# Supplement #3 to the Request for Proposals

**Issued Date: October 15, 2021**

# PlaySure Network 2.0: Provision of a Comprehensive Health Package of HIV-Related Services in Health Care and Non-Health Care Settings Using an Equity-Focused One-Stop Shop and Holistic Client-Centered Model

**[Solicitation #: 2021.08.HIV.05.02]**

**Public Health Solutions**
**on behalf of**
**New York City Department of Health and Mental Hygiene**

This Supplement makes revisions to the Request for Proposals (RFP) for **PlaySure Network 2.0: Provision of a Comprehensive Health Package of HIV-Related Services in Health Care and Non-Health Care Settings Using an Equity-Focused One-Stop Shop and Holistic Client-Centered Model** issued on August 24, 2021, summarizes questions raised and responses given at the Pre-Proposal Conference Webinar held on September 14, 2021, and addresses questions submitted to the RFP email inbox. Information included in this Supplement amends and supersedes responses given at the Pre-Proposal Conference Webinar and/or in Supplement #2 to the Request for Proposals issued on October 7, 2021.

Failure to comply with any amended requirements and instructions included in this Supplement may result in a proposal being deemed non-responsive and ineligible for consideration for funding.

*Please note that only communication received in writing from the RFP Contact on behalf of Public Health Solutions shall serve to supplement, amend, or alter in any way, this RFP released by Public Health Solutions. Any other communication is not binding and should not be relied upon by any party in interpreting or responding to this RFP.*

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For a copy of this Supplement or the Request for Proposals, please go to:

**https://www.healthsolutions.org/requests-for-proposal/playsure-network-2-0-provision-of-a-comprehensive-health-package-of-hiv-in-health-care-and-prevention-servicesnon-health-care-settings-using-an-equity-focused-one-stop-shop-and-holistic-client-cente/**

## Revisions to the RFP

The changes listed below are made to the RFP. In the **Revised RFP (REVISED 10/15/2021)**, note that additions/clarifications/revisions are underlined, deletions are ~~crossed out~~, and highlighted in yellow.

**Revised RFP Document**

**Download the Revised RFP for *PlaySure Network 2.0: Provision of a Comprehensive Health Package of HIV-Related Services in Health Care and Non-Health Care Settings Using an Equity-Focused One-Stop Shop and Holistic Client-Centered Model REVISED 10/15/2021)* to review the clarifications and/or revisions to the RFP on the following pages:**

*Page 1, Solicitation # – revision and addition of revision date 10/15/2021*

*Page 1, Table of Contents – addition of Appendix G*

*Page 2, Basic Information Table – revisions to RFP Release Date, Proposal Due Date, and RFP Contact sections*

*Page 3, Basic Information Table – revisions to Subaward Term and Total Anticipated Funding sections*

*Page 4, Basic Information Table – revisions to Minimum Applicant Requirements section*

*Page 6, Basic Information Table – revisions to Questions Regarding this RFP section*

*Pages 21—22, revisions to VI. SERVICE DELIVERY SETTING: SITE LOCATION and to Footnote 60*

*Page 22, VI. SERVICE DELIVERY SETTING: SITE LOCATION – addition of Footnote 61*

*Page 23, revisions to VII. VII. SERVICE DELIVERY MODEL and addition of Footnote 62*

*Pages 46—47, revisions to Expectations section under Linkage to Biomedical HIV Prevention and Care Services*

*Page 50, revision to Expectations section under Substance Use Services*

*Page 51, revisions to Expectations section under Additional Supportive Services*

*Page 53, Establishing Formal Partnership Agreements section under Additional Supportive Services – addition of Footnote 124*

*Pages 57—58, VIII. STAFFING, TRAINING, AND PROFESSIONAL DEVELOPMENT – revisions to Staffing Plan section*

*Pages 62—63, revisions to IX. BUDGET*

*Page 64, revision to Supplies section under IX. BUDGET*

*Page 66, revisions to Subcontracting section under IX. BUDGET*

*Page 71, revision to QBF Expectations section under X. FUNDING MECHANISM STRUCTURE*

*Page 72—73, revisions to Hybrid Funding Structure section under X. FUNDING MECHANISM STRUCTURE*

*Page 76, revisions to Start-Up Period section under XI. TECHNICAL ASSISTANCE AND IMPLEMENTATION SUPPORT*

*Page 77, revisions to Additional Information and Expectations section under XII. DATA AND REPORTING*

*Page 79, revisions to Eligibility Criteria section under XIII. ELIGIBILITY CRITERIA, COMPETITION POOLS, and SELECTION PREFERENCE*

*Page 80, revision to Additional Service Category 2-specific eligibility section under XIII. ELIGIBILITY CRITERIA, COMPETITION POOLS, and SELECTION PREFERENCE*

*Page 81—82, revisions to Competition Pools section under XIII. ELIGIBILITY CRITERIA, COMPETITION POOLS, and SELECTION PREFERENCE*

*Page 83, revision to Selection Preference section under XIII. ELIGIBILITY CRITERIA, COMPETITION POOLS, and SELECTION PREFERENCE*

*Page 83, revision to XIV. RFP TIMELINE*

*Page 83—84, revisions to XV. SUBAWARD TERM*

*Page 84, revisions to XVI. ANTICIPATED FUNDING*

*Page 86, revision to XVIII. PROPOSAL EVALUATION CRITERIA*

*Page 87, revision to Section 1: Organizational Overview and Experience subsection under the Proposal Narrative section of XVIII. PROPOSAL EVALUATION CRITERIA*

*Page 103, revisions to Other Additional Requirements section under XIX. GENERAL REQUIREMENTS SECTION*

## New Proposal Document

*The following **new** document is available for download:*

- *Appendix G to PSN 2.0 - Final-10.15.21*

*The Revised RFP and the New Proposal Document [Appendix G to PSN 2.0] are available to download from the PHS website:*

https://www.healthsolutions.org/requests-for-proposal/playsure-network-2-0-provision-of-a-comprehensive-health-package-of-hiv-in-health-care-and-prevention-servicesnon-health-care-settings-using-an-equity-focused-one-stop-shop-and-holistic-client-cente/

## Questions and Responses

### Budget

1. The revised Budget Template shows an 18-month first budget period in B6, but the first budget period is only funded for 100%, not 150%. If we hire staff and fund them for 12 months on this first year, we will have 6 months of unfunded effort.
    a. Are applicants expected to fund personnel during the 6-month startup period?
    b. Can we start funding personnel 7/1/2022 or 9/1/2022?

