REQUEST FOR PROPOSALS

Issued by
Public Health Solutions

On behalf of
New York City Department of Health and Mental Hygiene
Bureau of HIV/AIDS Prevention and Control

Staten Island PEP Center of Excellence and PrEP Navigation

[Solicitation #: 2018.03.HIV.02.01]

Issue Date: March 14, 2018

Proposals Due Date: April 19, 2018, 2:00pm EDT

RFP Contact: Mayna Gipson, Public Health Solutions

RFP Email: SIPEPandPrEPRFP@healthsolutions.org

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

https://www.healthsolutions.org/get-funding/request-for-proposals/

Table of Contents

RFP Timetable

The following are important dates and deadlines pertaining to the issuance of this Request for Proposals (RFP).

RFP Issue Date **March 14, 2018**

Pre-Proposal Conference Webinar **March 26, 2018, 9:30am-11:30am EDT**

There will be a Pre-Proposal Conference Webinar held for this RFP. Attendance at the Pre-Proposal Conference Webinar is not mandatory; however, those organizations interested in submitting a proposal are strongly urged to attend.

The Pre-Proposal Conference Webinar link to register is
https://cc.readytalk.com/r/ouzid85ukgbu&eom

After you register at the webinar link, you will receive instructions via email on how to join the Pre-Proposal Conference Webinar.

Deadline for Written Inquiries **March 27, 2018, 5:00pm EDT**

Questions about eligibility, proposal requirements or other requests for clarification about information in the RFP must be submitted via email to ***SIPEPandPrEPRFP@healthsolutions.org*** no later than ***5:00pm on March 27, 2018***.

Responses to questions from the Pre-Proposal Conference and Webinar, as well as questions submitted via email, may be addressed in a supplement to the RFP. The Supplement will also include the presentation slides from the Pre-Proposal Conference and Webinar, and both will be posted on Public Health Solutions' website, **https://www.healthsolutions.org/get-funding/request-for-proposals/**

An email notification will be sent to all individuals that have registered on Public Health Solutions' RFP website and download the RFP, submitted questions via the RFP email and/or attended the Pre-Proposal Conference and Webinar. Please note that *not all* written inquiries will receive written responses. *NYC DOHMH and Public Health Solutions reserve the right not to respond to questions received after* ***March 27, 2018***.

Notice of Intent to Respond **April 12, 2018, 5:00pm EDT**

The Notice of Intent to Respond form is not mandatory; however, proposers interested in responding to this RFP are strongly urged to submit the form by the due date so that Public Health Solutions may be better able to plan for the proposal evaluation process. Any information related to this RFP will be emailed to the individual(s) designated as the Proposal Contact Person. The form should be submitted by email no later than ***April 12, 2018*** to ***SIPEPandPrEPRFP@healthsolutions.org***

Proposals Due Date	**April 19, 2018, 2:00pm EDT**

NOTE: Please see Proposal Submission Instructions on page 35 of this RFP. To ensure that you have a working portal login, and to familiarize yourself with the CAMS Contracting Portal's Proposal Upload area, you should create and test the portal login at least one week before the proposal submission deadline.

Proposals received after ***2:00pm*** *on* ***April 19, 2018*** are late and shall not be accepted, except as provided under the New York City's Procurement Policy Board Rules.

Projected Award Notification Date	**June 2018**
Contract Start Date	**July 1, 2018**

RFP Contact

The RFP Contact is Mayna Gipson and the RFP email is ***SIPEPandPrEPRFP@healthsolutions.org***

All inquiries concerning this RFP, from the date of issuance until contract awards are made, must be directed via email to the RFP Contact. *Organizations are advised that no contact related to this RFP is permitted with any other staff of Public Health Solutions or NYC DOHMH*.

General Information

Introduction

The Bureau of HIV/AIDS Prevention and Control (BHIV) of the New York City Department of Health and Mental Hygiene (NYC DOHMH), through its Master Contractor, Public Health Solutions, is requesting proposals from eligible organizations to implement a Staten Island PEP Center of Excellence and PrEP Navigation.

General Applicant Eligibility Requirements

This Request for Proposals (RFP) is intended to solicit proposals from non-profit organizations with experience conducting HIV testing, linkage to care and HIV prevention activities as well as experience providing other relevant services. The general organizational eligibility criteria are as follows:

1. Legal incorporation by the State of New York as a not-for-profit corporation;
2. Federal tax-exempt status under Section 501(c)(3) of the Internal Revenue Code; and
3. Currently operating in New York City.

Note: Facilities of the NYC Health + Hospitals Corporation, branches of the City University of New York (CUNY) and New York City branches of the State University of New York (SUNY) are also eligible to apply. Other NYC, New York State (NYS), or federal government agencies and for-profit organizations are not eligible for funding through this RFP.

Both the applying organization and any partner organization(s) must meet the criteria listed above.

For-profit organizations are not eligible for funding through this RFP. Subcontracting with governmental and/or for-profit agencies is not allowed.

Additional applicant eligibility requirements are listed under the service category.

Available Funding

Table 1: Available Funding

Service Category	Available Funding	Anticipated Number of Awards
Staten Island PEP Center of Excellence and PrEP Navigation	$100,000	1

Contract Term

Contract is expected to begin on July 1, 2018. Initial contract term will be one year with two (2) two-year renewal options.

Initial and continued funding for contract is contingent upon the availability of funds, satisfactory contractor performance, and continued compliance with all other terms and conditions of the award and agreement.

Organizations whose proposals are deemed fundable but are not initially awarded a contract due to funding limitations may receive an award later if additional funds become available. Organizations will be advised during the funding notification process if their proposal falls into this funding category.

Priority Areas by ZIP Codes

To ensure that funds are available to serve areas with the highest HIV-related morbidity and mortality rates, applicants whose service sites are located in and/or whose patient population resides in ZIP codes with high HIV prevalence and documented health disparities will be prioritized for funding. Applicants proposing to serve an area or populations residing outside the High Priority Area ZIP Codes must be able to demonstrate evidence of service need for these neighborhoods.

Applicants will be required to identify the Priority Area(s) by ZIP code where services or initiatives will be delivered or where populations served reside. High Priority Area communities are defined as having a high HIV prevalence, a high number and proportion of concurrent HIV/AIDS diagnoses, a high number and population-based rate of new diagnoses, or a high age-adjusted death rate among people living with HIV during the period from 2011 to 2015. Previous analyses have demonstrated that HIV diagnoses and prevalence are more likely to overlap with areas of poverty, health disparities, and poor health outcomes.

Table 2: High Priority Area ZIP Codes (data from 2011-2015)

Borough	Neighborhood	ZIP Codes
Staten Island	Port Richmond	10303
	Stapleton - St. George	10301, 10304

Service Category: Staten Island PEP Center of Excellence and PrEP Navigation

A. Service Category Description

New York City's (NYC) 2015 Annual HIV Surveillance Report demonstrates both an accelerating decline in new HIV infections and a need for further progress, particularly for select priority populations. In 2015, 2,493 persons in NYC were diagnosed with HIV, a 58% decrease since 2001. From 2014 to 2015, new diagnoses fell 8% overall, 10.5% among men who have sex with men, 19% among heterosexuals, 19% among people who have injected drugs, and 13% among persons identified as transgender. A key factor in these declines are steady improvements in access to HIV care – by 2015, 71% of newly diagnosed New Yorkers were linked to HIV care within three months, and 83% of those engaged in HIV medical care were virally suppressed.[1]

However, HIV continues to disproportionately affect specific NYC communities – including gay, bisexual and other men who have sex with men (MSM), Latino and Black residents, women of color, and transgender persons. In 2015, 78% of all New Yorkers newly diagnosed with HIV were Latino or Black, and 59% were MSM. Of the 1,483 new diagnoses among MSM, 71% were among Latino or Black men. For the same year, women made up approximately 18% of new HIV diagnoses. The data also reveal major racial/ethnic disparities, as Black and Latina women accounted for over 90% of those new cases. In addition, 42 persons who identified as transgender were diagnosed with HIV, 40 of whom were Latina or Black transgender women who have sex with men. Though the number of cases of HIV among transgender persons is lower than among MSM, the data show that transgender persons experience particularly poor outcomes once diagnosed. Specifically, only 64% of transgender persons were linked to HIV care within 3 months of diagnosis (compared with 71% of all newly diagnosed New Yorkers), and only 74% of transgender persons were virally suppressed (compared with 83% of all New Yorkers in medical care).[2]

In Staten Island, the landscape of disparities, especially across racial/ethnic categories, looks similar. In 2015, 74% of Staten Island residents who were newly diagnosed with HIV were Latino or Black, and 35% were MSM. For 2015, women made up approximately 35% of new HIV diagnoses on Staten Island, 75% of whom were women of color.[3]

