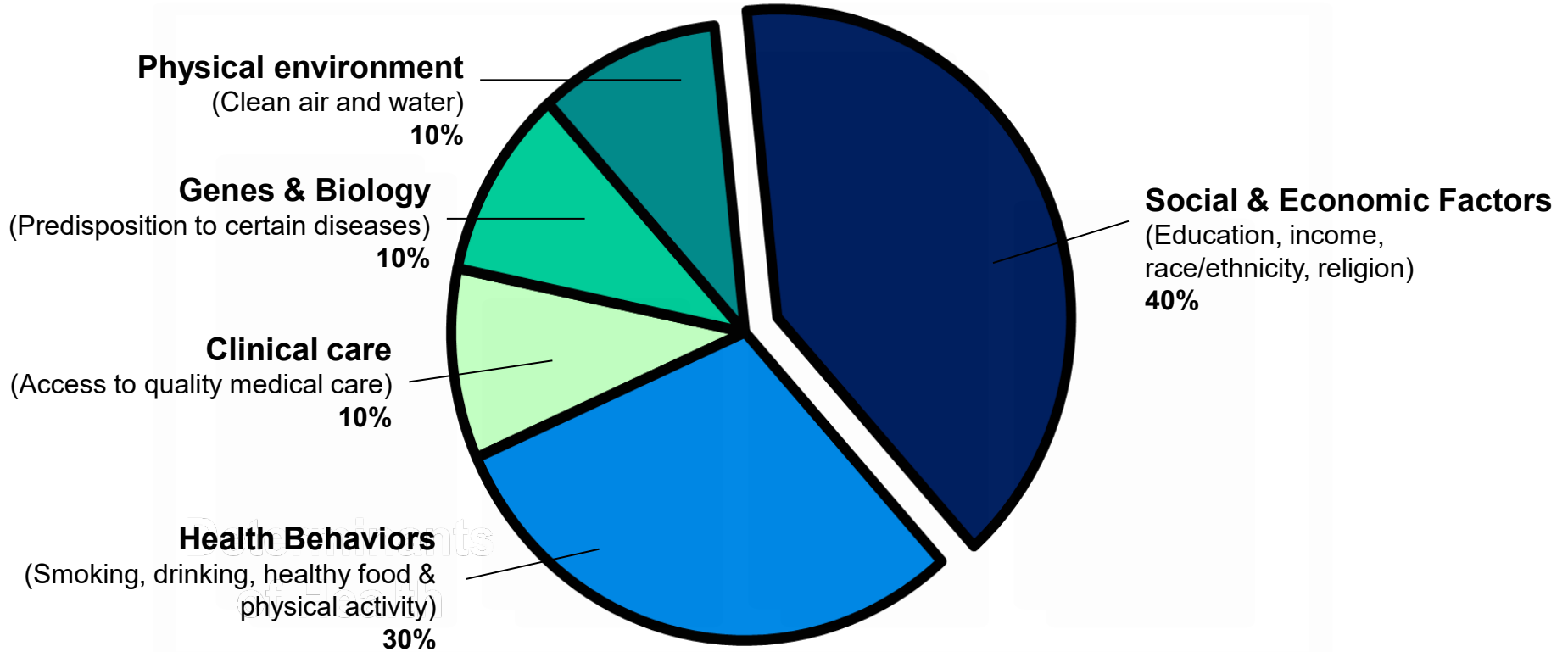
# Equality vs. Equity



# Disparity vs. Inequity



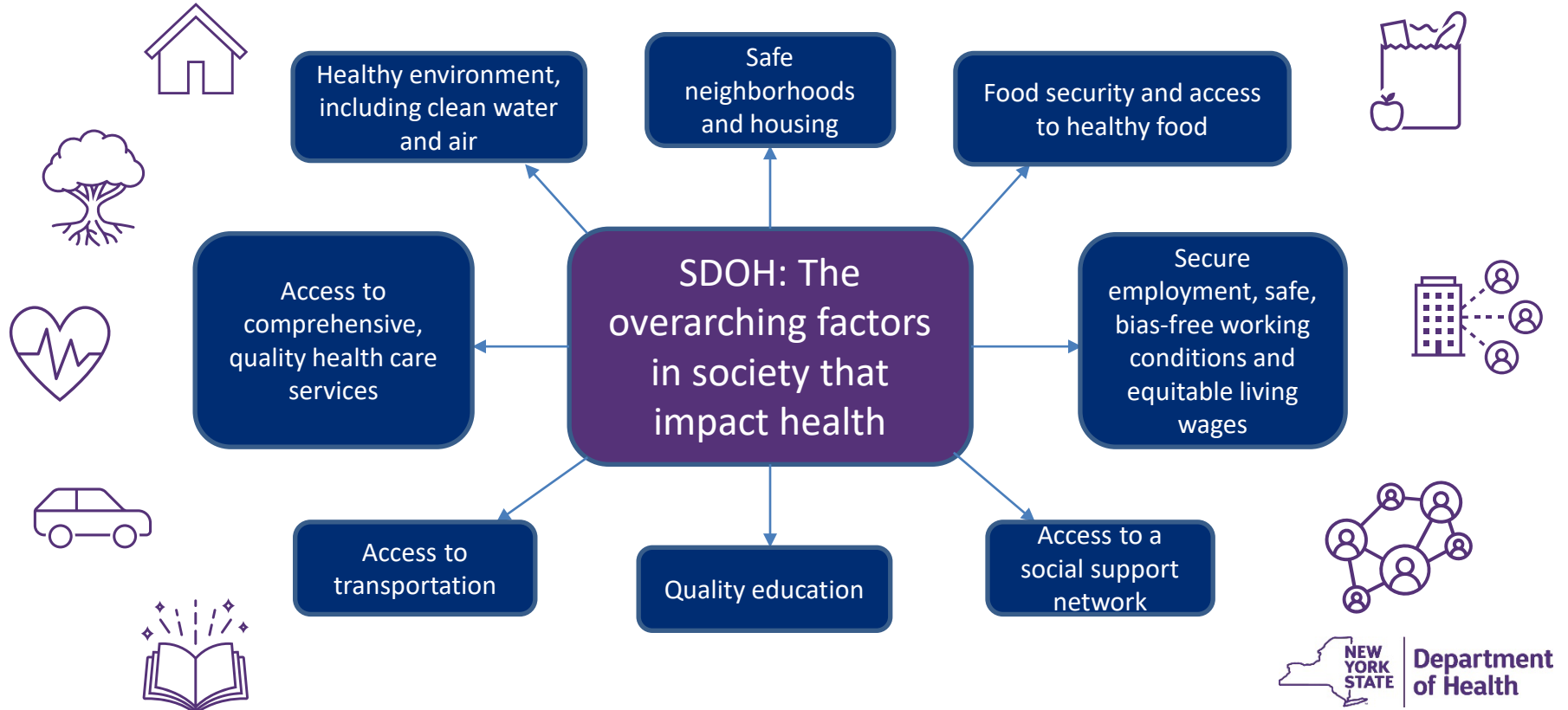
# Factors Affecting Health



# Social Determinants of Health

*“NON-MEDICAL FACTORS THAT INFLUENCE HEALTH OUTCOMES...” “CONDITIONS IN THE ENVIRONMENT WHERE PEOPLE ARE BORN, LIVE, WORK, PLAY, WORSHIP AND AGE...” CDC*

# Social Determinants of Health



# Racism as a Root Cause of Health Inequities

Racism is a system of beliefs and practices that serves to reinforce the power and well-being of whites at the expense of people of color. (*Feagin JR, 2006*)

The link between experiences of racism/discrimination and illnesses has been documented among African Americans, Arab Americans, Asian Americans, Latinos, & Native Americans.

Acts of racial bias (subtle or otherwise) are associated with various increased risk for negative health outcomes. Racism can impede educational attainment, the ability to seek gainful employment & diminish potential wages. It contributes to avoidance behaviors, such as forgoing health care or medications to avoid encountering bias; greater use of substances (alcohol, tobacco and other drugs); increase biomarkers of stress (i.e., cortisol), which can all lead to heart disease, clinical depression, low birth weight infants, obesity, and mortality.



## Health Inequities in RFAs

Adding a focus on health inequities that centers the population experiencing a disproportionate burden of disease and poor health outcome, pinpoints those most in need and leads to improvements in the overall health of the community.

Organizations in the community are best positioned to contribute to the reduction of these structural barriers.

This funding will provide organizations with **the additional boost** needed to reduce the disparities and improve health outcomes for PLWHA.

