

**New York State Department of Health
AIDS Institute
Division of HIV and Hepatitis Health Care
Bureau of Hepatitis Health Care and Epidemiology**

Questions and Answers

**Treat, Cure and Eliminate: Advancing Health Equity Among People Living with
Hepatitis C Request for Applications (RFA)**

RFA #20707/Internal Program #25-0002

This is a procurement which encompasses three (3) Components.

Component A: Treat, Cure and Eliminate: Hepatitis C Treatment within a Primary Care Setting

Component B: Treat, Cure and Eliminate: Low-Threshold Models of Hepatitis C Treatment

Component C: Treat, Cure and Eliminate: Reaching Rural Communities and Marginalized Populations Through Telehealth and Telementoring

SFS #s Component A: TCEA2026; Component B: TCEB2026; Component C: TCEC2026

SFS Event Names:

RFA #20707 - Treat, Cure & Eliminate HCV- Comp A (Component A)

RFA #20707 - Treat, Cure & Eliminate HCV- Comp B (Component B)

RFA #20707 - Treat, Cure & Eliminate HCV- Comp C (Component C)

Questions below were received by the deadline announced in the Request for Applications. New York State Department of Health (the "Department") 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 #20707**. In the event of any conflict between the Request for Applications and these responses, the requirements or information contained in these responses will prevail.

Application Submission In the Statewide Financial System (SFS)

Question 1: Where can I access the RFA?

Answer 1: This opportunity has been posted on the Statewide Financial System (SFS) website.

New York State has transitioned grants management activities from the Grants Gateway to the Statewide Financial System (SFS). State agencies who were using the Grants Gateway have transitioned to using SFS for those grant programs and business functions they were previously performing in the Grants Gateway. Not-for-Profits (known as Vendors in SFS) now use SFS to create and submit prequalification applications and may also use SFS to support other business functions (e.g., searching for bid opportunities (known as Bid Events in SFS), responding to bid events, approving grant contracts, submitting claims), depending on the work they are doing with agencies.

On-demand training focused on using the new grants management features in SFS is available by logging in to the SFS Vendor Portal and clicking the SFS Coach icon available on the homepage.

Questions? Contact the SFS Help Desk:
helpdesk@sfs.ny.gov | 877-737-4185 toll-free | 518-457-7737.

Question 2: How do I apply in SFS?

Answer 2: Please refer to Section IV. Administrative Requirements, E. How to File an Application in the Request for Applications.

Reference materials and videos are available for Applicants applying to funding opportunities on the NYS Statewide Financial System. Please visit the Statewide Financial System website at the following web address: [SFS Public Portal Homepage](#) and click the “Search for Grant Opportunities” tile. There is also a more detailed “Statewide Financial System: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants located in SFS Coach. Training webinars are also provided by the Grants Management Team. Dates and times for webinar instruction can be located at the following web address: [Live Webinars | Grants Management \(ny.gov\)](#)

To submit an Application an Applicant must:

1. Log into the [Statewide Financial System Vendor Portal](#).
2. Click the Grant Management Tile. Next, Click the Bid Event Search tile.
3. Enter the applicable search criteria in the Search Criteria Fields. To locate an opportunity; search by the Grant Opportunity name (SFS Event Name) in the Search by Grant Opportunity field:
RFA #20707 - Treat, Cure & Eliminate HCV- Comp A (Component A)
RFA #20707 - Treat, Cure & Eliminate HCV- Comp B (Component B)
RFA #20707 - Treat, Cure & Eliminate HCV- Comp C (Component C)

Additionally, you can search using the SFS #s in the Event ID field as follows:

TCEA2026 (Component A)
TCEB2026 (Component B)
TCEC2026 (Component C)

You can filter search by Status such as “available” which filters to include only the bid events that are published and open for potential bid response.

4. Click on “Search” button to initiate the search.
5. Click on Event ID link to initiate a bid response.
6. Please review the Grantee User Manual found in SFS Coach for additional steps on how to respond to various types of Bid Events.

Question 3: What if I try to submit my application and it is past the due date/time of the RFA?

Answer 3: Please refer to Section IV. Administrative Requirements, E. How to File an Application in the Request for Applications

Late applications will not be accepted.

Applications must be submitted online via the Statewide Financial System (SFS) by the date and time posted on Addendum #1 of this Request for Applications under the heading “Key Dates”.