Status Neutral Approach

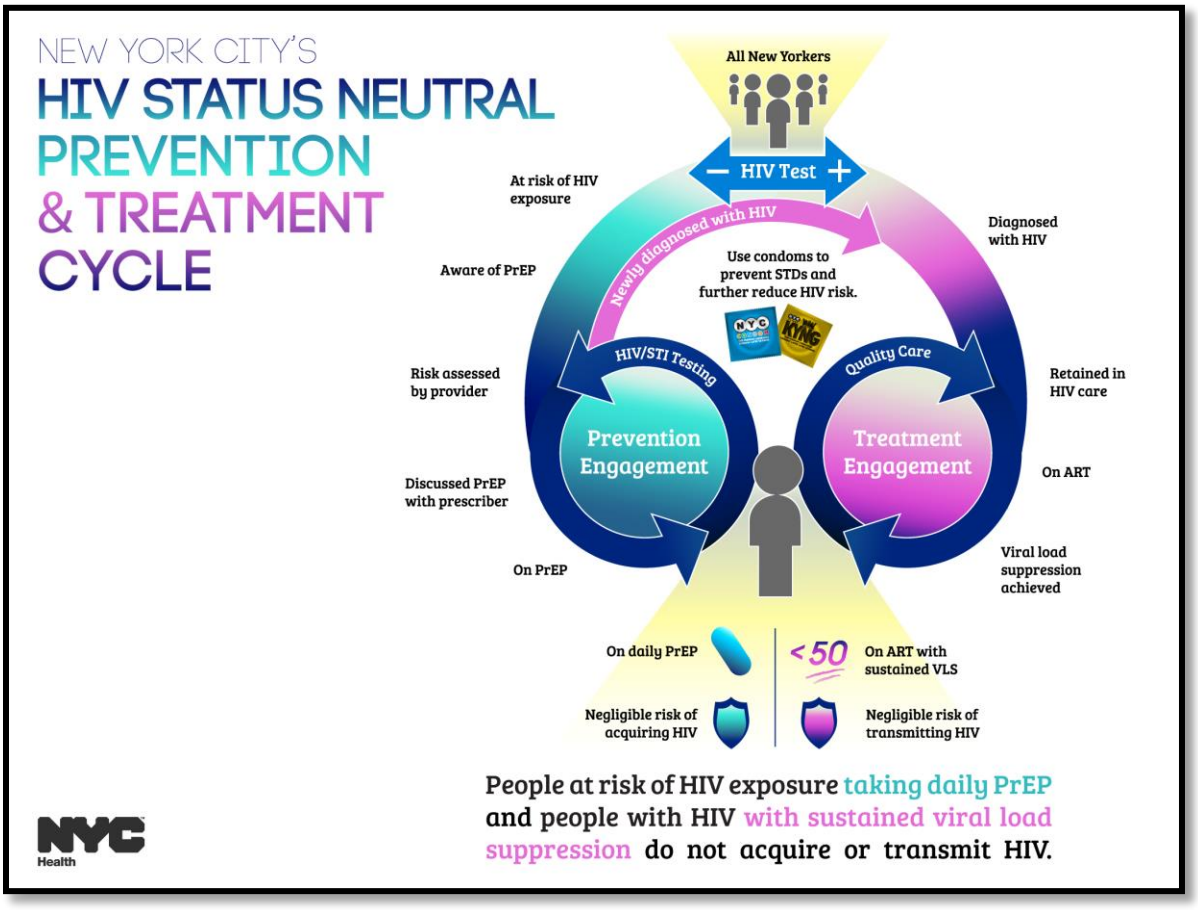
The NYC DOHMH promotes a "status neutral" approach to HIV prevention and care services that simultaneously addresses the needs of HIV-positive and HIV-negative persons (see Figure 1). The aims of this approach are to reduce HIV incidence, improve care, and address HIV-related stigma. HIV testing is a key moment in status neutral navigation: a positive HIV test provides individuals with an opportunity to be linked to medical care, while a negative test is an opportunity to consider one's personal strategy for remaining HIV-negative and receive education about, and navigation to, biomedical interventions, such as daily PrEP and emergency PEP. The success of the status neutral approach requires coordination between providers of testing, prevention and care services, and seamless linkages to culturally responsive and linguistically appropriate services, regardless of an individual's HIV status.

[1] HIV Epidemiology and Field Services Program. *HIV Surveillance Annual Report, 2015.* New York City Department of Health and Mental Hygiene: New York, NY. December 2016.

[2] *HIV Annual Surveillance Report, 2015*;HIV among People Identified as Transgender in NYC, 2011-2015, December 2016, HIV Epidemiology and Field Services Program, New York City Department of Health and Mental Hygiene (available at http://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page)

3 New York City HIV/AIDS Annual Surveillance Statistics. New York: New York City Department of Health and Mental Hygiene, 2017. Accessed 12/19/17 at http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-annual-surveillance-statistics. Page 27-28.

Figure 1: New York City's HIV Status Neutral Prevention and Treatment Cycle



Biomedical Prevention

When offered alongside behavioral and structural interventions, such as counseling and education, biomedical prevention tools, such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), serve as important interventions that are part of a combination approach to HIV prevention and status neutral navigation.[4] When taken consistently, PrEP has been shown to reduce the risk of HIV infection by up to 92%.[5] In May 2014, the U.S. Public Health Service released the first comprehensive guidelines for PrEP[6] and recommended that PrEP be considered for people who are HIV-negative and at substantial risk for HIV. PEP is also a part of standard practice for both occupational and non-occupational exposures to HIV, and studies demonstrate that PEP effectively reduces transmission risk.[7-10]

[4] Vermund, S. H., Tique, J. A., Cassell, H. M., Johnson, M. E., Ciampa, P. J., & Audet, C. M. (2013). Translation of biomedical prevention strategies for HIV: prospects and pitfalls. *Journal of acquired immune deficiency syndromes*, *63*(0 1), S12.

[5] http://www.cdc.gov/hiv/prevention/research/prep/

[6] http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf

[7] Jain, S. & Mayer, K. H. (2014). Practical guidance for nonoccupational postexposure prophylaxis to prevent HIV infection: an editorial review. *AIDS*2 8:1545-1554.

[8] Cardo DM, Culver DH, Ciesielski CA, et al. A case-control study of HIV seroconversion in health care workers after percutaneous exposure. New Engl J Med. 1997;337(21):1485-1490.;

[9] McAllister J, Read P, McNulty A, Tong WW, Ingersoll A, Carr A. Raltegravir-emtricitabine-tenofovir as HIV nonoccupational post-exposure prophylaxis in men who have sex with men: safety, tolerability and adherence. HIV Med. 2014;15(1):13-22.

[10] http://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf

Despite endorsement of PrEP and PEP by the Centers for Disease Control and Prevention (CDC), NYC DOHMH, and the New York State Department of Health (NYSDOH) (among other authorities), especially for MSM and transgender persons who have sex with men,[11] continue to face numerous implementation challenges for these interventions. In some cases, those who might benefit do not perceive themselves to be at sufficient risk to warrant taking a daily pill.[12] Moreover, many persons who would benefit most from PrEP and PEP have difficulties accessing appropriate and timely biomedical prevention services due to difficulties navigating the healthcare system, financial obstacles or structural disadvantages. In many cases, these groups may not have previously established a consistent connection to non-emergency medical care. As a result, additional efforts are needed for optimal implementation of biomedical HIV prevention in NYC.

To address this, the Bureau of HIV/AIDS Prevention and Control (BHIV) is seeking a clinical site located in Staten Island to support biomedical prevention through evidence-based/evidence-informed interventions for persons at risk. The program aims to increase timely access to PEP and PrEP and appropriate linkage to care for New Yorkers who might benefit.

To increase PEP implementation citywide, BHIV has established two related programs: 1) a PEP Center of Excellence – On Call Clinical Service that provides services using an urgent care model, avoiding emergency room visits for potentially exposed individuals and 2) PEP Centers of Excellence that provide services at brick and mortar sites, in some cases receiving referrals from the PEP Center of Excellence – On Call Clinical Service. A PEP Center of Excellence with a brick and mortar site specifically located in Staten Island affords BHIV coverage of PEP-related services across NYC's five boroughs. In addition, this service category aims to increase availability of PrEP-related services and navigation alongside immediate access to PEP.

The goals of this service category are to:

1. Increase access to immediate emergency PEP medications for HIV-negative individuals with recent HIV risk exposure event.
2. Increase access to PrEP for HIV-negative individuals for whom PrEP is indicated, as per guidelines (see Program Requirement number 3 on page 12).
3. Provide client navigation and support services to ease barriers to uptake and adherence to PrEP/PEP.

Participation in this program requires engagement in "The PlaySure Network," a formal network of clinical and non-clinical providers established by BHIV that guides HIV prevention in NYC by engaging HIV-negative New Yorkers in the HIV prevention continuum.

[11] http://www.health.ny.gov/diseases/aids/general/prep/

[12] Gallagher, T., Link, L., Ramos, M., Bottger, E., Aberg, J., & Daskalakis, D. (2014) Self-Perception of HIV Risk and Candidacy for Pre-Exposure Prophylaxis Among Men Who Have Sex with Men Testing for HIV at Commercial Sex Venues in New York City. *LGBT Health*, 1(3): 218-224