Response: According to the most recently released RFP, the anticipated Contract Term follows this breakdown: Year 1 is 18 months (6 months start-up + 12 months), Year 2 is 12 months, and Year 3 is 12 months for a total of 3.5 years. The total budget amount for Year 1 can be 1.5 times the range amount allotted as it will cover the full 18 months as applicable to the agencies workplan and program design. Year 1 will be 100% funded by a cost-based payment structure and will be used to collect baseline data and establish baseline QBF benchmarks. In order to establish agency-specific benchmarks that will be used to evaluate and calculate QBF payments, Year 1 (18 months - 3/1/2022-8/31/2023) will be fully funded by a cost-based payment structure and will be used to collect baseline data and establish baseline QBF benchmarks. Years 2 (12 months - 9/1/2023-8/31/2024), Years 3 (12 months - 9/1/2024-8/31/2025) and beyond will be funded using a combination of cost-based and quality-based financing payment structures. Please see page 72 of the Revised RFP for more information. Contract term dates subject to change based on funding sources.

| PSN 2.0 Timeline | Year 1 | | Year 2 | Year 3 |
|---|---|---|---|---|
| | March 1, 2022 – August 31, 2022 | September 1, 2022 - August 31, 2023 | September 1, 2023 – August 31, 2024 | September 1, 2024 - August 31, 2025 |
| **Service Delivery Activities** | **Start-Up**<br>6-month period<br>May start service delivery | **Service Delivery**<br>12-Month Program Period<br>QBF Data Collection: Baseline | **Service Delivery**<br>12-Month Program Period<br>QBF Data Collection: Year 2 | **Service Delivery**<br>12-Month Program Period<br>QBF Data Collection: Year 3 |
| **Reimbursement Structure** | 100% Cost-Based | 100% Cost-Based | Hybrid Cost-Based / QBF | Hybrid Cost-Based / QBF |

a) It is strongly recommended that agencies begin implementing PSN 2.0 activities during the start-up period. Agencies are required to utilize the start-up period to hire and onboard new staff, name and train existing staff who will support PSN as well as establish their systems and protocols for implementing, collecting data on, and reporting out PSN 2.0 activities. While agencies can begin service delivery, data collection, and reporting at any point during the start-up period, all PSN 2.0 awardees MUST begin service delivery by the conclusion of the start-up period. Please see page 76 of the Revised RFP for more information.

b) Applicants may start funding personnel starting the start date of the subaward term: March 1st, 2022. Please indicate all expenses in Attachment A- Program Budget, that aligns and is described in the proposal and workplan.

2. Please clarify the time frame of the award period and the expected budgets. We initially thought the Term would be for was 3-year period but heard at the Bidder's Conference that the initial budget should be for an 18-month period.
3. If the contract term ends 2/28/2025 as shown in B5, then are the 3 budget periods 18 months (3/1/2022-8/31/2023), 12 months (9/1/2023-8/31/2024), 6 months (9/1/2024-2/28/2025). How does that align with the base + QBI model (Yr1 100%; Yr2 85% + 15% + 15%; Yr3 85% + 15% + 15%) if each of the 3 periods of funding is for a different number of months? Since year 1 is an 18-month budget, should the base + QBI model be structured (Yr1 150% for 18 months; Yr2 85% + 15+ 15% for 12 months; Yr3 42.5% + 7.5% + 7.5% for 6 months).
4. Since the first year is really an 18-month budget, are we to submit for year two as budget period: 9/1/2023 - 8/31/2024? Or would the year two budget period be: 3/1/2023 - 2/28/2024 which would also include the last 6 months of the first-year budget we will be submitting? Please confirm the dates for each year that we are required to submit for the budget. We are concerned about overlap and/or year three being only a 6-month budget.

   Response: According to the Revised RFP, the anticipated Contract Term follows this breakdown: Year 1 is 18 months (6 months start-up + 12 months), Year 2 is 12 months, and Year 3 is 12 months for a total of 3.5 years. The total budget amount for Year 1 can be 1.5 times the range amount allotted as it will cover the full 18 months as applicable to the agencies workplan and program design. Year 1 will be 100% funded by a cost-based payment structure and will be used to collect baseline data and establish baseline QBF benchmarks. in order to establish agency-specific benchmarks that will be used to evaluate and calculate QBF payments, Year 1 (18 months - 3/1/2022-8/31/2023) will be fully funded by a cost-based payment structure and will be used to collect baseline data and establish baseline QBF benchmarks. Years 2 (12 months - 9/1/2023-8/31/2024), Years 3 (12 months - 9/1/2024-8/31/2025) and beyond will be funded using a combination of cost-based and quality-based financing payment structures. Please see pages 72 and 76 of the Revised RFP for more information. Contract term dates subject to change based on funding sources.

| PSN 2.0 Timeline | Year 1 | | Year 2 | Year 3 |
|---|---|---|---|---|
| | March 1, 2022 – August 31, 2022 | September 1, 2022 - August 31, 2023 | September 1, 2023 – August 31, 2024 | September 1, 2024 - August 31, 2025 |
| Service Delivery Activities | **Start-Up**<br>6-month period<br>May start service delivery | **Service Delivery**<br>12-Month Program Period<br>QBF Data Collection: Baseline | **Service Delivery**<br>12-Month Program Period<br>QBF Data Collection: Year 2 | **Service Delivery**<br>12-Month Program Period<br>QBF Data Collection: Year 3 |
| Reimbursement Structure | 100% Cost-Based | 100% Cost-Based | Hybrid Cost-Based / QBF | Hybrid Cost-Based / QBF |

*This response applies to Questions 2, 3 and 4 in this section of the Supplement. Note that the budget form (Attachment A: Program Budget) was revised and was made available for download from the PHS website as of October 7, 2021.*

5. Since the first year is 18 months, what is the maximum amount that a non-health care setting can request in that 18-month period? Is the expectation that up to the max amount of $650,000 should be spread out over 18 months, or will the first year (18-months) be up to 150% of the total max amount, $975,000?
   Response: For an agency applying for Category 2: Non-Health Care Settings, the maximum amount that can be requested for a 12-month period is $650,000. The total budget amount for Year 1 can be 1.5 times the range amount allotted as it will cover the full 18 months as applicable to the agencies workplan and program design.