# Completing the Application

# Application Sections

The application consists of the following five (5) sections:

1. **Program Abstract (Not Scored) - Maximum 2 Pages**
2. **Community and Agency Description (15 points)- Maximum 2 Pages**
3. **Health Equity (15 points) - Maximum 2 Pages**
4. **Program Design and Implementation (50 points) - Maximum 8 Pages**
5. **Budgets and Justifications (20 points)**

# Completing the Application

- **Applications should not exceed twelve (12) double-spaced pages**
- Applications should use 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 - Attachment 10**, budget and budget justification, and all attachments are **not included** in the twelve (12) page limitation.

**Failure to follow these guidelines will result in a deduction of up to ten (10) points.**

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 9.**

# Completing the Application

When completing your application, remember to:

- Respond to each of the sections described and all questions within each section.
- 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.
- Prepare an annual budget based on the maximum award amount for each service selected as listed in the Request For Application. Submit a budget for year one for the period of **October 1, 2024 – September 30, 2025** as **Attachment 18**.
- Reflect Ryan White Administrative costs that do not exceed 10% of the total award amount as instructed in **Ryan White Guidance for Part B Direct Service Subcontractors (Attachment 5)**.

# Required Attachments

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

**Attachment 1:** Documentation of: Current not-for-profit 501(c)(3) organization status OR FQHC status OR FQHC Look-Alike status (Component A and Component B Only)

**Attachment 2:** Statement of Assurances

**Attachment 3:** Documentation of: Current not-for-profit 501(c)(3) organization status (Component C Only)

**Attachment 4:** Application Cover Page

**Attachment 9:** Application Checklist

**Attachment 10:** Program Abstract

**Attachment 11:** Agency Organizational Chart

**Attachment 12:** Proposed Number of Clients to be Served (Component A & Component B Only)

**Attachment 13:** Service Linkages Chart

# Required Attachments - continued

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

**Attachment 14:** Sites, Address, Days and Hours of Operations Chart

**Attachment 15:** Program Timeline

**Attachment 16:** Proposed Staffing (Component A and Component B Only)

**Attachment 17:** Agency Capacity and Staffing Information

**Attachment 18:** Ryan White Specific Budget Forms and Justification

**Attachment 21:** Statement of Activities for past three (3) years

**Attachment 22:** Agency Yearly Independent Audit

**Attachment 23:** Agency Time and Effort Policy

**Attachment 24:** Funding History for HIV Services

# Submitting the Application

Applicants must submit one (1) Portable Document Format (PDF) version of the entire application (including Application Cover Page, Application checklist, narrative and all attachments) to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov) by **4:00 pm ET on April 3, 2024**.

The subject of the email line should reference ***RWB Support Services RFA***.

It is the applicant's responsibility to see that applications are emailed to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov) by **4:00 PM ET on April 3, 2024**. **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.**



# Review/Award Process & Important Dates

# Review/Award Process

- Applications that meet the Minimum Eligibility Requirements and guidelines set forth in the Request For Applications (RFA) will be **reviewed and evaluated competitively** by a panel convened by the New York State Department of Health AIDS Institute.
- Applications that do **not** meet the Minimum Eligibility Requirements in the Request For Applications (RFA) will **NOT** be evaluated.

# Contract Periods

Contracts resulting from this Request For Applications (RFA) will have an **anticipated start date of October 1, 2024.**

- The first contract will be pro-rated for six (6) months and run from **October 1, 2024 – March 31, 2025.**
- All future contracts will be for twelve (12) month periods and run **from April 1 – March 31.**
- Health Research, Inc. (HRI) awards may be renewed for **up to four (4) additional annual contract periods** based on satisfactory performance and availability of funds.
- Health Research, Inc. (HRI) reserves the right to revise the award amount as necessary due to changes in the availability of funding.

# Important Dates

- Questions can be submitted to the Request For Applications (RFA) email: [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov) **until 4:00 PM ET on March 1, 2024.**
- **Questions and Answers** and **Applicant Conference slides** will be posted on the Health Research, Inc. (HRI) website (**on or about**) **March 15, 2024:**  
<https://www.healthresearch.org/funding-opportunities>
- Applicants must submit one (1) Portable Document Format (PDF) version of the entire application (including Application Cover page, Application checklist, narrative, and all attachments) to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov) **by 4:00 PM ET on April 3, 2024.**

# Thank You