Once the Application is complete, a prospective Applicant is **strongly encouraged** to submit their Application at least 48 hours prior to the Application's due date and time specified on Addendum #1 of this Request for Applications. This will allow sufficient opportunity for the Applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an Applicant's ability to submit their Application.**

Question 4: How do I determine if my agency is pre-qualified?

Answer 4: Please refer to Section IV. Administrative Requirements, N. Vendor Prequalification for Not-for-Profits in the Request for Applications.

An Application cannot be submitted/received from a not-for-profit Applicant that:

- (a) has not Registered in the New York State Statewide Financial System; or
- (b) has not Prequalified in the Statewide Financial System by the Application's due date specified on Addendum #1 of this Request for Applications.

All potential Applicants are strongly encouraged to begin Statewide Financial System Registration and Prequalification process as soon as possible in order to participate in this opportunity.

Question 5: Can an agency apply if they are not prequalified?

Answer 5: Applicants must be prequalified in SFS (if not exempt) by the date and time applications are due.

Please refer to Section IV. Administrative Requirements, N. Vendor Prequalification for Not-for-Profits in the Request for Applications.

An Application cannot be submitted/received from a not-for-profit Applicant that:

- (a) has not Registered in the New York State Statewide Financial System; or
- (b) has not Prequalified in the Statewide Financial System by the Application's due date specified on Addendum #1 of this Request for Applications.

The updated Prequalification Application and New York State Prequalification Manual for Grantees can be found on the Grants Management website at:

<https://grantsmanagement.ny.gov/get-prequalified>.

Question 6: What does the asterisk * mean in the SFS on-line application?

Answer 6: The asterisk* alerts applicants that a response is mandatory. Applicants will not be allowed to submit their application without completing all mandatory questions and uploading all mandatory attachments.

Application Format

Question 7: How do I submit my application in SFS?

Answer 7: Please refer to Section V. Completing the Application in the RFA for guidance.

Applicants are instructed to respond to the statements and questions under “Program Specific Questions (PSQ)/Bid Factors” for each Component of the RFA. Your responses comprise your application. Number/letter your narrative to correspond to each statement and question in the order as shown in the RFA. When responding to the statements and questions, be mindful that Application reviewers may not be familiar with your agency and its services. Your answers should be specific, succinct, and responsive to the statements and questions as outlined in the RFA. Please be aware that the value assigned to each section described below indicates the relative weight that will be given to each section of your Application when scoring your Application.

An **Application Checklist (Attachment 25)** has been included to help ensure that submission requirements have been met. Applicants should refer to this Attachment before and after writing the application. In assembling your application, please follow the outline provided in the **Application Checklist: Attachment 25**.

IMPORTANT: Please upload the full Application and all required Attachments as one (1) complete PDF document **no larger than 20MB** in response to Bid Factor Question 01.

Please ensure that uploaded files are not fillable PDFs or “secure” or “password protected” or your document will not upload properly.

Any material added to a Bid Factor “Add Comments” box in SFS will not be reviewed as part of a submitted application.

Applicants should use numbers, letters, and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name.

Question 8: How should applicants label proprietary/confidential material to avoid FOIL disclosure?

Answer 8: Per Section V. Subsection B., Freedom of Information Law of the RFA, any portion of an Application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State agency records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application. Applicants are instructed to clearly and specifically identify all proprietary/confidential information from the application on a separate MS Word document and upload the document to the full PDF of the Application. Label the attachment as “Proprietary/Confidential Information” and include the following sentence in the document, “Subject to Public Officers Law the following materials are considered trade secrets, proprietary, and/or confidential commercial information.”

Question 9: What do I enter for the Work Plan Project Summary in SFS?

Answer 9: Please review the instructions given in the RFA for the Work Plan section (Section V. Completing the Application, A. Application Format/Content, 6. Work Plan) for the Component for which you are applying.

Question 10: When will announcement of grant awardees be made?

Answer 10: The estimated award announcement date is March 1, 2026.

Question 11: When do you anticipate that the contract will begin for the project funded under the RFA?

Answer 11: Please refer to Section IV. Administrative Requirements, G. Term of Contract in the Request for Applications.

It is anticipated contracts will have a start date of July 1, 2026.