6. The worksheet is locked, so we cannot edit items in row 28, row 51-52, 75-81. Is this intentional?
   Response: According to the revised Budget Template released on October 7, 2021, some cells containing recommended line items are protected/locked. This is intentional for internal processing of the budgets. If any of the line items do not apply to your proposed program, please leave blank. *Note that the budget form (Attachment A: Program Budget) was revised and was made available for download from the PHS website as of October 7, 2021.*

7. The fringe in row 105-107 calculates has the format hard coded to a percentage. I think you wanted us to enter a percentage here. If you want a percent in those rows, then row 108 needs to do the calculations by =B105*E49+B106*E73+B107*E102 instead of =SUM(B105:E107). Is the comment in M104:P108 correct? Is it asking for fringe costs ($) in rows 105-107 or fringe rate (%)?
   Response: The budget form (Attachment A: Program Budget) was revised and was made available for download from the PHS website as of October 7, 2021. For fringe, please provide the total fringe cost for each personnel category that will be charged to this contract. In the revised budget template, applicants are not longer required to input an itemized fringe rate. Instead applicants will now input their total fringe cost in the appropriate cell. For example: for the Medical Providers category, in cell E106 multiply cell E50 by your agencies fringe rate for Medical Providers for the total Medical Providers fringe cost. The template has been revised to include more instructions.

8. The personnel total in B13 includes the fringe rate… but the fringe rate is not shown as a row in the "Personnel Salaries" section. The calculation in the budget doesn't equal the total but instead equals the total salary + total fringe. Is this intentional?
   Response: The budget form (Attachment A: Program Budget) was revised and was made available for download from the PHS website as of October 7, 2021. In the revised budget template, the formula has been revised in the Budget Summary of Categories to include both the total salary + total fringe from each personnel subsection.

9. Are all of the notes in M9-Q23 still applicable (do we still denote 'one time or ongoing" for each expenses? Does this just apply to OTPS (Supplies, and not personnel)? Does this comment belong in the box beginning in row 110?
   Response: The budget form (Attachment A: Program Budget) was revised and was made available for download from the PHS website as of October 7, 2021. In the revised budget template, instruction boxes have been expanded to begin and end at the appropriate cell for the corresponding section. You are only required to identify if a cost is either one-time or ongoing for Supplies, Health System Infrastructure Investment, and Subcontracting via the existing yellow drop-down menu in Columns F-G.

10. Columns H-K are hidden. In the previous version they did not contain any data, but they still exist in this new version. Are they supposed to have been removed? (I think they were meant for differentiation between FT and PT fringe rates, which was removed from this updated version.)
    Response: The budget form (Attachment A: Program Budget) was revised and was made available for download from the PHS website as of October 7, 2021. In the revised budget template, the checkboxes to identify if a personnel line is either Full-Time or Part-Time was removed. Applicants are no longer required to input an itemized fringe rate. Instead, applicants will now input their total fringe cost for each personnel subsection. Instructions have been updated in the budget template.

11. The applicant has an operating budget that is smaller than the state threshold for requiring an audit. Can the applicant submit alternate financial statements or the form 990 to satisfy this attachment requirement?
    Response: The guidelines are as follows:
    i. Applicants that expend less than $750K in federal funding must submit an Audited Financial Statements/Management Letter if applicable
    ii. Applicants that receive less than $750K in revenues and support must submit a CPA Audit Review and 990 Form
    iii. Applicants that receive less than $500K in revenues and support should provide an un-audited Financial Statements and 990 Form

12. At the meeting, you responded to our question about including staff from other sources of funding on the budget. You indicated that we should include them as "in-kind." These roles need to be included as they demonstrate how we are able to provide all of the comprehensive services required by PlaySure 2.0, however it is not really accurate to describe them as "in-kind" since they are not provided by the institution, but other grants. Generally, our institution prohibits us from listing staff paid by other sponsors on a budget, so I just want to confirm that this is the procedure we should follow.
13. Related to the above, we have several lines from multiple funding sources providing some of the services (i.e. Substance use services from our HRM grant and SAMHSA grant). Should we include all of the lines that provide those services (usually each has a specific target population) or should we choose of subset of staff providing that service to include on the PlaySure budget.

Response: All staff who will support and play an integral part in implementing and managing PSN 2.0 services should be named, even if they are in-kind in order have a budget that is aligned with the applicant's proposal narrative and shows the full picture of how the applicants is proposing to design their PSN 2.0 service delivery model. Agencies must ensure that they staff their PSN 2.0 program adequately and do not have too many staff named in-kind and are stretched too thin over multiple projects. Applicants must ensure that each PSN 2.0 service is staffed appropriately, including hiring additional staff where appropriate, so that no services are inadequately provided because staff are pulled away to provide for another service and that staff are not overburdened with responsibilities that exceed their capacity. Only staff who will support the PSN 2.0 service delivery model should be named in the budget, do not name staff who will not support PSN 2.0.

14. When working on the updated budget template released on 9/15/21, in the subcontract section; we can't move forward as that session is password protected. Please advise as to how we should state subcontract expenses or would you send a revise password free version?
    Response: The budget form (Attachment A: Program Budget) was revised and was made available for download from the PHS website as of October 7, 2021. In the revised budget template, formulas have been added to the E column under the Subcontracting section to now allow for input and calculation of the total for each line item.

15. Page 77 of the RFP states that evaluation of QBF indicators for payment will be on an 'annual or bi-annual basis' and that this will be determined at one of the meetings. This greatly impacts cash flow, especially if we are only receiving 85% of the contracted amount. Can this be evaluated on a quarterly basis, or even more frequently?
    Response: The description of the QBF payment structure in the RFP is provided as an example only and will be proposed to the participants at the PSN 2.0 QBF Conference, where the QBF blueprint, including the QBF payment structures and frequency (e.g., annual or bi-annual basis) will be reviewed and finalized. However, most indicators will rely on a full 12 months of data collection for accuracy and be paid on an annual basis. Please see page 73 of the Revised RFP for more details.