Table 1: Logic Model

Logic Model: Staten Island PEP Center of Excellence and PrEP Navigation		
Inputs / Resources	**Activities**	**Outcomes**
Program Funding **Program Staff** • Senior Program Administrator • Medical Provider • Prevention Coordinator • Prevention Navigator • Outreach Specialist • Benefits Specialist **Program Space and Facilities** • Appropriate clinic space • Space where other program staff can meet privately with clients **DOHMH Technical Assistance** • Implementation support • Guidance on protocols • Guidance on reporting • Guidance on documentation • Data-driven, program improvement feedback from Project Officers and Public Health Solutions **DOHMH-Identified Required Trainings** • Prevention Navigation • LGBT Sensitivity • Motivational Interviewing • HIV 101 • HIV 201 • STI 101 • Fundamentals of HIV Prevention Counseling • Best Practices in PrEP and PEP Education and Counseling • PrEP Implementation Workshop • Benefits Navigation **Data Monitoring/Reporting Tools and Support** • eSHARE setup for program • eSHARE training • Ongoing eSHARE user support **Data-Driven Feedback from DOHMH POs/PHS** • Enrollment reports, action plans, follow-up steps, etc.	**Agency and Provider Start-Up** • Hire staff • Ensure staff completion of all DOHMH-required trainings **Outreach Activities** • New Media Outreach (optional) • Targeted Outreach (optional) **Assessment & Education Services** • H-PLUS • Brief Intervention • Intake Assessment • PrEP/PEP Education **PEP Services** • PEP Eligibility Assessment • PEP Initial Medical Visit • PEP Prescription (Medical) • PEP Prescription (Non-Medical) • PEP Starter Pack • PEP Follow-up (Non-Medical): Weekly • PEP Follow-up (Medical): Labs • PEP Follow-up (Medical): 30-day • PEP Follow-up (Medical): 90-day **PrEP Services** • PrEP Initial Medical Visit • PrEP Prescription (Medical) • PrEP Prescription (Non- Medical) • PrEP Starter Pack • PrEP Follow-up (Medical) • PrEP Follow-up (Non-Medical) • PrEP Reassessment **Other Medical Services** • HIV Screening Test • HIV Confirmatory Test • STI Testing-Gonorrhea • STI Testing-Chlamydia • STI Testing-Syphilis • Vaccination • STI Treatment (Gonorrhea/Chlamydia) • STI Treatment (Syphilis) • Hepatitis B and C Screening • Hepatitis C Confirmatory Test **Linkage and Support Services** • Linkage Facilitation • Benefits Navigation • Linkage to Services Linkage to Care - 0-14 days	**Goals** 1. Increase access to immediate emergency PEP medications for HIV-negative individuals with recent HIV risk exposure event. 2. Increase access to PrEP for HIV-negative individuals for whom PrEP is indicated. 3. Provide client navigation and support services to ease barriers to uptake and adherence to PrEP/PEP. **Program Outcomes** 1. # of HIV-negative patients who are screened for PrEP/PEP 2. #/% of HIV-negative patients who are screened for PrEP/PEP who are eligible for PrEP/PEP 3. #/% of HIV-negative patients eligible for PrEP/PEP who accept navigation for PrEP/PEP 4. #/% of enrolled HIV-negative patients who receive PEP 5. #/% of enrolled HIV-negative patients who received PEP who return for follow-up visit and who have completed a full course of PEP 6. #/% of enrolled HIV-negative patients who receive PrEP 7. #/% enrolled HIV-negative persons on PrEP who return for follow-up clinic visits 8. #/% of enrolled HIV-negative patients who received PrEP who are adherent to PrEP 9. #/% of enrolled patients who receive benefits navigation, as indicated 10. #/% of enrolled patients who are linked to services, as indicated

	OR • Linkage to Care - 15-30 days OR • Linkage to Care - 31-365 days **<u>Quality Management Activities</u>** • Ongoing staff support - Training and professional development for staff following DOHMH training recommendations • Ongoing monitoring, evaluation and quality management participation - Service reporting to DOHMH - Quality management plan development and implementation - Participation in provider meetings	

B. Program Goals

1. Increase access to immediate emergency PEP medications for HIV-negative individuals with recent HIV risk exposure event.
2. Increase access to PrEP for HIV-negative individuals for whom PrEP is indicated, as per guidelines (see Program Requirement number 3 on page 12).
3. Provide client navigation and support services to ease barriers to uptake and adherence to PrEP/PEP.

C. Priority Populations

The BHIV has identified the following four priority populations for HIV prevention services:

1. Gay, bisexual and other men who have sex with men (MSM), especially
    - Those who are Latino and Black
    - Those under the age of 29
2. Transgender and gender nonconforming (TGNC) persons and their partners, especially
    - Those who are Latino/Latina and Black
    - Those under the age of 29
    - Transgender women who have sex with cisgender men
3. Heterosexual women of color, especially
    - Those over the age of 30
    - Those in high HIV and STI prevalence neighborhoods
4. Other vulnerable populations including, but not limited to persons who:
    - Have sex for money, drugs, food or housing
    - Use methamphetamine or crack cocaine in sexual contexts
    - Were born outside of the United States
    - Inject drugs
    - Have known HIV-positive partners
    - Are living in poverty or have limited access to healthcare

Client Eligibility
Service elements that are provided under this service category will be made available to all clients, regardless of insurance status.

Contract funds may be used as detailed in Table 3: Service Types, Descriptions, and Staff Responsible (page 17). However, funded program is expected to coordinate and seek payment for clinical services from other sources before contract funds are used, except where indicated. ***Note that most private insurance, including plans available through the NYS Health Exchange, as well as public insurance (Medicaid and Medicare), include coverage for STI and HIV Testing***. As such, funded program is expected to utilize public and private insurance for clients who are underinsured pursuant to the definition below.

For the purposes of this service category, **underinsured** is defined based on the following:

- Income criteria:
  - Medical expenses ≥ 10% (ten percent or more) of annual income; or Annual income < 200% federal poverty level *and* medical expenses ≥ 5% (five percent or more) of annual income; or
  - Health plan premium > 9.5 % annual income; or
  - Health plan deductible ≥ 5 % of annual income.
- Health Plan:
  - Client-obtained insurance coverage through the Health Insurance Marketplace but has a Bronze-level or Catastrophic Coverage Plan.
- Confidentiality Concerns:
  - Clients who are covered by their parents' or guardians' insurance but who, for reasons of confidentiality, do not wish to disclose they are receiving funded services to their parent/guardian.

D. Applicant Eligibility Requirements

In addition to the General Applicant Eligibility Requirements described on page 5, applicants must meet *all* of the following requirements to be eligible for funding under this service category:

1. Have an Article 28 license from the New York State Department of Health; and
2. Currently provides clinical services and have a brick and mortar site in Staten Island.

E. Program Requirements

1. Have the capacity to accommodate clients as walk-ins and to schedule-same day appointments.
2. Participate in The PlaySure Network, a formal network of clinical and non-clinical providers established by BHIV that guides HIV prevention activities in NYC by engaging New Yorkers at risk for HIV acquisition in the HIV prevention continuum. Engagement in The PlaySure Network involves being listed on the NYC DOHMH website and establishing MOUs as mentioned in #8 below.
3. Implement PrEP and PEP initiation and maintenance in accordance with NYS PrEP and PEP regulations; CDC PrEP and PEP guidelines; and NYC DOHMH guidance and best practices, some of which can be found on the NYC DOHMH PrEP and PEP website.
4. Obtain PrEP/PEP medications using manufacturer's assistance programs (for uninsured/under-insured persons) and appropriate prescription coverage (for insured clients).

5. Ensure medical providers conducting provision of PrEP services register as a participating PrEP Assistance Program (NYS PrEP-AP) provider.
6. Participate in NYC DOHMH-identified trainings. Waiver of any training requirements will be based on documentation of prior training or expertise, as determined by NYC DOHMH.
7. Deliver all services in a culturally responsive and sensitive manner, taking low health literacy into account, using the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
8. Establish LA/MOU/MOAs with at least 1 CBO in The PlaySure Network. The LA/MOU/MOA must be established within 3 months of the proposed program's start date.
9. Add and maintain updated agency information in the New York Knows Directory, including, but not limited to, key contact names and information, services offered, and locations.
10. Become a member of New York Knows, the nation's largest HIV testing initiative. You can sign-up to be a member here or by emailing NewYorkKnows@health.nyc.gov.
11. Establish at least one LA/MOU/MOA with an agency that has a Certified Application Counselor (CAC) who can enroll clients directly into insurance plans in the NYS Exchange and has at least 3 months experience providing benefits counseling and enrollment services to clients. The LA/MOU/MOA must be established within 3 months of the proposed program's start date. ***For organizations that have a CAC onsite, this requirement is waived.***
12. Submit literature/materials for review and approval by the NYC DOHMH Program Review Panel (PRP) if proposing to develop literature and other materials to be used in the funded program. This panel is composed of individuals with diverse expertise in HIV/AIDS prevention education from both community organizations and the BHIV in the NYC DOHMH. To see the PRP guidelines and a complete list of materials that must be submitted, please visit: https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdf
13. Integrate condom availability and distribution into activities conducted in this service category. Funded organizations will be required to make male and FC2 (also known as insertive or female) condoms readily available and free to program clients, their friends and family members, and/or their social networks. Organizations can order and receive male and female condoms, as well as lubricant, from the NYC DOHMH through the NYC Condom Availability Program by visiting https://a816-healthpsi.nyc.gov/CondomOrder/ or calling 311.
14. Assist NYC DOHMH with any BHIV-led social marketing campaigns and pilot projects to raise awareness of HIV testing, PrEP/PEP and combination HIV prevention.

F. Recommended Staffing and Staff Development

The program is expected to have staffing capacity as indicated below and to partially or fully fund the designated roles with this funding (unless otherwise indicated).

All staff funded through this program will be required to participate in NYC DOHMH-sponsored trainings as mentioned above in the Table 1: Logic Model. Waiver of any training requirements will be based on documentation of prior training or expertise, as determined by NYC DOHMH.

Agencies are encouraged to hire peers (or "near-peers") whenever possible; peers should either be certified by the NYS Peer Worker Certification Program or be supported to obtain their certification while working in this capacity. Staff and peers (or near-peers) may not be current clients of the program.

Professional clinical supervision must be provided for all staff delivering services directly to clients. Clinical supervision should be provided by a licensed provider at least every two weeks, either individually or in a group.

Recommended Staffing Roles

NOTE: All credentials are recommended ONLY.

- **Senior Program Administrator**

  Function: Provides oversight and management of the program, including monitoring, reporting and quality assurance activities.

  Recommended Credentials: MPH/MSW/MPA/MBA or BA or other relevant Master's degree AND at least 36 months of experience managing services for priority populations in this service category.

- **Medical Provider**

  Function: Provides PrEP/PEP prescription, conducts medical evaluation, and orders HIV testing/STI screening.

  Recommended Credentials: MD, NP or PA, AND who demonstrates experience providing primary care/HIV care to priority populations in this service category.