Question 12: In the RFA, Section "K" Page 21, Minority & Woman-Owned Business Enterprise Requirements it states, "By submitting an Application, each Applicant and potential Grantee agrees to complete an M/WBE Utilization plan as directed in Attachment 20 of this RFA." Kindly clarify whether the Minority & Women-Owned Business Enterprise Forms - Attachment 20 is incorporated as a reference OR must be completed and submitted with the RFA application in order for the application to be considered complete.

Answer 12: The Minority & Women-Owned Business Enterprise Forms: Attachment 20 must be completed and submitted with the Application for the Application to be considered complete. Instructions for completing Attachment 20 can be found on the first page of the document.

Question 13: Should the M/WBE Utilization Plan be reflective of just the first-year budget or all four years? Will there be a possibility of applying for a waiver from the MBE and WBE requirements? Is this form required?

Answer 13: The M/WBE Utilization plan (Form #1 of Attachment 20) should be based on the life of the contract, which is four (4) years. Eligible M/WBE expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.

Please refer to the instructions on Attachment 20, Guide to New York State DOH M/WBE RFA NFP Required Forms, Form #2: M/WBE Utilization Waiver Request for instructions on applying for a waiver. If the M/WBE Utilization Plan is incomplete, and the applicant is selected for funding, the resulting award will be held pending completion of the required documentation. All Applicants must complete Form # 3 (Online Compliance System Payment Submission Confirmation), Form #4 (M/WBE Staffing Plan), and Form #5 (EEO and M/WBE Policy Statement) in addition to the forms noted above.

Question 14: The RFA instructions state that applications submitted cannot exceed a file size of 20 MB: "Please upload the full Application and all required Attachments as one (1) complete PDF document no larger than 20MB in response to Bid Factor Question 01." However, if an applicant is applying for multiple regions, the scanned Letters of Intent to Partner from agencies across multiple regions may result in a file size that exceeds 20MB. Is it possible to accept applications with file sizes larger than 20MB? Alternatively, can large files be compressed prior to submission?

Answer 14: Per Section V. Completing the Application, A. Application Format/Content of the RFA, applicants are instructed to upload the full Application and all required Attachments as one (1) complete PDF document no larger than 20MB in response to Bid Factor Question 01.

Please ensure that uploaded files are not fillable PDFs or "secure" or "password protected" or the document will not upload properly.

Files can be compressed if necessary in order to keep the document under the 20MB limit, for instance by using a PDF tool to reduce the file size.

However, the system cannot accept a .zip file.

Please review the instructions carefully to ensure your document meets the submission requirements.

Budget – All Components

Question 15: Can the time of medical providers funded on the grant be used to provide billable clinical service? If so, is there a cap on how much of the funded time can be used for this activity?

Answer 15: All budgeted positions should be consistent with the proposed services. The Budget Justifications should delineate how the percentage of staff time devoted to this initiative has been determined.

For Component A, as stated in Section V. Completing the Application, A. Application Format/Content, 6. Budgets and Justifications, 6b) of the RFA, the percent of effort allowed for billable staff must not exceed 20% cumulative, meaning the combined percent of effort for all billable staff positions cannot exceed 20%.

For Components B and C there is no cap. If billing for medical provider time is not possible (i.e., program/agency does not have capacity to bill for medical services), the percent of effort for medical providers is not capped.

Question 16: We would like clarification regarding the budget instructions on percent of effort for billable staff, as outlined on page 34 of the RFA. We currently have a contract that includes a program manager funded at 100%. In light of the stated 20% cumulative cap for billable staff, we would like to confirm whether this limitation would restrict us from allocating 100% effort to the program manager position in the proposed budget.

Answer 16: This restriction applies to billable staff only and for Component A only. If under this grant, the program manager is providing services and billing for those services, their percent of effort cannot exceed 20%.

Program - All Components

Question 17: Page 8 of the RFA states: “Awards will be made to the highest scoring applicants in each region, up to the minimum number of awards indicated for that region.” Is that an error and should read maximum? If not, do the number of awards listed on the tables in pages 6 and 7 refer to the minimum or maximum number of awards? The tables for Component A and B have the header “Number of Awards” whereas the table for Component C has the header “Maximum Number of Awards”.

Answer 17: As per the RFA, Component A and Component B have a range of the number of awards per region, minimum to maximum awards allowed.