16. Due to internal guidelines, we need to outline our indirect costs (such as rent) as line items within the budget, rather than as a non-delineated indirect cost/amount in addition to the direct costs. Can you add additional lines to the excel budget spreadsheet so that we can add rent or other items that could be considered indirect as "line items", and we would then deduct them from the 12% cap to ensure that we do not exceed the 12% cap/amount?
    Response: As noted on the instructions within Attachment A: Program Budget Template, maximum allowable indirect cost will be determined by the funding source at the time of award. Please also refer to p.83 of the Revised RFP indicating the funding source is to be determined at the time of award. For this proposal budget please use an indirect cost rate at a *maximum* of 12%. Applicants should not detail indirect cost items in the budget template. Attachment A: Program Budget Template remains unchanged from most recent version released by PHS on October 7, 2021).

17. At the bottom of page 62 of the RFP, there is a note that states: "*Agencies may be eligible to receive an incentive/enhancement payment of up to 15% of their proposed budget in Years 2 and 3 if they meet the required indicator benchmarks.*" Does this mean that we should make our budget for Year 2 and Year 3 at a higher amount than for Year 1? For Service Category #2, the maximum amount is $650,000. Does this mean that we can request 15% more than this in Year 2 and Year 3?
    Response: No, agencies cannot request more than the maximum 12-month budget amount of $650,000 for Service Category 2. If agencies meet all of their QBF benchmarks in Year 2, then they will receive the enhancement at 15% of their total proposed budget/award amount in Year 2. This enhancement payment does not need to be included in the agency's budget and may be used to support the PSN 2.0 service delivery model however the agency sees fit within funding restriction guidelines.

18. Are the costs of food/meals and staff to provide food/nutrition services considered to be an allowable expense in the budget, as part of the holistic supportive services that can be provided to participants?
    Response: Applicants may choose to include food/meal provision within Attachment A – Program Budget Template as part of their proposed program (food/meals under "General Supplies," and staff to support provision of food/nutrition services under "Personnel," with a written justification for the line item included in the application proposal and budget). See page 64 of the Revised RFP for more information on Supplies.

    The extent to which such costs will be *allowable* will be determined by the funding source(s) of any negotiated subaward budgets. Please also refer to p.83 of the Revised RFP indicating the funding source is to be determined at the time of award.

## Clients Served

1. Will awardees be able to negotiate 'clients served' relative to the final approved award amount? For example, if an applicant applies for $500,000 to serve 50 clients and is only awarded $350,000, will they be able to adjust service goals to reflect the grant award amount?
    Response: Agencies must have a staffing plan and budget that reflects the appropriate staff to client ratio for the number of clients they propose to serve each month based on the information and parameters provided above. If a budget award amount is less than the applicants originally proposed budget amount and this reduction affects personnel lines, a revision to the total number of clients to be seen each month may be discussed at contract negotiations.

## Online Form

1. In the government funding sources section there are 10 lines for other grants. Our site has more than 10 grants. Is there a way to attach a list of additional funding sources or should we select only 10 funded projects?

Response: If you have more than 10 funded programs to report, please list them in a separate document and upload that via the PHS Contracting Portal along with your other Proposal documents. Please also indicate in the Online Form that you will be uploading an additional document to supplement your response to this question.

2. In reviewing the PSN 2.0 "online form guide" for the organizational self-assessment tool, we are asked to estimate the percentage of our staff who identify as members of each priority population. Some questions are identity-based e.g. LGBTQ, and others are more behavioral, e.g. MSM. How are we expected to ask our current and potential employees regarding protected statuses and sexual behavior (e.g. men who have sex with men), etc.?
   Response: Thank you, the NYC HD recognizes that this is sensitive information and may not be known or shared. The PSN 2.0 organizational self-assessment tool does not require an estimate of the percentage of staff who identify as member of the priority population. In the Organizational Profile of the "Online Form", applicants are asked to estimate the percentage of staff who identify as members of each priority population. In the Organizational Profile, you may select "Not Sure" for the instances in which the information is unknown/cannot be shared. Please see page 86 of the Revised RFP for more information on the Proposal Evaluation Criteria.

3. In the "online form guide", Page 3 organizational overview, it asks for the "total number of staff working full-time for the Applicant agency in 2020:*" Do you mean only the staff working full-time (e.g., you have 3 full-time staff, and 3 staff working .5 FTE = 3 staff) or do you mean the total staff FTE, in which case if you have 3 full-time staff, and 3 staff working .5 FTE = 4.5 FTE staff?
   Response: For this question in the Organizational Profile, please provide the number of full-time staff, not total staff FTE. In other words, please provide the number of staff who are working 1 FTE at your agency.

4. In the Organizational Self-Assessment, in 2.c. Infrastructure, Question 5 asks: "Our agency's annual performance evaluations for middle managers, senior management, and executive staff include LGBTQIA+ and race/ethnicity diversity and inclusion metrics." Do you have an example of an inclusion metric such as this?
   Response: Examples will be discussed and provided at the PSN 2.0 QBF Conference.

5. In the Organizational Self-Assessment, in 2.c. Infrastructure, Question 8 asks: "We have established workforce protections and policies that include strengths-based follow up actions that emphasize sexual orientation, gender identity and race/ethnicity for staff in all departments." Can you provide examples of this?
   Response: Examples will be discussed and provided at the PSN 2.0 QBF Conference.

6. For question 23 under the organizational profile, it requests that we complete the table for every service provided at Site Location 1. If we have formal agreements in the form of an MOU to provide some services which may include: intimate partner violence, food and nutrition services, housing services, job aid and professional development services, or legal services but these services are not delivered at our physical site location (but linkage to those agencies who provide those services is facilitated), how do we complete this table? Would we select 'Partner agency with formal agreement' even though the actual service itself (e.g. intimate partner violence, food and nutrition services, housing services, job aid and professional development services, or legal services) will not physically take place at Site Location 1? (The choices for providing the services include: applicant agency, partner agency with formal agreement, partner agency with subcontract and this service is not going to be provided in PSN 2.0.)
   Response: Questions 22 and 23 in the Online Form Guide – Category 2 are complementary of one another. Question 22 is for indicating where the service will take place, and question 23 is for indicating who will be providing the service. For example, if you have an MOU with a partner agency to provide food and nutrition services at the partner agency's location (not at the Site Location), indicate this in question 22 (e.g., at partner agency's brick and mortar site). In question 23, indicate that this service for PSN 2.0 will be provided by a "partner agency with formal agreement" and select "MOU, MOA, LA, or other agreement".

