

RFA # 1309240830

**New York State Department of Health AIDS Institute
and
Health Research Inc. (HRI)**

**Office of the Medical Director
Treatment Adherence Initiative
Internal Program # 13-0001**

Linkage, Retention and Antiretroviral Treatment Adherence in HIV Primary Care Settings

**Component A: Linkage, Retention and Medication Adherence
Component B: Engagement and Retention Data Center**

Questions and Answers

All questions are stated as received by the deadline announced in the RFA. The NYSDOH/HRI is not responsible for any errors or misinterpretation of any questions received.

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA #1309240830, Internal Program #13-0001. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

Eligibility

Question 1: Is my reading correct, that this RFA is not making any awards to organizations in New York City? Will there be a subsequent RFA for NYC?

Answer 1: Due to the limited amount of funding the NYSDOH AI has available for treatment adherence, funding will **only** be awarded to not-for-profit or publicly operated facilities located outside of the five boroughs of New York City which are licensed under Article 28 of the NYS Public Health Law. The NYSDOH made this decision based on the amount of resources available by the NYCDOHMH for treatment adherence services in NYC. Currently, NYCDOHMH awards over \$6 million under their care coordination initiative to agencies located within the five boroughs. The NYSDOH AI will not be issuing a subsequent RFA for treatment adherence services within NYC.

Administrative Requirements

Question 2: Regarding the above RFA, can you please clarify whether the “Contact Name” and “Address” on the Application Cover Sheet (Attachment 4) should be that of the Principal Investigator for the Project or the Institutional official, i.e. the same person who signs the **Vendor Responsibility Attestation (Attachment 9)**.

Answer 2: The person listed on the cover sheet should be the main point of contact for any communication related to this solicitation. Any notifications regarding your proposal would be sent to this person's attention. This may or may not be the Principal Investigator or another institutional official.

Funding

Question 3: Page 18, Section V.G of RFA. Since the term, contracting process, and fiscal reporting requirements of the DOH funding and HRI funding are slightly different, we wonder what is the distribution of these two funding sources for Component B?

Answer 3: The funding for Component B will be HRI funding.

Budget

Question 4: Are there budget exclusions for consumer related services, in particular costs related to provision of transportation and incentives?

Answer 4: This initiative is supported by both federal and state funds. Expenses related to consumer related services will be negotiated with funded applicants. The degree of flexibility will depend on the ultimate distribution of these two funding sources across the awarded contracts. Applicants should consult the “Ryan White Guidance for Part B Contractors” document (posted at: http://www.health.ny.gov/diseases/aids/regulations/ryan_white/part_b/docs/guidance_for_contractors.pdf) for detailed descriptions of allowable costs/budget exclusions related to the federal funds that support the initiative.

Question 5: Are there any established limits on staffing percentages we should be aware of prior to creating the budget?

Answer 5: There are no established limits on staffing percentages. However the percent of effort determined by the applicant for each position should be sufficient to complete the required tasks.

Question 6: Do you anticipate allowing media campaigns as part of the “other” expenses within the budget?

Answer 6: Media campaigns that would help link or retain patients in your program would be reviewed for appropriateness and may be allowable as part of "non personal services" expenses.

Question 7: On page 26 Section 7.b.: It states justification for each cost should be submitted in narrative form and budget narrative should not exceed two double-spaced pages. Should

the budget narrative be entered **ONLY** on Attachment 6 (Excel file) Tab 6-column labeled-Narrative Budget Justification?

Answer 7: Brief justifications should be entered into Tab 6 for each budgeted item. Additional detail, if needed, can be shared on a separate document that does not exceed two double-spaced pages.

Question 8: Attachment 6, Tab 2 "Fringe Benefits": Should each component of the fringe be listed in the gray area along with the total rate requested?

Answer 8: Yes.

Data

Question 9: The RFA asks about “newly diagnosed” patients seen in the program. Is this referring to the total number of persons newly diagnosed through testing at the institution, or persons presenting to the HIV program with a history of being newly diagnosed?

Answer 9: Newly diagnosed patients refers to both those persons newly diagnosed through testing at the institution and persons presenting to the HIV primary care program with a history of being newly diagnosed.

Question 10: The RFA refers to providing data on patients regarding their first, second and third regimens. What do we do if that information is not readily accessible for the full patient population?