- **Prevention Coordinator**

  Function: Conducts H-PLUS Screen, Brief Intervention, and Intake Assessment; develops a care plan for the client and provides overall coordination of services.

  Recommended Credentials: BA/BS or LMSW degree, at least 24 months of case management experience, AND at least 36 months of experience managing services for priority populations in this service category.

- **Prevention Navigator**

  Function: Manages client cases and conducts PrEP/PEP Education, Follow-up (non-medical), Linkage to Services, Linkage to Care, and Linkage Facilitation.

  Recommended Credentials: Community Health Worker with a high school degree (or its equivalent), who demonstrates experience providing HIV health education and risk reduction counseling, demonstrates basic understanding of PrEP/PEP, and maintains strong socio-cultural identification with the priority populations of this service category.

- **Outreach Specialist**

  Function: Contributes to the development of Targeted Outreach and New Media Outreach campaign; conducts both event-based and virtual outreach.

  Recommended Credentials: Community Health Worker with a high school degree (or its equivalent), who demonstrates cultural and linguistic competence, has certification as a health educator, demonstrates experience providing HIV health education and risk reduction counseling, demonstrates basic understanding of PrEP/PEP, and maintains strong socio-cultural identification with the priority populations of this service category.

- **Benefits Specialist**
  Function: Conducts health insurance navigation and assists with enrollment when applicable, conducts benefits navigation for patient and medication assistance programs.

  Recommended Credentials: Community Health Worker with a high school degree (or its equivalent), who maintains a strong socio-cultural identification with the priority populations of this service category.

G. Service Elements

All listed services **are required** (unless otherwise noted) and must be made available by the funded contractor for appropriate clients. This does not mean that all clients must receive every service element. **Funds through this RFP may not be used for PrEP medications (except for Starter Packs). Funded programs are expected to utilize medication assistance programs for clients who are uninsured or underinsured.**

***NOTE**: Service types and descriptions as outlined in Tables 2 and 3 below are subject to change during the contract period in order to implement lessons learned and maximize service delivery efficacy and efficiency.*

H. Reimbursement

Services provided under this service category will be reimbursed using a cost-based methodology. **All services provided to the client must be reported**. The following table provides a summary of the services reimbursed under this program. A start-up period to reach full service capacity will be permitted.

Table 2: Summary of Service Types

Service Family	PHS Code	Service Type Name	Unit Type	Required or Optional
OUTREACH SERVICES	545	Targeted Outreach	Anon Group - RECOGNIZED AS EVENT	Optional
ASSESSMENT AND EDUCATION SERVICES	N21	H-PLUS	Individual Event	Required
	N22	Brief Intervention	Individual Event	Required
	115	Intake Assessment	Individual Event	Required
	N32	PrEP Reassessment	Individual Event	Required
	N19	PrEP/PEP Education	Individual Event	Required
MEDICATION SERVICES – CORE SERVICES	N16	PEP Prescription (Medical)	Individual Event	Required
	N20	PEP Starter Pack	Individual Event	Required
	N29	PrEP Starter Pack	Individual Event	Required
	N10	PrEP Prescription (Medical)	Individual Event	Required
PEP SERVICES - CORE SERVICES	N01	PEP Eligibility Assessment	Individual Event	Required
	N05	PEP Initial Medical Visit	Individual Event	Required
	N17	PEP Prescription (Non-Medical)	Individual Event	Required
	N18	PEP Follow-up (Weekly)	Individual Event	Required
	N38	PEP Follow-up (medical): Labs	Individual Event	Required
	N07	PEP Follow-up (30-day)	Individual Event	Required
	N08	PEP Follow-up (90-day)	Individual Event	Required
PREP SERVICES – CORE SERVICES	N09	PrEP Initial Medical Visit	Individual Event	Required
	N11	PrEP Prescription (Non-Medical)	Individual Event	Required
	N12	PrEP Follow-up (Medical)	Individual Event	Required
	N13	PrEP Follow-up (Non-Medical)	Individual Event	Required
TESTING SERVICES	M45	STI Testing-Gonorrhea	Individual Event	Required
	M46	STI Testing-Chlamydia	Individual Event	Required
	M47	STI Testing-Syphilis	Individual Event	Required
	218	HIV Screening Test	Individual Event	Required
	333	HIV Confirmatory Test	Individual Event	Required
	M48	Hepatitis B and C Screening	Individual Event	Required
	P99	Hepatitis C RNA Testing	Individual Event	Required
OTHER MEDICAL SERVICES	N15	Vaccination	Individual Event	Required
	P97	STI Treatment (Gonorrhea/Chlamydia)	Individual Event	Required
	P98	STI Treatment (Syphilis)	Individual Event	Required
LINKAGE AND SUPPORT SERVICES – CORE SERVICES	N44	Linkage Facilitation	Individual Event	Required
	N43	Linkage to Services	Individual Event	Required
	470	Benefits Navigation	Individual Event	Required
	N54	Linkage to Care - 0-14 days	Individual Event	Required
	N55	Linkage to Care - 15-30 days	Individual Event	Required
	N57	Linkage to Care - 31-365 days	Individual Event	Required

Table 3: Service Types, Descriptions, and Staff Responsible

PHS Code	Service Types	Description	Service Location	Staff Responsible
OUTREACH SERVICES				
545	**Targeted Outreach**	Program staff will conduct event-based **Targeted Outreach** to identify potential clients who may benefit from PrEP/PEP services in venues frequented by members of the priority populations such as: - Private or commercial sex-on-site locations (e.g., sex clubs and/or sex parties); - Areas associated with drug use; - Clubs and bars; - Community events; - Areas outside of sex-related venues or outside of social service/drug treatment/housing or financial assistance program offices; or - Areas where priority populations are known to reside or congregate A **Targeted Outreach** event should be a minimum of two hours in duration AND have at least 10 contacts OR 3 engagements with potential clients. - **Contacts** are defined as brief interactions that take place individually or in groups in an attempt to engage potential clients. - **Engagements** are defined as one-on-one interactions with potential clients in a setting that ensures client privacy and confidentiality, where contact information is shared and referrals for program enrollment are made. The purpose of Targeted Outreach is to raise awareness and encourage use of HIV testing, PrEP, PEP and prevention navigation services available at the agency. This should be reflected in the program goals as stated below. Programs should have protocols in place to ensure the safety of all staff, and staff should be trained in safety protocols before outreach	Off-Site	Outreach Specialist / Prevention Navigator

PHS Code	Service Types	Description	Service Location	Staff Responsible
		begins. Optional approaches such as social networking and contact/friend elicitation strategies may also be used to identify and engage clients.		
ASSESSMENT AND EDUCATION SERVICES				
N21	**H-PLUS Screen (HIV Prevention Navigation, Linkage, and Utilization of Services Screen)**	**The H-PLUS Screen is conducted** to identify HIV-negative persons who are potential candidates for PrEP/PEP OR HIV-positive persons who have been out of care for 9 months or longer. **H-PLUS Screen** will be done in accordance with NYS Guidelines on Potential Candidates for PrEP and CDC's Guide to Taking a Sexual History. Following **H-PLUS Screen,** interested clients may be directed to **Brief Intervention** as indicated. NYC DOHMH will provide the necessary tools, training and technical assistance to implement this service.	On-Site or Off-Site	Prevention Coordinator / Prevention Navigator
N22	**Brief Intervention**	Upon conducting the **H-PLUS Screen,** interested clients who are indicated to be eligible for PrEP/PEP should receive a **Brief Intervention.** The **Brief Intervention** will facilitate raising the client's awareness about services available for HIV-negative clients and aims to motivate clients to become interested in learning more about PrEP/PEP as a prevention option. Following **Brief Intervention,** interested clients should be directed to **Intake Assessment**.	On-Site or Off-Site	Prevention Coordinator / Prevention Navigator
115	**Intake Assessment**	Following **Brief Intervention**, program staff will conduct an **Intake Assessment** for interested clients. The **Intake Assessment** will consist of the following elements: - Introduction to the program - Intake includes: client information, identification of referral source to clinical site, an assessment of social service needs, referral to **Linkage to Services**, as needed. - Based on social service needs of the client, program staff should determine whether **Benefits Navigation** is an immediate need and if client should be referred accordingly.	On-Site	Prevention Coordinator / Prevention Navigator

PHS Code	Service Types	Description	Service Location	Staff Responsible
		Following **Intake Assessment,** clients should receive PrEP/PEP Education.		
N32	**PrEP Reassessment**	All clients should receive a **PrEP Reassessment** 6 months after the date of **Intake Assessment.** The purpose of the reassessment is to assess the client's ongoing PrEP needs, behavioral health and social support needs, and enrollment in the program. **PrEP Re-assessment** should be conducted with each client enrolled into the PrEP program, regardless of the number or types of PrEP-related services the client has received. Program staff should make all attempts to re-engage a client in order to complete the re-assessment 6 months after the date of **Intake Assessment**.	On-Site	Prevention Coordinator / Prevention Navigator
N19	**PrEP/PEP Education**	Following **Intake Assessment**, clients will receive **PrEP/PEP Education**. The PrEP/PEP individualized introductory education session should cover the following topics: - Basic PrEP/PEP "primer;" - Pros and cons of PrEP; - What PrEP/PEP entails; - Side effects and long term safety; and - Other HIV prevention options. This session will present PrEP and PEP as HIV prevention options, among others. This session will be supported by educational materials and handouts to be provided by NYC DOHMH. At the end of the session, the client will be asked if they are interested in PrEP/PEP; upon expressed interest, program staff will refer to **PrEP/PEP Initial Medical Visit.**	On-Site	Prevention Navigator
MEDICATION SERVICES – CORE SERVICES				
N16	**PEP Prescription (Medical)**	Following **PEP Initial Medical Visit**, the Medical Provider will conduct the following: • Write prescription for full course of PEP treatment • Assess for acute HIV	On-Site	Medical Provider