Component C will not exceed one (1) award per region. As stated in Section I. Introduction, B. Available Funding of the RFA:

- If funding remains available after the maximum number of acceptable scoring applications is awarded to each region in Component A and Component B, New York State Department of Health AIDS Institute reserves the right to exceed the maximum number of Component A and Component B awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any Component A or Component B region until the remaining funding is exhausted or awards have been made to all acceptable scoring Component A and Component B applicants.
- If funding remains available after the maximum number of acceptable scoring applications is

awarded in Component C, New York State Department of Health AIDS Institute reserves the right to shift funding to Component A and/or Component B.

Question 18A: If an organization applies for multiple regions in a single application (as per the RFA instructions) for Component A and/or Component B, can that organization apply for the total funding amount for each of the regions that applicant is proposing to serve? For example, if an applicant applies to serve the Central New York, Finger Lakes, and Western New York regions, is that applicant able to apply for a total award of \$948,000 (\$316,000 for each of the 3 regions) in a single application?

Question 18B: If an organization proposes serving multiple regions for Component A and/or Component B and applies for the total funding award for each of those regions, is it possible that the State would provide that organization an award for one or more regions but not for all of the regions for which the applicant is seeking funding? For example, if an applicant applies to serve the Central New York, Finger Lakes, and Western New York regions and seeks the full award for each of the 3 regions (\$948,000 in total), could the State award this applicant a total award of \$632,000 for Central New York and the Finger Lakes but not the \$316,000 requested for Western New York? Similarly, if an applicant applies to serve the Central New York, Finger Lakes, and Western New York regions and seeks the full award for each of the 3 regions (\$948,000), could the State award this applicant a total award of \$316,000 for Central New York but not the \$632,000 requested for Finger Lakes and Western New York?

Question 18C: If an organization proposes serving multiple regions in an application for Component A and/or Component B but is unable to apply for the full award amount for each of the proposed regions, that organization could face substantial funding reductions to support HCV programming which would negatively impact access to needed HCV care and treatment for their current patients/clients and service site communities. Our organization currently receives multiple awards covering multiple regions and would lose considerable primary care HCV funding (Component A) if we were unable to apply for the awards for multiple regions. Therefore, if the State only intends to issue 1 award (@ \$316,000) per component (Components A & B) to each successful applicant based upon the primary region served, we kindly request that the State reconsider its position to prevent disruptions in access to care among priority populations.

Answer 18 A-C: Per the Cover Page of the RFA, Applicants may submit separate applications for each Component. However, no more than one (1) application per Component will be accepted in response to this Request for Applications (RFA). If an Applicant submits more than one (1) application for a Component, the first application received will be the only application reviewed and considered for funding for that Component.

Please review Section I. Introduction, B. Available Funding of the RFA for more detail.

Awards will not exceed \$316,000 for Component A. Awards will not exceed \$316,000 for Component B.

Applicants are requested to select their primary region of service on the Cover Page of the application. The primary region of service for the application should be based on the location where the largest number of clients is served.

Question 19: Are there special requirements and /or training that medical providers need to have to be able to prescribe hepatitis C medications?

Answer 19: No, there are no specific trainings, specialties, or certifications in New York State required for a medical provider to prescribe hepatitis C medications. Applicants are advised to review

scope of practice for all mid-level providers (i.e., nurse practitioners) to ensure hepatitis C treatment is within scope of practice.

Question 20: There are several sections in the application narrative instructions that instruct applicants to upload documentation as an attachment [e.g., “4e) Applicants are instructed to complete and include Attachment 11: Client Engagement Strategies as part of your full Application submission.”]. Is it necessary to reference these attachments/documents in the narrative, or is it acceptable to simply include the documents as an attachment?

Answer 20: For questions that instruct applicants to upload an attachment, it is not necessary to reference these attachments in the narrative. Please refer to Section V. Completing the Application, A. Application Format/Content for more detail on submission guidelines.

Question 21: The RFA references required hepatitis C training for staff. Are awardees responsible for covering the costs of this training, or will training be provided or subsidized through the grant?

Answer 21: Hepatitis C training for staff is an allowable budget item under this initiative. Additionally, there are free HCV trainings available for through the AIDS Institute’s regional training centers (www.hivtrainingny.org), the Clinical Education Initiative (www.ceitraining.org) and other entities.