Answer 10: While the percentage of patients in the clinic who are on their first, second or third (or more) regimen may not be readily available in an aggregate form for your full patient population and may be time consuming to gather, this data provides important information regarding adherence among patients receiving HIV primary care at your facility. Information may be aggregated from EMRs, medical charts, medication histories, etc.

Question 11: Some patients are heavily treatment-experienced and have been on more than three regimens. Would answers such as “treatment-naïve” and “treatment-experienced” be acceptable?

Answer 11: Providing data on the percentage of patients who are “treatment-naïve” versus “treatment-experienced” does not provide enough information regarding adherence among patients receiving HIV primary care at your facility. The last category of those on a third regimen should be changed to “those on a third or more regimen”.

Question 12: Is the AI expecting data on first, second, and third regimens for all patients at a given practice site or just those enrolled in the treatment adherence program during the reviewing period?

Answer 12: Data should be provided on first, second and third or more regimens for all patients receiving HIV primary care at the site where services are proposed. (page 6 of RFA)

Question 13: Will patients who are dis-enrolled be counted in the 24 month data, and how would the AI track dis-enrolled patients in AIRS, for reporting purposes, of the 24 month retention rates?

Answer 13: The retention measure asks for the percentage of patients with at least one visit during the first six months of the measurement period, who had at least one HIV primary care visit in each 6 month period of the remaining 18 months of the measurement period with a minimum of 60 days between medical visits. . The denominator for this measure is all patients receiving at least one HIV primary care visit at your facility during the first six months of the measurement period. Clients dis-enrolled from a particular program in AIRS within the measurement period will not be counted towards that program's retention rate if the reason for the closure meets one of the pre-determined NY Links denominator exclusions.

Question 14: Page 6, Section I.B of RFA. It seems the NY Links project is already collecting certain data related to linkage to care and patient retention campaigns. What is AIDS Institute's vision on relations between: (1) the web-based data collection and reporting system that will be developed through Component B of this RFA, and (2) the current data collection and reporting activities through NY Links?

Answer 14: The web-based data collection and reporting system that will be developed through Component B of this RFA will have many of the same capabilities as the system currently in use for NY Links. In addition, most of the indicators in this RFA are the same as those for NY Links, so much of the data requested by both initiatives would be the same. The degree to which this data could be shared across databases would be explored as part of the system development supported by Component B of this RFA.

Question 15: Is there an existing vendor/awardee that provides technical support to data collection and reporting for NY Links?

Answer 15: The vendor that provides technical support to data collection and reporting for NY Links is Webworld Technologies, Inc. Their web site is: <http://webworldtechnologies.com/>.

Question 16: Page 7, Section I. B. of RFA: It is stated that "funded providers will be required to collect and report data using AIRS... If providers demonstrate that their data from AIRS or their electronic medical record (EMR) meets the reporting requirements of this RFA, they will be able to export their data from those systems". What is AIDS Institute's vision on relations among the following three systems: (1) the web-based data collection and reporting system that will be developed through Component B of this RFA, (2) the AIRS system, and (3) the eHIVQual system for reporting of quality measures? Will the system developed through Component B of this RFA subsume the AIRS and eHIQUAL systems eventually, or these are three independent systems?

Answer 16: The RFA requires specific data be reported regarding the linkage, retention and viral suppression of patients receiving HIV primary care. The system developed through Component B of the RFA will facilitate the reporting and analysis of this data. Data can be exported from AIRS or an EMR if it meets the reporting

requirements of the RFA. The system developed through Component B of the RFA is independent of AIRS and eHIVQUAL.

Question 17: Page 14, Section IV.B of RFA. Will data collection and reporting include information to identify individual patients or only de-identified and/or aggregated data/statistics?

Answer 17: Data collection will always be at the client level, regardless of the mechanism for reporting. Data reporting via the Data Center (Component B) will include aggregate data only. Data reporting via export from AIRS or an EMR will include de-identified client level data (page 25 of RFA).

Question 18: The number of people living with HIV in the Rochester Ryan White Region seems to be different in the 2013 BHAЕ Annual Surveillance Report.

http://www.health.ny.gov/diseases/aids/statistics/annual/2011/2011_annual_surveillance_report.pdf

Compared to information related to the HIV cascade for the same region released by NYS DOH BHAЕ October 18, 2013. How could we resolve the discrepancy when quoting this data in the application?