   To the best of each agency's ability, services provided by the partnering agency should be provided onsite at the PSN 2.0 site or via telehealth to allow for the client to receive all of the services at the PSN 2.0 site as best as possible to increase timely access to services and reduce the number of steps it takes to receive the services of interest. When services must be provided externally due to logistical challenges or regulatory barriers, agencies must provide comprehensive navigation to the client for linking to the external location.

7. On the Online Form Guide for Service Category 2, question SL1.16.e asks about medical provider staffing. But, for Service Category 2, is hiring a medical provider required? On page 59 of the RFP, medical providers are listed only for Service Category 1. If we are not required to hire a medical provider, how would we answer these questions and receive the three (3) points if they are N/A?
   Response: All staffing is recommended. If you are not planning on hiring that particular staff line, describe in your response why not and why that fits in your proposed program model and agency context.

8. Required services are listed on page 24 of the RFP ("Snapshot of PSN2 Services"), but the "Additional Supportive Services" are not broken down. In the Online Guide Form, Q24 Table lists the following Additional Supportive Services: Intimate Partner Violence, Housing Services, Job Aid and Professional Development Services, Legal Services. Are all these additional supportive services required? Is there a minimum recommended number of supportive services?
   Response: Since there is a broad range of supportive services an agency can offer, Table Q24 and 25 list some of the most common ones. Tables Q26 and 27 are available for agencies to write in additional supportive not mentioned in Q24/25. While providing additional supportive services is

a requirement of the PSN 2.0 service delivery model, there is no minimum recommended number of or types of supportive services that an agency can propose to provide in PSN 2.0. The integration of supportive services is integral to strategies 2 and 3 of the NYC ETE Plan and goals of the PSN 2.0 service delivery model. Agencies should propose to provide additional supportive services that best meet the needs of their priority populations. Supportive services may include but are not limited to services to support immigration-related needs, housing status, food insecurity, education, poverty and neighborhood conditions, criminal justice involvement, employment, and intimate partner violence. Supportive services also include service to address barriers clients experience, such as social or structural factors that make it difficult to adhere to appointment times or scheduled services. Please see page 50-51 of the Revised RFP for more information on Additional Supportive Services.

## Proposal Submission / Contracting Portal

1. We intend to apply for both PlaySure Network 2.0 and Routine HIV Testing. Some of the required administrative documents are agency-wide and large in volume, such as recent audit, IRS 501(c)(3) Determination Letter, Board of Directors List, etc. Is there a way to submit these documents to PHS in a way that will allow us to avoid redundant submission of large files by each of our facilities?
   Response: You may transmit certain required documents to Public Health Solutions via the NYC HHS Accelerator, New York City's contracting information system for health and human services. Please refer to pages 5 and 7-9 of the Revised RFP for further details and submission instructions.

## Service Delivery

1. For Substance Use Services, must we provide (either directly or through an MOU) all the substance use services listed on page 49 of the RFP (pasted below)? Is there a minimum recommended number of substance use services?
   Response: No, there is no minimum recommended number of substance use services an agency can propose to provide as part of their PSN 2.0 program. As stated on page 49 of the Revised RFP: Substance use services may include, but are not limited to, harm reduction services, syringe access and disposal, overdose prevention, peer-based services (such as syringe exchanges, support groups etc.), Medication Assisted Treatment (MAT) for opioid use disorder, or information and referrals for clients who may need outpatient or inpatient treatment receive intensive social and behavioral support related to drug and alcohol use. Agencies should propose to provide substance use services that best meet the needs of the priority populations they propose to serve with this program. When this is not feasible for applicants to provide needed substance use services in-house, the applicant should explain how the services will be offered through a partner agency with a formal partnership agreement or subcontract, and/or through linkage to an external agency for more specialized services that require higher level of expertise not available in-house.

## Site Locations

1. Are agencies allowed to apply to a multisite (in one borough) and a single site, if they cover different UH?
   Response: Agencies cannot apply for more than one competition pool. If an agency proposes multiple Site Locations across more than one borough, please see more information on pool 3, pool 6, or pool 9 on page 80-82 of the Revised RFP. If an agency proposes multiple Site Locations within one borough, please see more information on pool 2, pool 5 or pool 8 on page 80-82 of the Revised RFP.

2. We are in the process of merging two organizations, each of which have current TPT contracts, into one organization and are already operating and functioning with one Executive Director and a core senior leadership team with one operational and oversight structure for both organizations. Can we apply as one organization with 2 sites in Manhattan, which would put us into the Competition Pool 8.3 in Service Category 2? By applying as a single organization, we hope to avoid potential contract management issues that may arise post-merger.
   Response: If the applicant organization meets the minimum eligibility requirements for the Service Category for which they are applying for and the organization is already operating under one name, one structure, and one ED, then yes. Proof of this must be submitted as a part of the application.

3. Due to COVID-19, working arrangements have been adjusted to accommodate working remotely. In the event an applicant's program staff or PSN2.0-funded staff provides virtual services from their *telecommute location* (not onsite at the proposed site), would this be considered an acceptable method of service delivery? As long as a staff is part of the staff at the proposed site, would the PSN 2 services that they deliver from their telecommute location or from the field (e.g., street-level outreach or home-based outreach) be considered as "services delivered from the proposed site"?
   Response: Yes, this is an acceptable method of service delivery. Agencies should ensure the client can access the virtually delivered services from the agencies' proposed brick and mortar site location if they so choose or if they need access to virtual platforms such as computer, tablets, zoom, or other means of virtual service delivery. Agencies can use the telephone booth model, referenced on page 56 of the Revised RFP, to support this.

4. Per page 23 of the RFP: "*A site location is defined as the physical brick and mortar entity and/or building with its own unique address where agencies are proposing to deliver the one-stop shop PSN 2.0 service delivery model.*" Let us suppose that a navigator from Agency A, who is onsite, is in contact with a client, who is offsite, using telehealth (e.g., via Zoom). The client is seeking supportive housing assistance. The navigator refers the client to an external provider, Agency B, which provides supportive housing assistance. The navigator further assists the client by helping the client fill out Agency B's housing assistance application. Would using telehealth in this way to assist a client in getting supportive services externally be consistent with the one-stop shop model, even if the client were *offsite*? In the one-stop shop model, would both the navigator and the client need to be on-site?