PHS Code	Service Types	Description	Service Location	Staff Responsible
		Provide adherence education		
N20	**PEP Starter Pack**	**PEP Starter Pack** allows for provision of medication to clients who agree to start PEP medications (regardless of insurance status) but who might experience delays in receipt of PEP medications (e.g., when client is still waiting for approval for insurance or other client assistance programs). Medications are prescribed on a per-day basis for up to five days.	On-Site	Medical Provider
N29	**PrEP Starter Pack**	**PrEP Starter Pack** allows for provision of medication to clients who might experience delays in receipt of PrEP medications through usual mechanisms (e.g. when a client is still waiting for prior authorization from their insurance or for other client assistance programs during initial application or reapplication). Medications are prescribed on a per-day basis for up to five days per client.	On-Site	Medical Provider
N10	**PrEP Prescription (Medical)**	Following **PrEP Initial Medical Visit**, the Medical Provider will conduct the following: • Write prescription for PrEP • Assess for acute HIV • Provide adherence education ***This service element does NOT include payment for PrEP medications****. Assistance for paying for PrEP can be obtained through patient assistance programs, as appropriate.*	On-Site	Medical Provider
PEP SERVICES – CORE SERVICES				
N01	**PEP Eligibility Assessment**	The Medical Provider will assess clients who present to the clinic requesting for PEP and will conduct the following activities: • Assessment of client's risk for HIV exposure and PEP eligibility; if and when possible administer first dose of PEP ○ HIV screening and confirmatory test	On-Site	Medical Provider

PHS Code	Service Types	Description	Service Location	Staff Responsible
N05	**PEP Initial Medical Visit**	Following **PrEP/PEP Education** or **Intake Assessment**, the Medical Provider will conduct the following for clients who are interested: • Clinical assessment (including review of intake information) • Comprehensive History and Physical Exam • Required labs as stated in the NYS and CDC guidelines and in conjunction with DOHMH guidance Funding is provided through this service category for the following labs (please see pages 24-27 for related service descriptions): • HIV screening and confirmatory test • STI screening: RPR, GC/CT at up to -3-sites • Hepatitis B surface antibody, antigen, and immunization (1st dose) (if indicated) • Hepatitis C antibody (if indicated)	On-Site	Medical Provider
N17	**PEP Prescription (Non-Medical)**	Following **PEP Prescription (Medical)**, programs must also provide medication support services, such as: • Explanation of side effects/management • Assessment of adherence self-efficacy • Targeted adherence counseling • Other specifics regarding PrEP/PEP use including missed pill protocols • Explanation of symptoms of seroconversion • Provision of criteria for discontinuing PrEP	On-Site	Prevention Navigator
N18	**PEP Follow-Up (Non-Medical): Weekly**	During **PEP Follow-Up (Non-Medical): Weekly**, program staff will conduct a phone call or facilitate a brief visit for the following: • Review of side effects • Assess for acute HIV • Adherence reminders • Appointment and HIV testing adherence	On-Site	Prevention Navigator

PHS Code	Service Types	Description	Service Location	Staff Responsible
N38	**PEP Follow-Up (Medical): Labs**	During **PEP Follow-Up (Medical): Labs**, program staff will facilitate a brief visit at 2 weeks if **PEP Initial Medical Visit** laboratory test results are abnormal or otherwise indicated. Laboratory tests are to be conducted as indicated by the NYS and CDC guidelines and in conjunction with DOHMH guidance. Funding is provided through this service category for the following labs (please see pages 24-27 for related service descriptions): • STI screening: RPR, GC/CT at up to 3 sites (if indicated)	On-Site	Medical Provider
N07	**PEP Follow-Up (Medical): 30-day**	During **PEP Follow-Up (Medical): 30-day**, program staff will conduct required laboratory tests as stated in the NYS and CDC guidelines and in conjunction with DOHMH guidance and should assess for possible offer of PrEP. Funding is provided through this service category for the following labs (please see pages 24-27 for related service descriptions): • HIV screening and confirmatory test • STI screening: RPR, GC/CT at up to 3 sites (if indicated) • Hepatitis B surface antibody and antigen (if indicated) • Hepatitis C antibody (if indicated) In the event that a client fails to present for their appointment, prevention navigator will initiate re-engagement efforts through telephone calls, email, or SMS.	On-Site	Medical Provider
N08	**PEP Follow-Up (Medical): 90-day**	During **PEP Follow-Up (Medical): 90-day**, program staff will conduct HIV testing and assess for possible offer of PrEP. • HIV screening and confirmatory test In the event that a client fails to present for their appointment, prevention navigator will initiate re-engagement efforts through telephone calls, email, or SMS.	On-Site	Prevention Navigator
PREP SERVICES – CORE SERVICES				
N09	**PrEP Initial Medical Visit**	Following **PrEP/PEP Education**, the Medical Provider will conduct the following for clients who are interested:	On-Site	Medical Provider

PHS Code	Service Types	Description	Service Location	Staff Responsible
		• Clinical assessment (including review of intake information) • Comprehensive history and physical exam • Required labs as stated in the NYS and CDC guidelines and in conjunction with DOHMH guidance Funding is provided through this service category for the following labs (please see pages 24-27 for related service descriptions): • HIV Screening and confirmatory test • STI screening: RPR, GC/CT at up to 3-sites • Hepatitis B surface antibody and antigen (if indicated) • Hepatitis C antibody (if indicated)		
N11	**PrEP Prescription (Non-Medical)**	Following **PrEP Prescription (Medical)**, programs must also provide medication support services, such as: • Explanation of side effects/management • Assessment of adherence self-efficacy • Targeted adherence counseling • Other specifics regarding PrEP use including missed pill protocols • Explanation of symptoms of seroconversion • Provision of criteria for discontinuing PrEP	On-Site	Prevention Navigator
N12	**PrEP Follow-Up (Medical)**	During **PrEP Follow-up (Medical)**, the medical provider will: • Discuss need/desire to continue PrEP • Reinforce PrEP education • Conduct required labs as stated in the NYS and CDC guidelines and in conjunction with DOHMH guidance Funding is provided through this service category for the following labs (please see pages 24-27 for related service descriptions): • HIV screening and confirmatory test • STI testing: RPR, GC/CT at up to 3 sites (if indicated) • Hepatitis B immunization (if indicated)	On-Site	Medical Provider

PHS Code	Service Types	Description	Service Location	Staff Responsible
N13	**PrEP Follow-Up (Non-Medical)**	During **PrEP Follow-up (Non-Medical)**, supportive services will be provided by program staff, such as: • Appointment scheduling • Risk reduction counseling • Adherence counseling • Mental health and substance use screening and brief intervention and referral to treatment (as appropriate) • Reassess continued need for program support Assessment and referral to other services as needed (may utilize the **Linkage to Services** service type if a client is linked).	On-Site	Prevention Navigator
		TESTING SERVICES		
M45	**STI Screening-Gonorrhea**	When indicated, the Medical Provider includes the following laboratory testing: • STI screening: Gonorrhea (GC) PCR testing of the following specimen types: o Urine o Oral swab o Rectal swab • Testing includes collecting information on client symptoms and risk factors. STI Screening should be done in accordance with NYC STD Screening Guidelines, CDC STD Screening Recommendations, and NYC DOHMH guidance.	On-Site	Medical Provider
M46	**STI Screening-Chlamydia**	When indicated, the Medical Provider includes the following laboratory testing: • STI screening: Chlamydia PCR testing of the following specimen types: o Urine o Oral swab o Rectal swab • Testing includes collecting information on client symptoms and risk factors.	On-Site	Medical Provider

PHS Code	Service Types	Description	Service Location	Staff Responsible
		STI Screening should be done in accordance with NYC STD Screening Guidelines, CDC STD Screening Recommendations, and NYC DOHMH guidance.		
M48	**STI Screening-Syphilis**	When indicated, the Medical Provider includes the following laboratory testing: • STI screening: Syphilis serology ○ + RPR with reflex titers • Testing includes collecting information on client symptoms and risk factors. STI Screening should be done in accordance with NYC STD Screening Guidelines, CDC STD Screening Recommendations, and NYC DOHMH guidance.	On-Site	Medical Provider

218	**HIV Screening Test**	As indicated, the Medical Provider includes the following laboratory testing:
		• **HIV Screening Test**
		  ○ Combination antigen-antibody (4th generation) HIV testing (lab-based or point-of-care) is preferred
		  ○ HIV NAAT testing reserved for clients with symptoms of acute infection.
		