Question 22: Regarding the requirement that the program must “employ” a person with lived experience – does this person have to be paid or does a volunteer satisfy this requirement? If they need to be paid - Do they need to be included in the proposal budget or can they be in kind?

Answer 22: Persons with lived experienced can be paid and included on the budget. They can also be volunteers and included as “in-kind” on the budget.

Question 23A. Can you offer guidance on the number of individuals you expect the awarded grantee to engage, test, treat and cure annually?

Question 23B: Is there a minimum number of patients required for Components A?

Answer 23 A-B: Applicants should consider the current number of clients in their organization with hepatitis C and capacity to provide hepatitis C treatment as well as the outcomes of recruitment efforts. No, there is not a minimum number of patients required for Component A.

Question 24: I understand that attachments with a double asterisk do not need to be completed and are for information purposes only. Can you confirm that these also DO NOT need to be part of the single PDF document we are submitting?

Answer 24: As stated in Section VI. Attachments of the RFA, double asterisk (**) attachments do not need to be completed and are for Applicant information only. They should not be included in the single PDF document submitted as your application.

Question 25: For all components (page 6., I, B.), can you please confirm if we must serve all the counties in the NYS Region we apply to?

Answer 25: Applicants should be willing and able to provide services to individuals living within all counties in the defined region. Applicants are not required to have a physical presence within each county in the region.

Question 26: Can we be a subcontractor on a component for another applicant organization, and apply to the same component?

Answer 26: Yes, you may be a subcontractor for another organization within the same Component for which you have applied.

Component A:

Question 27: Can you please confirm that the Component A opportunity is a competitive solicitation of the existing NYSDOH “Eliminating Hepatitis C by Improving Access to Hepatitis C Care and Treatment – Central New York and Long Island Regions” grant (currently contracted through Health Research, Inc.) for the new 5-year contract period?

Answer 27: Component A is a new competitive solicitation, with a similar primary care-based program model to “Eliminating Hepatitis C by Improving Access to Hepatitis C Care and Treatment” which was originally solicited statewide in 2019.

Question 28: In the 2019 “Eliminating Hepatitis C by Improving Access to Hepatitis C Care and Treatment” RFA, the State allocated a total of 4 awards to NYC; however, Component A of the current RFA only allocates 1 award to all of NYC. Is there a reason why the State is reducing the total number of awards for NYC?

Answer 28: The number of awards per region is based on the latest available hepatitis C rates within that region as well as existing provider capacity to provide hepatitis C treatment within that region.

Question 29: Can we enroll people into Component A that are currently enrolled in the Eliminating Hepatitis C by Improving Access to Hepatitis C Care and Treatment program that are still in their treatment journey and not yet cured?

Answer 29: No, you may not enroll or include AIRS clients who were enrolled in the previous contract cycle. However, you should ensure those clients continue to receive services through completion of treatment.

Component B:

Question 30: Can you please confirm that the Component B opportunity is a competitive solicitation of the existing NYSDOH “Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs” grant (originally awarded in 2019) for the new 5-year contract period?

Answer 30: Yes, Component B is a competitive solicitation of the existing “Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs” grant (originally awarded in 2019).

Question 31: Are there any staffing requirements for Component B?

Answer 31: There are no specific staffing requirements for Component B. Applicants should ensure staffing is adequate to meet the deliverables, Anticipated Outcomes, and Work Plan for Component B.

Question 32: What evidence-based strategies are recommended for identifying and recruiting clients into the program?

Answer 32: Applicants should utilize information available to determine evidence-based strategies are recommended for identifying and recruiting clients into the program.

Question 33: What methods have been shown to be most effective in engaging clients who are traditionally hard to reach or maintain contact with?

Answer 33: Applicants should utilize information available to determine the most effective in engaging clients who are traditionally hard to reach or maintain contact with.

Question 34: Our agency is applying through our program located in Westchester County, NY, but we are part of a large entity and operate in multiple surrounding counties. Would we be permitted to serve clients from our other county-based programs under this grant, provided they meet eligibility criteria?

Answer 34: As stated in Section I. Introduction, B. Available Funding, For Component A and Component B of the RFA: Applicants are requested to select their primary region of service on the Cover Page of the application. The primary region of service for the application should be based on 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.