Response: Yes, using telehealth in the described method to assist a client in getting supportive services externally is consistent with the one-stop shop model, even if the client were offsite. As described on page 21 of the Revised RFP: PSN 2.0 improves the client experience by reimagining client navigation into a "one-stop shop" model of service delivery. PSN 2.0 agencies will serve as hubs where clients can receive services in one location – including through virtual visits – without the agency having to directly provide all services. Through virtual visits the PSN 2.0 funded agency can still provide one-stop shop navigation and service provision to their client as the PSN 2.0 hub. Agencies should ensure the client can access the virtually delivered services from the agencies proposed brick and mortar site location if they so choose or if they need access to virtual platforms such as computer, tablets, zoom, etc. Agencies can use the telephone booth model to support this.

## Staffing

1. On page 58 of the RFP, it states that navigators in health care settings would provide the following services: education, appointment scheduling support, follow-ups, case management, benefits navigation. Sometimes the patient will need additional support to become interested in, or connect to PrEP etc. Can navigators in health care settings also provide HIV or STI testing, and/or linking clients for PrEP, emergency PEP, iART or STI?
   Response: Yes, any staff member who is trained to conduct HIV testing, linking clients for PrEP, emergency PEP, iART or STI can provide this service. Each applicant should propose their own staffing plan to meet the goals of PSN 2.0 model that fits within their proposed program design, agency context, and client population. This may mean that you have different roles that are cross trained on different aspects of the model and they may conduct outreach, navigation, HIV/STI testing, etc. Please refer to pages 57 -- 59 of the Revised RFP for more information on the Staffing Plan. The key for an agency's staffing plan is to ensure that each PSN 2.0 service is staffed appropriately so that services do not pull staff away from each other and that staff are not overburdened with responsibilities that exceed their capacity.

   If applicants design their model to have navigators conduct outreach, testing and navigation to clients they may propose to do so. For example, instead of hiring one outreach worker, one navigator and one tester, an agency would hire 3 navigators and cross train them to provide all 3 services. However, to ensure adequate staff to client ratio, they should propose a smaller staff to client ratio and hire more navigators to appropriately serve the clients and reduce overburdened staff.

2. On page 58, you mention: "Navigators play a critical role in PSN 2.0… For navigators in non-health care settings, additional roles may include conducting HIV or STI testing, and linking clients for PrEP, emergency PEP, iART/HIV care or STI treatment" (page 27). As a healthcare site, all our health educators (or navigators for the purposes of this grant) provide rapid HIV testing to our patients to reduce the number of hand-offs the patient experiences, as well as to establish that patient-provider relationship. Based on the above statement, are healthcare setting not allowed to include rapid HIV testing to our navigators' responsibilities? Can healthcare setting navigators provide the rapid HIV testing piece that is already built into our existing service model?

Response: Any staff member who is trained to conduct HIV testing can provide this service. Each applicant should propose their own staffing plan to meet the goals of PSN 2.0 model that fits within their proposed program design, agency context, and client population. This may mean that you have different roles that are cross trained on different aspects of the model and they may conduct outreach, navigation, etc. Please refer to pages 57 -- 59 of the Revised RFP for more information on the Staffing Plan. The key for an agency's staffing plan is to ensure that each PSN 2.0 service is staffed appropriately so that services do not pull staff away from each other and that staff are not overburdened with responsibilities that exceed their capacity.

If applicants design their model to have navigators conduct outreach, testing and navigation to clients they may propose to do so. For example, instead of hiring one outreach worker, one navigator and one tester, an agency would hire 3 navigators and cross train them to provide all 3 services. However, to ensure adequate staff to client ratio, they should propose a smaller staff to client ratio and hire more navigators to appropriately serve the clients and reduce overburdened staff.

3. On page 58 of the RFP, Preferred Credentials for Outreach Staff are listed as follows: "Completion of HIV and STI testing trainings* *course completion is only required when navigator is also expected to conduct HIV and/or STI testing." This appears to also be the requirement for navigators. Is this a typo (i.e., "navigator" should be "outreach staff," and the other preferred credentials remain the same)? Or are there different preferred credentials for Outreach Staff?
   Response: This was a typo. The Staffing Plan table on page 57 of the Revised RFP, for outreach staff, has now been revised to say: "*course completion is only required when outreach staff is also expected to conduct HIV and/or STI testing".

4. Page 59 of the RFP, the job description states that the 'data people' are the contact between the program and NYC HD. Shouldn't the program manager or coordinator be (or also be) the contact between the program and NYC HD and PHS?
   Response: The mention of liaison for the job description of the 'data people' (i.e., Database Developer/Analyst and Data Manager) with NYC HD refers to example activities for this role related to data management and reporting. The selection of agency staff to serve as contacts between the program, NYC HD and PHS for any aspect of the program is entirely at each applicant's discretion.

5. Page 60 of the RFP states: "*As stated, these navigator to client ratios/client caseloads are to be used as a guide when developing a staffing plan. The average monthly client caseload proposed by the agency may differ from the recommended ratios above. All agencies must include a justification for their proposed ratio.*" If navigators are allowed to provide HIV testing in a healthcare setting, can we adjust our ratio to correspond more accordingly to the navigators' increased responsibilities, by reducing the "recommended ratio" to a number more realistic to our program's model/needs?
   Response: Each applicant should propose their own staffing plan to meet the goals of PSN 2.0 model that fits within their proposed program design, agency context, and client population. This may mean that you have different roles that are cross-trained on different aspects of the model and they

may conduct outreach, navigation, HIV testing, etc. Please refer to pages 57 -- 59 of the Revised RFP for more information on the Staffing Plan. The key for an agency's staffing plan is to ensure that each PSN 2.0 service is staffed appropriately so that responsibilities for a given component of the program do not pull staff away from each other critical service components of the program, and that staff are not overburdened with responsibilities that exceed their capacity. The "recommended ratio" proposed by the applicant agency must include a justification for their proposed ratio.