		HIV screening should be done in in accordance with:
		NYS testing regulations (https://www.health.ny.gov/diseases/aids/providers/testing/);
		CDC HIV Lab-based Testing Recommendations (https://www.cdc.gov/hiv/pdf/guidelines_testing_recommendedlabtestingalgorithm.pdf);
		CDC Testing Guidelines (www.cdc.gov/hiv/guidelines/testing.html); and
		NYC DOHMH recommendations.
			On-Site	Medical Provider

PHS Code	Service Types	Description	Service Location	Staff Responsible
333	**HIV Confirmatory Test**	An **HIV Confirmatory Test** is required for all clients with a reactive HIV test. • Clients with a reactive result on the rapid point-of-care screening test should have a confirmatory/supplemental test specimen collected within the same day as the reactive HIV test result. • Clients with a reactive result on the lab-based screening HIV test will have further supplemental testing conducted reflexively as part of the laboratory's HIV testing algorithm. For clients receiving point-of care testing, a reactive result on the screening test requires specimen collection for confirmatory/supplemental testing, preferably through the dried blood spot collection method or phlebotomy. Upon specimen collection for confirmatory/supplemental testing, an appointment should be made for the client to return in one week to receive the results. For clients receiving lab-based HIV testing, a reactive result on the screening test requires confirmatory/supplemental testing that will be conducted reflexively for clients with reactive results by the laboratory. The Confirmatory Test service type will cover the additional charges for further confirmatory/supplemental testing. The test result will be provided to the client during the scheduled follow-up appointment. Confirmatory/supplemental tests should be done in in accordance with: NYS testing regulations (https://www.health.ny.gov/diseases/aids/providers/testing/); CDC HIV Lab-based Testing Recommendations (https://www.cdc.gov/hiv/pdf/guidelines_testing_recommendedlabtestingalgorithm.pdf); CDC Testing Guidelines (www.cdc.gov/hiv/guidelines/testing.html); and	On-Site	Medical Provider

PHS Code	Service Types	Description	Service Location	Staff Responsible
		NYC DOHMH recommendations. NYC DOHMH will provide the necessary materials, training and technical assistance to implement this service. Testing supplies will be procured directly by this program.		
M48	**Hepatitis B and C Screening**	When indicated, the Medical Provider includes the following laboratory testing: • Hepatitis B screening • Hepatitis C screening Screenings must follow CDC's most recent guidelines, which can be found here for Hepatitis B and here for Hepatitis C.	On-Site	Medical Provider
P99	**Hepatitis C RNA Testing**	A **Hepatitis C** RNA test is required for all clients with a reactive HCV screening test. HCV RNA testing must follow CDC's most recent guidelines found here. Clients with a positive HCV RNA test should be immediately linked to care.	On-Site	Medical Provider
OTHER MEDICAL SERVICES				
N15	**Vaccination**	When indicated, program staff will follow CDC guidelines to provide the following vaccinations: • HAV • HBV • HPV • Meningococcal • Influenza • Pneumococcal (as appropriate) **Reimbursement for vaccination is per dose.**	On-Site	Medical Provider

PHS Code	Service Types	Description	Service Location	Staff Responsible
P97	**STI Treatment (Gonorrhea/Chlamydia)**	**STI Treatment (gonorrhea/chlamydia)** will include brief visits for STI treatment (after positive screening test or clinical diagnosis based on symptoms). STI treatment for Gonorrhea and Chlamydia must follow the CDC's most recent guidelines on https://www.cdc.gov/std/tg2015/tg-2015-print.pdf.	On-Site	Medical Provider
P98	**STI Treatment (Syphilis)**	**STI Treatment (Syphilis)** will include brief visits for STI treatment (after positive screening test or clinical diagnosis based on symptoms). STI treatment for Syphilis must follow the CDC's most recent guidelines on https://www.cdc.gov/std/tg2015/syphilis.htm.	On-Site	Medical Provider
LINKAGE AND SUPPORT SERVICES – CORE SERVICES				
N44	**Linkage Facilitation**	**Linkage Facilitation** involves active efforts put forth to ensure client attends medical and non-medical appointments. This includes, but is not limited to the following: - Assistance with selection of the site to which the client is linked - Appointment scheduling and provision of directions - Appointment reminders - Assistance with rescheduling if the appointment is missed - Accompaniment to PrEP/PEP clinical site or HIV primary care site for external linkages (as appropriate) In order to receive payment, the *active efforts* should be well documented and may involve: - Speaking with the client via phone or in person - Speaking with the CBO/Clinic provider via phone or in person - Using email, SMS, and internet based methods to engage clients and assist them in navigating the appropriate systems to support them in making and attending their appointments In the event that a client fails to present for their appointment, the Prevention Navigator will initiate re-engagement efforts through telephone calls, emails, SMS, or other communication platforms.	On-Site or Off-Site	Prevention Navigator
N43	**Linkage to Services**	All clients should be offered **Linkage to Services**, as indicated in the **Intake Assessment**. This includes:	On-Site	Prevention Navigator

PHS Code	Service Types	Description	Service Location	Staff Responsible
		- Healthcare services, including, but not limited to: mental health care or psychiatric services; gender identity-affirming healthcare services; and nutrition services - Social support services, including, but not limited to: Syringe Exchange Programs (SEPs); services that address clients' basic needs (e.g., food, shelter, and hygiene products/facilities); employment services; legal services; psycho-education counseling; and substance abuse counseling Program staff will provide information regarding the services available and link the client to services the client identifies interest in (as appropriate). Program staff will follow-up with 1) clients for whom referrals were made and/or 2) providers to confirm linkage to healthcare, behavioral health, and social services was successful. Follow-up may occur through telephone calls, email, or SMS. *This includes verifying attendance at initial appointment with the provider or the client.* To locate HIV prevention, HIV care and treatment and social and behavioral health services throughout NYC, please refer to the NYC DOHMH Health Map and the Public Health Solutions website.		
470	**Benefits Navigation**	**Benefits Navigation** is designed to ensure that clients who express interest in PrEP/PEP can get health insurance coverage and have access to patient assistance programs. Program staff will assist clients in preparing applications and identifying the necessary supporting documentation for enrollment/re-enrollment into assistance programs. This includes, but is not limited to: • Providing information on ACA insurance options and how to navigate the health insurance marketplace	On-Site	Prevention Navigator / Benefits Specialist

PHS Code	Service Types	Description	Service Location	Staff Responsible
		• Providing information on PrEP-AP and how to navigate NYS PrEP-AP • Providing information on client assistance program options and how to navigate their application system • Providing information on which documents the client will need in order to finalize enrollment • Assistance with prior authorizations or communication with insurance carriers to ensure that indicated PrEP/PEP clinical services and/or medications are covered. Program staff will refer clients to an agency with a CAC who can enroll clients directly into the NYS Exchange.		
N54	**Linkage to Care – 0-14 days**	All clients who are HIV-positive should immediately be linked to an HIV primary care provider (either onsite or offsite depending on the client's preference). For external linkages, it is preferred that the client be linked to a site that has a minimum of 12 months experience providing HIV primary care AND has a Ryan White Part A-funded Care Coordination program for persons living with HIV/AIDS AND/OR has achieved excellent care outcomes on their NYC DOHMH-generated Care Continuum Dashboards (i.e., meeting or exceeding targets for viral load suppression). Agencies should aim to link clients within 14 days. Clients may include: • Clients with a positive lab result from the lab-based HIV test, or • Clients with a reactive POC HIV test, or • Clients who are identified as previously diagnosed and have never been in care or have been out of care for 9 months or longer Program staff will follow-up with 1) clients for whom referrals were made and/or 2) providers to confirm successful linkage to care. Follow-up may occur through telephone calls, email, or SMS.	On-Site	Prevention Navigator

PHS Code	Service Types	Description	Service Location	Staff Responsible
		Linkage to Care – 0-14 days *will include verifying attendance at initial clinic appointment with the provider.* Agencies can only receive payment for either **Linkage to Care – 0-14 days, Linkage to Care – 15-30 days** OR **Linkage to Care - 31-365 days** for each client.		
N55	**Linkage to Care – 15-30 days**	All clients who are HIV-positive should immediately be linked to an HIV primary care provider (either onsite or offsite depending on the client's preference). For external linkages, it is preferred that the client be linked to a site that has a minimum of 12 months experience providing HIV primary care AND has a Ryan White Part A-funded Care Coordination program for persons living with HIV/AIDS AND/OR has achieved excellent care outcomes on their NYC DOHMH-generated Care Continuum Dashboards (i.e., meeting or exceeding targets for viral load suppression). If agencies are not able to link the client within 14 days, they should aim to link them within 30 days. Clients may include: • Clients with a positive lab result from the lab-based HIV test, or • Clients with a reactive POC HIV test, or • Clients who are identified as previously diagnosed and have never been in care or have been out of care for 9 months or longer Program staff will follow-up with 1) clients for whom referrals were made and/or 2) providers to confirm linkage to care. Follow-up may occur through telephone calls, email, or SMS. ***Linkage to Care – 15-30 days*** *will include verifying attendance at initial clinic appointment with the provider.*	On-Site	Prevention Navigator

PHS Code	Service Types	Description	Service Location	Staff Responsible
		Agencies can only receive payment for either **Linkage to Care – 0-14 days, Linkage to Care – 15-30 days** OR **Linkage to Care - 31-365 days** for each client.		
N57	**Linkage to Care - 31-365 days**	All clients who are HIV-positive should immediately be linked to an HIV primary care provider (either onsite or offsite depending on the client's preference). For external linkages, it is preferred that the client be linked to a site that has a minimum of 12 months experience providing HIV primary care AND has a Ryan White Part A-funded Care Coordination program for persons living with HIV/AIDS AND/OR has achieved excellent care outcomes on their NYC DOHMH-generated Care Continuum Dashboards (i.e., meeting or exceeding targets for viral load suppression). This service type will cover linkage to care for clients who are not able to be linked within 30 days. Clients may include: • Clients with a positive lab result from the lab-based HIV test, or • Clients with a reactive POC HIV test, or • Client who are identified as previously diagnosed and have never been in care or have been out of care for 9 months or longer Program staff will follow-up with 1) clients for whom referrals were made and/or 2) providers to confirm linkage to care. Follow-up may occur through telephone calls, email, or SMS. ***Linkage to Care - 31-365 days*** *will include verifying attendance at initial clinic appointment with the provider.* Agencies can only receive payment for either **Linkage to Care – 0-14 days, Linkage to Care – 15-30 days** OR **Linkage to Care - 31-365 days** for each client.	On-Site	Prevention Navigator

I. Performance Evaluation and Reporting Requirements

Performance Evaluation

Funded programs will be monitored on their ability to achieve the program goals. Indicators to measure program success will mirror the Program Goals outlined in Section B on page 11. *Please note that additional indicators may be included once the contract is awarded.*

Reporting Requirements

The awarded organization must comply with all NYC DOHMH and Public Health Solutions data and program reporting requirements relevant to this service category. NYC DOHMH will require the submission of data through eSHARE (Electronic System for HIV/AIDS Reporting and Evaluation). See General Reporting Requirements on page 39 for more information on reporting requirements.