Question 35: Pg 10 Minimum Eligibility Requirements – Component B- last starred paragraph in italics- Could our OTP collaborate with a regional telehealth HCV specialist as the primary provider?

Answer 35: Component B applicants are expected to provide hepatitis C treatment onsite. The RFA does not specify the method for how treatment is provided.

Question 36: Are OTPs operating under an Article 32 license but partnered with an Article 28 medical provider considered fully eligible under Component B?

Answer 36: As stated in Section II. Who May Apply, B. Minimum Eligibility Requirements -Component B of the RFA,

- Applicant must be a government entity licensed by the New York State Department of Health under Article 28 of the New York State Public Health Law, or a not-for-profit health care organization licensed by the Department of Health under Article 28 of the New York State Public Health Law, or a Public Benefit Corporation licensed by the Department of Health under Article 28 of the New York State Public Health Law; and currently providing HCV treatment AND proposing to provide HCV treatment in a non-traditional health care setting* other than primary care. **Attachment 3: Hepatitis C Treatment Attestation** must be included and uploaded as part of your full Application submission. **A Memorandum of Understanding (MOU) from the non-traditional health care setting is required at time of application unless that setting is a mobile van under the umbrella of the applicant's Article 28. Attachment 4: Memorandum of Understanding from the non-traditional health care setting** must be uploaded as part of your full Application submission; **OR**
- Applicant must be a not-for-profit 501(c)(3) certified by the New York State OASAS to provide opioid treatment services as listed on the OASAS website: <https://oasas.ny.gov/providers/program-certification> AND must have served **at least 250** unique clients in 2024 AND currently providing HCV treatment or have the capacity to provide treatment as indicated by a signed attestation from the CEO confirming providers skilled and knowledgeable on treating HCV are employed by opioid treatment program. **Attachment 3: Hepatitis C Treatment Attestation** must be included and uploaded as part of your full Application submission.

**For the purposes of this RFA, non-traditional health care settings are settings other than primary care and whose clients are disproportionately impacted by drug use and HCV. This includes community-based organizations, syringe exchange programs/drug user health hubs, New York State OASAS-licensed drug treatment programs (Article 32), homeless shelters, or on a mobile van. Services may also be delivered via telehealth.*

Question 37: Long Island is not listed as a region. Can programs based in Long Island (Nassau and Suffolk Counties) apply to this component?

Answer 37: Yes, as indicated in Section I. Introduction, B. Available Funding of the RFA, Nassau and Suffolk Counties are included as part of the Metropolitan Area region for Component B.

Question 38: Attachment 23B (Staffing plan for component B) is not available on SFS. Will this be made available or should we use the same staffing plan attachment as component A?

Answer 38: Attachment 23B – Staffing Plan – Component B is available in SFS. Please note that ALL Attachments to this RFA are accessed under the “**Attachments Section**” of the Statewide Financial System online Application/Bid Event and are not included in the RFA document. Please refer to Section VI. Attachments of the RFA for more detail.

Question 39: Page 45 of the RFA indicates that applicants for Component B should submit Attachment 4: MOU from nontraditional healthcare setting. I believe this is a typo given the focus of component B and because when looking in the SFS this attachment does not show up on the list for component B. Can you kindly confirm that applicants for component B do not need to include Attachment 4 with our application?

Answer 39: As stated in Section II. Who May Apply, B Minimum Eligibility Requirements-Component B of the RFA, if the applicant is an Article 28 applying to provide treatment in a nontraditional health care setting, **a Memorandum of Understanding (MOU) from the non-traditional health care setting is required at time of application unless that setting is a mobile van under the umbrella of the applicant’s Article 28. Attachment 4: Memorandum of Understanding from the non-traditional health care setting** must be uploaded as part of your full Application submission.

Question 40: For Component B, can you please confirm if we can “propose to provide HCV treatment in a non-traditional health care setting* other than primary care” in more than one setting? (page 9, II., B.)

Answer 40: Yes, you may provide HCV treatment in more than one nontraditional health setting. You must submit a Memorandum of Understanding from each setting proposed.

Component C:

Question 41: Component C, can academic medical centers work with community health centers and/or Opioid Treatment Programs located outside of rural counties but in the region, if they request telehealth or telementoring services?