If an applicant designs their model to have navigators conduct outreach, testing and navigation to clients, they may propose to do so. For example, instead of hiring one outreach worker, one navigator and one tester, an agency would hire 3 navigators and cross train them to provide all 3 services. In this case example, to ensure that caseloads remain at realistic ratios for staff to meet service delivery model expectations for this RFP, the applicant should propose a smaller staff to client ratio and hire additional navigators

## General Information

1. Please clarify the start and end dates for the contract. We understand that the award decisions are expected to be made by March 2022, but there is also a chart on page 76 of the RFP that seems to indicate that the award might be retroactive to January 1, 2022. The PSN 2.0 Expected Timeline seems to suggest he grant period will follow a calendar year.
   Response: The anticipated subaward start date is March 1, 2022. The timeline is revised as follows:

| PSN 2.0 Timeline | Year 1 | | Year 2 | Year 3 |
|---|---|---|---|---|
| | March 1, 2022 – August 31, 2022 | September 1, 2022 - August 31, 2023 | September 1, 2023 – August 31, 2024 | September 1, 2024 - August 31, 2025 |
| Service Delivery Activities | **Start-Up**<br>6-month period<br>May start service delivery | **Service Delivery**<br>12-Month Program Period<br>QBF Data Collection: Baseline | **Service Delivery**<br>12-Month Program Period<br>QBF Data Collection: Year 2 | **Service Delivery**<br>12-Month Program Period<br>QBF Data Collection: Year 3 |
| Reimbursement Structure | 100% Cost-Based | 100% Cost-Based | Hybrid Cost-Based / QBF | Hybrid Cost-Based / QBF |

   Please see page 62 of the Revised RFP.

2. If the awards are announced January 2022 and the grant start date is March 2022, can start-up activities occur between this period?
   Response: Agencies are welcome to begin start-up activities at any time post-award announcement in January 2022. Reimbursement will begin for approved costs incurred on or after the contract start date of March 1, 2022.

3. Is the RFP for PlaySure Network 2.0 for starting a new comprehensive clinic or for the expansion of existing clinic with enhanced services?
   Response: All proposed site locations must be operational at the time of application submission. PSN 2.0 funding should be used to *support* the provision of a comprehensive health package of HIV-related services in health care and non-health care settings using an equity-focused one-stop shop model and holistic client-centered model at an agency's currently operating site-location. Please see pages 4, 22 and 79 of the Revised RFP.

4. Will organizations be allowed to subcontract with other nonprofits and/or hospitals, specifically?
   Response: Yes. Please see page 53-55 and 65 of the Revised RFP.

5. There appears to be inconsistent guidance on what constitutes 'required PSN2.0 supportive services'. One paragraph on Page 51 of the RFP includes the phrase "*supportive services may include…*", but another paragraph on the same page states that "*agencies must offer and provide the identified supportive services…*". Which of this guidances should we follow? Please clarify which of the listed supportive services are required. Can applicants propose to provide just a selected number of supportive services?
   Response: We have now revised this in the RFP for clarity. Yes, applicants can propose to provide just a selected number of supportive services.

   For all clients with an identified need for supportive services, (whether client-initiated or assessed through a screener) agencies should aim to offer and provide as many of the identified supportive services on-site through in-person or via telehealth as possible. When this is not feasible, they should be offered through a partner agency with a formal partnership agreement or subcontract, and/or through linkage to an external agency.

   While providing additional supportive services is a requirement of the PSN 2.0 service delivery model, there is no minimum recommended number of or types of supportive services that an agency can propose to provide in PSN 2.0. The integration of supportive services is integral to strategies 2 and 3 of the NYC ETE Plan and goals of the PSN 2.0 service delivery model. Agencies should propose to provide additional supportive services that best meet the needs of their priority populations. Supportive services may include but are not limited to services to support immigration-related needs, housing status, food insecurity, education, poverty and neighborhood conditions, criminal justice involvement, employment, and intimate partner violence. Supportive services also include barriers clients experience, such as social or structural factors that make it difficult to adhere to appointment times or scheduled services. Please see pages 50-51 of the Revised RFP for more information on Additional Supportive Services.

6. Does an applicant have to secure an MOU for all the PSN2.0 required services (listed on page 24 of the RFP) that the agency currently does not provide?
   Response: The PSN 2.0 service delivery model aims to offer a comprehensive health package of client-centered, affirming, non-stigmatizing, and anti-discriminatory high-quality HIV prevention,

care, mental health, substance use, and supportive services in both health care and non-health care settings. As such, the PSN 2.0 services described below are meant to be delivered together as one integrated package rather than as disparate services to optimize individual health outcomes. Services are designed to improve the system of universal screening for, education on and offering of each service to all clients as well as navigating interested clients into the provision and engagement of that service.

Moving toward integrated services to address the syndemics of STIs, HIV, hepatitis C (HCV), and behavioral health (including mental health and substance use) needs is a recommendation from the NYC 2020 EHE Plan and a direct request from numerous community stakeholders and advisory bodies (see page 15 of the Revised RFP for more information on NYC HD community engagement efforts). PSN 2.0 aims to integrate these services with more focus and intention than previously done alongside provision of improved whole-person care (as described in *Guiding Principle 1* on page 18 of the Revised RFP).

PSN 2.0 will expand the availability of quality services by requiring PSN 2.0 agencies to provide a comprehensive health package of HIV prevention services (as described above) at an agency's proposed site location**.** This will be operationalized through a "one-stop-shop" model of service delivery, improving client experience by co-locating services and reducing the number of steps or handoffs required to initiate and remain engaged in care to the best of the agency's ability.

NYC HD recognizes that many agencies do not have the capacity to provide all of these services themselves. Therefore, funded agencies must establish formal partnership agreements to ensure that they can offer all of the PSN 2.0 services through a one-stop shop model by partnering with agencies who can fill in the gaps either onsite at the PSN 2.0 site or via telehealth methods. *The following services are not permitted for MOU/partnership agreement nor subcontracting and must be delivered in-house and onsite:*

- ***Service Category 1****: Outreach Services, Navigation Services, HIV Testing Services, and provision of clinical services*
- ***Service Category 2****: Outreach Services, Navigation Services, HIV Testing Services*

To the best of each agency's ability, services provided by the partnering agency should be provided onsite at the PSN 2.0 site or via telehealth to allow for the client to receive all of the services at the PSN 2.0 site as best as possible to increase timely access to services and reduce the number of steps it takes to receive the services of interest. When services must be provided externally due to logistical challenges or regulatory barriers, agencies must provide comprehensive navigation to the client for linking to the external location.

7. If a funded organization's partner agency does not adhere to the terms of its MOU to provide specified services, will the funded organization be monetarily penalized for not providing those services due to a partner agency's failure to provide those services?
   Response: Please see page 53 in RFP where it states: ***In the event that the terms of agreement under these formal partnerships are not met, an agency may terminate the partnership and seek another entity to provide the services (excerpt also below).***

Applicants will still be required to deliver entirety of the PSN 2.0 service delivery mode and work towards meeting their QBF Benchmarks to remain in compliance.