Answer 18: The 2011 Annual Surveillance report shows 2,597 persons living with HIV infection in the Rochester RWR. Prisoners are excluded. The 2011 Cascade of HIV Care for the Rochester Region shows 3,100 persons living with HIV infection. This rounded number includes prisoners and is derived from a more recent dataset. The applicant may use either source but should use the categories of data most pertinent to their application.

Miscellaneous

Question 19: We cannot find Attachments 12 and 14 in the application packet.

Answer 19: Attachment 12: *Treatment Adherence Barrier Assessment Form* (page 23 of RFA) and Attachment 14: *Treatment Adherence Service Plan Form* (page 24 of RFA) are the forms that you propose to use to document barrier assessment and service planning activities of your program. The specific forms you plan to use should be included as attachments to your application. No samples were provided with the RFA.

Question 20: Is there a particular age range for consumers to which this contract will apply?

Answer 20: There is no particular age range specified for participation in your proposed program.

Question 21: How impactful will the prescribing or non-prescribing of PrEP be in the overall evaluation of the RFA?

Answer 21: The provision of PrEP is not scored as part of the Program Activities of your proposed program. The RFA asks that, if your facility provides adherence support for individuals receiving PrEP, you identify the staff responsible for providing

these services and data regarding the number of patients receiving PrEP, reasons for the discontinuation of PrEP, average length of time on PrEP and the number of patients who become infected while on PrEP be tracked and reported. In Section 6, Evaluation and Quality Improvement, you are asked to describe how data will be collected, aggregated and used for program improvement, including how you will integrate data into facility wide quality improvement activities. PrEP data is included only if you have indicated that your facility provides adherence support for individuals receiving PrEP.

Question 22: Are there any training pertaining to this RFA?

Answer 22: There is no training planned pertaining to this RFA.

Question 23: Page 29, Section VI. Component-B.6.c of RFA. Attendance at three Quality Learning Network meetings annually is required. Where and how long are these meetings? Is there any other cost involved to participate in these meetings (for example, registration fee)?

Answer 23: Quality Learning Network meetings will be held in Albany, NY. Meetings may vary in length but will generally be at least 3-4 hours. Your budget should include the costs appropriate for travel to Albany, such as transportation expenses and hotel if overnight travel is anticipated. There are no registration fees for attendance.

Question 24: The list of CBOs and other collaborating organizations may be lengthy; could this be submitted as attachment?

Answer 24: The Applicant Organization section, page 23, item 4.d asks that your proposal identify the community partners you work with (CBO, LDH, other providers) and describe your collaborative activities for HIV testing, patient referral and scheduling, case management, care coordination and patient reengagement. The Program Activities section, page 24, item 5.h directs you to describe how your facility will work with specific community partners to improve linkage to care and retention in HIV primary care and the program's specific links to case management, care coordination and health homes and reengagement services. The intent is to describe active collaboration with community partners that addresses the specific goals and outcomes identified in the RFA and should be incorporated in the proposal narrative.

Question 25: Is there a list of HIV Primary Care Providers that includes potential applicants for this RFA and their contact information, including e-mail addresses?

Answer 25: The AIDS Institute does not have a listing of all HIV Primary Care Providers. The best resource that we could refer you to would be the AIDS Institute website. There are various directories and relative information on the website that may be useful to you. The link to the website is below:

<http://www.health.ny.gov/diseases/aids/>

Question 26: How should applications be delivered? Must they be hand-delivered or can they be mailed? Should Federal Express be used? Is fax or email definitely unacceptable?

Answer 26: Applications can be mailed or hand-delivered but **must** be received by the application due date listed on page 1 of the RFA. If mailing, applicants are encouraged, but not required, to use an express service. **Applications will not be accepted via fax or email.** Please refer to pages 16 & 17 of the RFA.

Question 27: If an application is received after 5PM on January 29, 2014, will it be considered?

Answer 27: It is the applicant's responsibility to see that applications are delivered to the address stated in the RFA prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the Department of Health's discretion but there are no guarantees. Applicants should make every effort to ensure that all applications are received before the deadline.

Question 28: What is the address that applications should be mailed to?

Answer 28: As stated on pages 16 & 17 of the RFA, applications should be mailed or hand-delivered to:

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