Answer 41: Yes, academic medical centers may work with non-rural community health centers in the funded region but are expected to prioritize community health centers in rural communities. Opioid Treatment Programs and other high-risk settings may be located anywhere within the funded region.

Question 42: Does being based in New York City preclude application to provide telehealth/telementoring in another region of the state?

Answer 42: No, as state Section I. Introduction, B Available Funding. Component C of the RFA, the applicant does not need to be located in the geographic region where they plan to provide services.

Question 43: What precisely do you mean by “rural health care facilities and/or high-risk settings”? When we examine Attachment #1, it is unclear to us whether it means selecting one or two “Rural Federally Qualified Community Health Centers” and then partnering with at least five of the clinics in their network or actually choosing five different parent entities (Rural Federally Qualified Community Health Centers).

Answer 43: Attachment 1 includes community health centers and federal qualified community health centers who have been deemed rural by the New York State Department of Health and/or Health Resource Services Administration (HRSA). Applicants may choose to work with a single or multiple health centers under a larger network of health centers in one (1) or more counties. If choosing to work with all health centers in a larger network, one (1) letter of intent from the parent organization may be submitted identifying each health center the applicant will work with. Each health center listed will count towards the required five (5) Letters of Intent to Partner (Attachment 7).

High-risk settings do not need to be located in the rural counties. However, they do need to be located within the region. Letters of Intent to Partner from at least five (5) rural health care facilities and/or high-risk settings should be included as Attachment 7 as part of your full Application submission.

Question 44: Have the entities listed in Attachment #1, under Rural Federally Qualified Community Health Centers, been informed that they are included on this list? Also, do any of them already provide hepatitis C treatment?

Answer 44: No, the entities listed in Attachment #1 have not been informed they are included in the RFA. We have not confirmed if any currently provide hepatitis C treatment.

Question 45: The academic medical center will serve as the regional HCV telehealth hub. The rural health care facilities and other high-risk settings will serve as the spoke sites. Telehealth visits will be conducted from the hub to the spoke site when the client is present. Spoke sites will assist with the coordination and facilitation of telehealth visits working with the hub’s Care Coordinator and client. Is the hub site acting as a consultant?

Answer 45: The academic health system will serve as the hub where the HCV provider and care coordinator are located. The spoke is the community health center or high risk setting where the patient is located.

Question 46: Is there a minimum number of patients required for Components C?

Answer 46: No, a minimum number of patients required for Component C have not been set. As stated in Section V. Completing the Application, A. Application Format/Content - Component C – 1. Program Summary, Applicants are instructed to provide an estimate of the unduplicated number of clients enrolled in the telehealth program during year one (1).

Question 47: Do all telehealth visits have to occur while the patient is located at the health center or high impact setting?

Answer 47: No, all telehealth visits do need to occur at the health care center or high-risk setting. The applicant should work with the health care center or high-risk setting and the client to determine the best approach. Applicants are expected to consider the client's ability to participate in a telehealth visit from a setting other than the health center or high-risk setting.

Question 48: Can academic medical centers provide telehealth to clients from a health care facility that is not listed on the Attachment #1?

Answer 48: Yes, applicants can serve clients in health care facilities other than those listed in Attachment 1; however, they must prioritize community health centers in rural counties listed in Attachment 1.

Question 49: Do high risk settings need to be located in rural counties?

Answer 49: No, high-risk settings do not need to be located in the rural counties. They can be located anywhere within the applicants designated region.

Question 50: Minimum Eligibility Requirements for Component C include: "Applicant must be a not-for-profit academic medical center in New York State. For purposes of this RFA, an academic medical center is an organization that is administratively integrated with a medical school(s) and that is the principal site for education of both medical students and postgraduate medical specialty trainees." Can "Academic Medical Center" be further defined? Could the application be submitted by a hospital that is affiliated with a School of Medicine (different EINs but under the same health system), or would the application need to be submitted by the School of Medicine?

Answer 50: As stated in Section II. Who May Apply, C. Minimum Eligibility Requirements - Component C of the RFA, the Applicant must be a not-for-profit academic medical center in New York State. For purposes of this RFA, an academic medical center is an organization that is administratively integrated with a medical school(s) and that is the principal site for education of both medical students and postgraduate medical specialty trainees. In order to meet Eligibility Requirements, the application must be submitted by a not-for-profit academic medical center.