J. Proposal Evaluation Criteria

Proposal Narrative

- *Your Proposal Narrative must address all of the following questions.*
- *Your Proposal Narrative is limited to a maximum of 10 pages (suggested page limits for each section are indicated below). Any text exceeding the 10-page limit will not be reviewed.*
- *Please identify any components of the proposed program that will be funded by another source(s) in your program narrative, if applicable.*
- *See Proposal Format Requirements on page 37.*

Section 1 - Service Delivery Experience *[20 points] (up to 2.5 pages)*

1. Describe your experience providing PrEP, PEP, HIV care, and behavioral health and social services to the priority populations of this service category outlined on page 11. Your answer should be comprehensive, detailed and provide the reviewer with a clear picture of how these services are implemented in the context of your organization's priority populations.

2. Describe how your organization's experience (delineated in 1, above) makes you uniquely qualified to contribute to the implementation of the program goals. ***NOTE****: The response to this answer should explore how your organization's experience has shaped your ability to provide high quality services.*

Section 2 – Program Narrative *[65 points] (up to 6 pages)*

1. Describe your organization's proposed program design and client flow in detail and explain how your organization will implement each of the services outlined in Table 3: Service Types, Descriptions, and Staff Responsible on page 17 (you may include a flow chart diagram in addition to your response that will not count toward your page limit). Your description must include your organization's proposed strategies for reaching and engaging clients (including but not limited to hours, accessibility, outreach strategies – including use of social/new media, client retention strategies) and how your organization will ensure its reach to the priority populations (e.g., if you propose to provide services to TGNC persons of color, describe how your organization will ensure to reach this population).

2. Describe how the proposed program will be embedded and seamlessly integrated into existing services.

3. Describe how the program will be developed and implemented in a culturally, linguistically, and educationally appropriate manner that meets the needs of the priority populations, especially communities of color and LGBTQ clients.

Section 3 – Program Implementation *[15 points] (up to 1.5 pages)*

1. Program Implementation Timeline
   Complete a 12-month timeline (using the table provided below) addressing each start-up and program implementation milestone that will be achieved.

   ***NOTE**: All start-up milestones must have a projected completion date within six months of the contract start date, except when otherwise indicated. Assume a July 1, 2018 start date.*

Start-Up / Program Milestone	Activities	Staff Responsible	Projected Start Date of Activities	Projected Date of Milestone Completion

2. Service Tracking and Reporting
   Describe your organization's process for adhering to the service tracking and reporting requirements outlined on page 39. Your description must include how your organization documents services received and ensures accuracy and confidentiality of client records. ***NOTE**: Please include a clear description of the steps from service delivery to data entry into eSHARE.*

3. Quality Assurance
   Describe your organization's system for conducting quality assurance (QA) and continuous quality improvement (CQI) of the services delivered through this service category. Your description must include how you will use data to continually optimize outcomes.

Section 4 – Program Budget

1. Budget – Full 12 months [will *not* be scored, but *required* in order to be eligible for proposal review]
   a. ***Note: The service elements table indicates how funds may or may not be used.***
   b. The total budget request should be the estimated cost of providing the proposed services for a full 12-month budget period for a full year of operation at capacity – that is exclusive of any start-up period you anticipate during which staff would be hired, services would be ramping up, etc. Clearly indicate an estimated number of individuals who will receive services and provide a clear explanation for how that estimate was derived. There must be a clear correlation between staffing and other personnel services costs and the proposed program activities and projected clients to be served. Submit using the Budget Template provided (*download from RFP website*).

Attachment A - Organization and Program Information Summary (*excluded from Proposal Narrative page limit and not scored)*

1. Complete Attachment A – Organization and Program Information Summary by providing the information requested for each item on all tabs/worksheets of the Excel spreadsheet. *Note: Attachment A – Organization and Program Information Summary is available for download with the RFP and required for submission.*

Proposal Submission Instructions

The deadline for submitting a proposal is ***April 19, 2018*** *by* ***2:00pm EDT***. A complete proposal consists of all requested documents on the Proposal Checklist.

Upload Proposal to CAMS Contracting Portal

One electronic copy of the Required Components of the Complete Proposal and one set of all the Required Administrative Documents identified on the Proposal Checklist must be uploaded to the CAMS Contracting Portal on Public Health Solutions' website at ***https://mer.healthsolutions.org*** by the proposal submission deadline. *You do NOT need to submit a hard-copy or submit via email. Use of the Contracting Portal is REQUIRED. Proposals sent by hard copy or email will NOT be considered as submitted.*

The current CAMS Contracting Portal ***https://mer.healthsolutions.org*** has been used by contractors for reporting expenditure (eMER) and/or narrative (ePNR) data. The same Contracting Portal will be used for uploading proposals for this RFP. In order to use the Contracting Portal to upload a proposal, you must have a current login.

- If you have been named on a Contractor Contact Verification Form (CCVF) as an official contact for an existing contract with PHS CAMS, then you already have a login on the CAMS Contracting Portal. If you do not know what your login is, please email ***RFPloginrequest@healthsolutions.org***
- If you have not been named on a CCVF as an official contact for an existing contract, then a new login will need to be created for you. Please email ***RFPloginrequest@healthsolutions.org*** to request a login.
- All login request emails should include the following:
    - First and last name of the proposal submitter
    - Title of proposal submitter
    - Full legal name of the applicant organization
    - EIN of applicant organization
    - RFP title should be on the subject line of the email

Note that only one proposer submitter can be created for an applicant organization.

Please be aware that uploading a proposal will involve multiple files representing different required proposal documents. Please allow sufficient time for checking that you have included all necessary digital file attachments. *Please ensure that you have a working login, and familiarize yourself with the CAMS Contracting Portal's Proposal Upload area, at least one week before the proposal submission deadline.*

Note that proposals received after the deadline may be disqualified from funding consideration.

It is the responsibility of the submitting organization to ensure delivery of the proposal to Public Health Solutions via the CAMS Contracting Portal by the submission deadline. A confirmation of receipt of the required submission (via upload) will be sent by email. Note that the email confirmation is confirming the delivery and receipt of the proposal submission and is ***not*** *a confirmation that the proposal submission is complete or responsive.*

For all other things (submit questions, notice of intent, etc.), please email the RFP contact at SIPEPandPrEPRFP@healthsolutions.org

Required Components of a Complete Proposal per Service Category

1. Proposal Checklist – signed and dated by the CEO/Executive Director/President
2. Organization Information Cover Sheet (*must be submitted in MS Word*)
3. Proposal Narrative **and** all attachments referenced in the Proposal Narrative section
4. Attachment A – Organization and Program Information Summary *(must be submitted in MS Excel)*
    - Program Information
    - Program Staff
    - Target Geographic Area
    - Service Site Locations
5. Budget including Budget Justification *(must be submitted in MS Excel)*
6. Organization Chart for Proposed Program
7. Curricula Vitae or Resumes of Key Staff (leadership and program level)
8. If any, Linkage Agreement (LA) / Memorandum of Understanding (MOU) / Memorandum of Agreement (MOA) with collaborative partner organization(s)
9. Proposal Format Form

Proposals missing the Proposal Narrative section or the Budget will be deemed non-responsive and ineligible for review.

Required Administrative Documents

In addition to the Required Components of the Complete Proposal, one set of the following Required Administrative Documents must be submitted with the Complete Proposal:

1. *Internal Revenue Service 501(c) (3) Determination Letter
2. *New York State Certificate of Incorporation (full copy, including any amendments)
3. *Current Board of Directors List
4. *Most recent audited Annual Financial Statement; if total expenditures associated with federal funding exceed $750,000 a year, a Single Audit Report is required
5. *Article 28 License from the New York State Department of Health
6. Board of Directors' Statement – written on your letterhead and signed by the Chair/President or Secretary of the Board of Directors *(see sample statement provided)*
7. Government Contracting Experience/References *(see template provided)*

Note that you may transmit the Required Administrative Documents which are marked with an asterisk (*), to Public Health Solutions via the NYC HHS Accelerator, New York City's contracting information system for health and human services. Organizations registered with the NYC HHS Accelerator must designate Public Health Solutions as a funder authorized to download the administrative documents. For more information on the NYC HHS Accelerator and to register, go to:
http://www.nyc.gov/html/hhsaccelerator/html/home/home.shtml

Please indicate on the Proposal Checklist whether you intend to transmit the asterisked (*) Required Administrative Documents via the NYC HHS Accelerator or if you are including them with your submission via the PHS CAMS Contracting Portal. (Download the instructions, "Sharing Documents to PHS in the Document Vault" from Public Health Solutions' RFP website listed on the next page.)

The following required forms must be download from the Public Health Solutions' RFP website, **https://www.healthsolutions.org/get-funding/request-for-proposals/**:

1. Proposal Checklist
2. Organization Information Cover Sheet
3. Proposal Narrative Form
4. Attachment A – Organization and Program Information Summary
5. Budget Form and Budget Instructions
6. Board of Directors' Statement *(sample)*
7. Government Contracting Experience/References *(template)*
8. Proposal Format Form
9. Notice of Intent to Respond Form
10. Sharing Documents to PHS in the Document Vault

Proposal Format Requirements

Applicants are expected to adhere to the following formatting requirements.