**Establishing Formal Partnership Agreements:** Formal partnership agreements may take the form of an MOU (Memorandum of Understanding), MOA (Memorandum of Agreement), or Service Agreements where there is no exchange of payment nor budget involved. It is a legally binding document where the two entities involved are legally committed to fulfill the terms and obligations set forth upon in the agreement. Formal partnership agreements may also take the form of sub-contracting services to another agency that will agree to offer these services on an agency's behalf where there is an exchange of payment from an agreed upon budget (Note: subcontracting is limited to 30% of the total budget). Formal partnership agreements must be in place at the time of proposal submission for an applicant to be considered for this funding opportunity (formal partnership agreements can be pending final approval contingent upon PSN 2.0 funding). ***In the event that the terms of agreement under these formal partnerships are not met, an agency may terminate the partnership and seek another entity to provide the services.*** To the best of each agency's ability, services provided by the partnering agency should be provided onsite at the PSN 2.0 site or via telehealth to allow for the client to receive all of the services at the PSN 2.0 site as best as possible to increase timely access to services and reduce the number of steps it takes to receive the services of interest. When services must be provided externally due to logistical challenges or regulatory barriers, agencies must provide comprehensive navigation to the client for linking to the external location.

8. To clarify, for Attachment E: Linkage Agreement (LA) / Memorandum of Understanding (MOU) / Memorandum of Agreement (MOA), are these specific documents only for partners for whom there is no subcontracting relationship, i.e. pass-through of funds? (Page 5 of the RFP)**.** This would be in contrast to the formal and signed letter of agreement that must be provided for each subcontractor. "*The letter must detail the following: parameters of the partnership, scope of work the subcontracting organization must complete, list of roles and responsibilities between each party and procedure to be followed should either organization not following through on the agreement.*" (page 5 of the RFP)

   Response: Yes, correct. Attachment E is for partnership agreements that do not involve a monetary exchange and are not a subcontract. Item number 13 on page 5 of the Revised RFP is the section for subcontracts that includes the Justification of each proposed subcontractor (as indicated in the Organizational Profile) (as applicable). If subcontracting, a formal and signed letter of agreement must be provided for each subcontractor. The letter must detail the following: parameters of the partnership, scope of work the subcontracting organization must complete, list of roles and responsibilities between each party and procedure to be followed should either organization not following through on the agreement.

9. Please clarify the definition of "telehealth":
    a. Would any virtual meeting platform (e.g., Zoom) be acceptable, or are there specific telehealth platforms we are required to use?
    b. Would telephonic services be considered telehealth?
    c. In addition to initiating telehealth services from our proposed site to access our partner's supportive services, can clients choose to access telehealth supportive services from their own home, at their convenience?
    d. Must applicants have a private room at their proposed site for all telehealth services, or just for services where privacy is critical (e.g., intimate partner violence).

    Response: Telehealth is defined as the provision of services remotely by means of telecommunications technology. This definition will be added to the RFP.

    a. Yes, any virtual platform would be acceptable. Applicants should follow their agency's policies and procedures for conducting telehealth when selecting a platform.
    b. Yes
    c. Yes
    d. Yes, applicants must have a private room for conducting all services whether telehealth or in-person. The telephone booth model may be used for this (see page 65 of the Revised RFP: https://www.talkboxbooth.com/clean-focus and https://room.com/products/phone-booth-white)

10. While we understand the intent of the competition pools, a side effect of them, in concert with program funding caps, is that large agencies with multiple clinical sites (of which there are many in NYC) must now submit numerous funding applications, rather than each putting forth a single, comprehensive application (and staffing plan) that describes how the program would function across all of their sites. This creates significant inefficiencies and duplications of work for the agencies, for NYC HD, and for PHS, as it requires agencies to artificially split what should be cohesive programs in unnecessary ways in order to maintain their existing funding, staffing and client services. This RFP was described to agencies as an opportunity to (re)design their programs in ways that would work better and more flexibly, but this is in conflict with that plan/goal.

    Response: We are asking all applicants under the PSN 2.0 funding model to develop a comprehensive and cohesive program for each site location they are proposing to deliver the PSN 2.0 comprehensive health package of HIV-related services at. PSN 2.0 is designed to intervene on the organizational, interpersonal, and individual levels to meet the goals described in the RFP and utilizes a health systems strengthening approach to do so. For this reason, it is important that the service delivery setting is clearly defined to understand the parameters of each level – most importantly the organizational level - and the unit in which PSN 2.0 is intervening on (i.e. where the boundaries of the organizational level stops and starts). For this reason, each site location is considered its own PSN 2.0 program with its own program design based on the site location's context, priority population served, and their needs. Proposing multi-site locations does not require multiple application submission, but separate and tailored budget and site-location specific program design details and workplan.

11. Priority Population Counting/Estimates:

    a. Staff: While we appreciate the intent of NYC HD to ensure that program staff reflect the communities we seek to serve, the requirement to provide staff estimates around certain stigmatized characteristics that are illegal and/or inappropriate for employers to ask about is discomforting. We submit that some of these categories should be removed, especially: people who exchange sex for money, drugs, housing; people who have experienced intimate partner violence; people who have experienced homelessness/housing instability; people with serious mental illness; people who use drugs and/or have a substance use disorder; people with a history of incarceration and other justice-involved people.

    b. Clients: In terms of determining numbers of clients in the outlined priority/intersecting populations seen at our clinics, not all categories are documented in our EMR in a discrete fashion, so it is hard/impossible for us to know. Some of this information is captured in NYC HD program intake and reassessment forms and submitted in eShare, where NYC HD could review the data in aggregate form, but it is not available to programs in canned reports.

    Response:

    a. The NYC HD recognizes that this is sensitive information and may not be known or shared. The PSN 2.0 organizational self-assessment tool does not require an estimate of the percentage of staff who identify as member of the priority population. In the Organizational Profile of the "Online Form", applicants are asked to estimate the percentage of staff who identify as members of each priority population. In the Organizational Profile, you may select "Not Sure" for the instances in which the information is unknown/cannot be shared. Please see page 86 of the Revised RFP for more information on the Proposal Evaluation Criteria.

    b. In the Organizational Profile of the "Online Form", applicants are asked to estimate the percentage of clients who identify as members of each priority populations. These are estimates only and may result in a 0% estimate.