- Each document of the Proposal Package should be titled using the following naming convention: ***Applicant Name_Document Title (as listed in RFP)_SIRFP_Date.***
- Proposal documents should be submitted in the format specified in the RFP *(i.e. Organization Information Cover Sheet in MS Word; Attachment A and Budget in MS Excel; etc.).*
- Proposal Narrative must not exceed the 10-page limit (inclusive of tables). *Note that any text exceeding the 10-page limit will not be reviewed and evaluated.*
- Proposal Narrative should be 1.5-spaced, with the exception of any required tables and any included supportive charts, which may be 1.0-spaced.
- Proposal Narrative should be submitted on 8½" x 11" format.
- Proposal Narrative should have 1" margins all around (headers and footers may appear outside of this margin).
- Minimum font size is Times New Roman 12-point with the exception of any required tables and any included supportive charts, which may use a font no smaller than 10-point.
- Each page of the Proposal Narrative, including attachments, should be consecutively numbered.
- The Proposal Narrative should remain in the same sequence and format as provided; questions should not be renumbered or reordered, however the text of the question can be omitted.
- Each page of the proposal should include as a header or footer the name of the organization submitting the proposal.

Proposal Review and Selection Process

Evaluation Criteria

All proposals deemed responsive will be evaluated. Proposals will undergo an administrative review by Public Health Solutions to determine that applicants meet the eligibility criteria as detailed in this RFP. *Proposals that do not meet the General Applicant Eligibility Requirements and the specific Applicant Eligibility Requirements for the service category as detailed in the RFP will not move to the next stage of review*.

Proposals that meet the eligibility criteria will then undergo a content review by at least three reviewers. Proposals will be evaluated and scored based on the responses to the designated proposal narrative section for the service category.

The NYC DOHMH and Public Health Solutions reserve the right to conduct site visits and/or interviews and/or to request that applicants make presentations and/or demonstrations, as the NYC DOHMH and Public Health Solutions deem applicable and appropriate.

Award Selection

Awards will be made to the applicants with the highest average score that offer an annual budget that is fair and reasonable. The NYC DOHMH will make final award decisions. Final awards are contingent on past contract performance if applicant has current contract(s) or had contracts within the last two years with Public Health Solutions; or reference/background checks for applicants without any prior or recent contracting relationship with Public Health Solutions; successful completion of contract negotiations; New York City vendor background check; and demonstration of all required insurance coverage and all other requirements of and approvals by the NYC DOHMH and Public Health Solutions.

The NYC DOHMH and Public Health Solutions reserve the right to award contracts in such a way as to assure:

1. Adequate geographic distribution of services; and/or
2. Services targeted to priority populations identified in RFP.

General Reporting Requirements

All programs funded through this RFP must comply with the requirements outlined below.

Data Reporting Requirements

Awarded organizations must comply with all NYC DOHMH, Public Health Solutions and as applicable, Health Resources and Services Administration (HRSA) and/or Centers for Disease Control (CDC) data reporting requirements. The NYC DOHMH and Public Health Solutions will require the submission of client information and service utilization data through the Electronic System for HIV/AIDS Reporting and Evaluation (eSHARE).

Contractors will be required to enter client-level data into eSHARE for all funded services including:

- Client legal first & last name (nicknames or pseudonyms will not be accepted)
- Demographic information
- Client encounters
- Additional socio-demographic data and primary care status measures
- Linkage to relevant services

Contractors will also submit an electronic program narrative report (ePNR) each month. Post award, contractors will receive information that details reporting requirements, including format and submission process.

The NYC DOHMH and/or Public Health Solutions will provide training and technical assistance on the use of the data reporting systems and submission of data.

Confidentiality

Funded organizations must follow all applicable confidentiality and privacy laws, including federal, New York State and New York City laws in order to protect client privacy.

Funded organizations must have a detailed plan to ensure client privacy and confidentiality (including data quality and security) that is compliant with New York State public health law as well as the federal Health Insurance Portability and Accountability Act (HIPAA). The plan must specify data quality and security protections. All organizations providing HIV-related care are subject to New York State public health law (http://codes.lp.findlaw.com/nycode/PBH/27-F). All organizations providing clinical care are also subject to HIPAA (http://www.hhs.gov/ocr/privacy/).

Funded organizations **must never, under any circumstances, send names** of clients to NYC DOHMH or PHS through regular email or text messages. Contracts resulting from this RFP will require the promulgation of confidentiality practices, which, if not met, may result in contract compliance actions, up to and including contract termination.

General Program Requirements

The following trainings, technical assistance, and quality management-related activities are required as part of the contract management activities.

Required Trainings

a. NYC DOHMH will provide eSHARE trainings for contractors.

b. Funded programs will be required to provide documentation to confirm their staff completed the relevant trainings that will be provided during the start-up phase of the programs. DOHMH will provide a specific list by Service Category.

c. Additional technical assistance will be provided by NYC DOHMH as deemed appropriate.

Contract Monitoring

a. Public Health Solutions will monitor the contractor's compliance with the terms and conditions of the contract scope of services and other requirements of the contract.

b. Public Health Solutions staff generally conduct 1-3 site visits per year which may include an initial site visit, a program monitoring site visit, a fiscal or reimbursement site visit, a single payer verification site visit, or any combination of these.

Technical Assistance

a. NYC DOHMH-contracted service providers are required to participate in technical assistance activities including but not limited to provider meetings, webinars, teleconferences, and site visits as required by NYC DOHMH and Public Health Solutions. Attendance at provider meetings and site visits by Program staff with managerial responsibilities (e.g., Program Director, Program Supervisor) is mandatory. Provider Meetings are held with all funded organizations as a group to discuss best practices, successes and challenges, provide training, and receive feedback from funded programs.

b. A Project Officer from the NYC DOHMH may conduct technical assistance programmatic visits, in addition to a Joint Site Visit conducted with Public Health Solutions. The Project Officer reviews and monitors the provider's programmatic performance. The NYC DOHMH reserves the right to conduct more frequent visits as dictated by contract performance, or as requested by service provider. The Project Officer will also monitor client uptake of PEP and behavioral health and social services among PEP-eligible clients, and linkage to PrEP provider, through follow-up activities.

Emergency Preparedness Plan

All contractors will be required to submit an attestation affirming that their organization has a written Emergency Preparedness Plan that is maintained and updated to provide for the safety and security of clients, participants, staff, and the contractor's facility. While the following elements are not required, ideally, each organization's emergency preparedness plan will address:

a. *Emergency Management:* The organization should form an emergency management committee to develop, evaluate and modify the plan.

b. *Training and Exercise:* The organization should educate and train staff on the Emergency Preparedness Plan so that they are familiar with communications, evacuation and relocation plans and procedures.

c. *Command and Control:* The organization's plan should include a description of when/how the plan will be activated, as well as who will have the authority to activate the plan.

d. *Communications:* The organization should have adequate communication capabilities to maintain organization order and enhance safety when responding to service disruptions.

e. *Evacuation Procedures:* The organization should have an evacuation plan with clearly defined procedures if the organization's location is deemed unsafe during an emergency or if instructed to do so by emergency officials.

f. *Logistics Management:* The organization should ensure that they have adequate procurement and delivery of goods and services necessary to support operations during/after an emergency.

g. *Essential Services, Roles and Responsibilities (Continuity of Operations):* The organization should identify its essential services and the core staff and skills needed to keep it operational during an emergency.

Out-of-State Linkage Navigation

Funded organizations are expected to provide linkage navigation services to all clients, even if clients move out-of-state, and should report linkage navigation efforts if the client does not link to care. Documentation of attempts to maintain contact with the client and to make referrals to care are expected. The local or state health department where the client is moving would be a good resource to identify appropriate referrals, or you can reach out to the Ryan White provider network. We have included two resources that may be helpful in identifying out-of-state HIV providers:

- HRSA developed an interactive map to find HIV/AIDS care and services. To find HIV medical care and treatment services you can follow this link to a geo-locator of services. (https://findhivcare.hrsa.gov/index.html#)
- The CDC has developed a map of State or Territorial Health Departments with links to each of their webpages (https://www.cdc.gov/mmwr/international/relres.html)

General Insurance Requirements

The following insurance requirements will be incorporated into final contracts with Public Health Solutions:

a. Acceptability of Insurers

All insurance under this Agreement must be placed with insurers with a Best's rating of no less than A-7 or a Standard and Poor's rating of no less than AA. The Contractor shall maintain on file with Public Health Solutions a current Certificate of Insurance for the policies identified in subsection (b) below.

b. Types of Insurance

The Contractor shall obtain the following types of insurance with respect to the services to be performed under this Agreement:

(i) Commercial general liability insurance (including products/completed operations, personal and advertising injury) with limits not less than $1,000,000 combined single limit per accident for bodily injury and property damage. Coverage must be on an occurrence form basis. The policy must name Public Health Solutions and the City of New York, including its officials and employees as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions or the City.

(ii) Comprehensive automobile liability with limits not less than $1,000,000 combined single limit coverage against bodily injury, liability, and property damage liability arising out of the use by or on behalf of the Contractor, or any person acting by, through or under the Contractor, of any owned, non-owned or hired motor vehicle. The policy must name Public Health Solutions and the City of New York, including its officials and employees as additional insured in the additional insured endorsement form. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions or the City.

(iii) *(For non-medical services or services that are not provided by medical and health professionals)* Professional liability insurance with limits not less than $1,000,000 for any one occurrence, $3,000,000 annual aggregate, covering all professional employees of the Contractor, as well as contracted employees of the Contractor, if these persons provide professional services under this Agreement. Coverage must be on an occurrence form basis. [If coverage is not available or is not written on an occurrence form, Claims-made policies will be accepted. All such policies shall have an extended reporting period option or automatic coverage of not less than two (2) years. If available as an option, the Contractor agrees to purchase the extended reporting period on cancellation or termination unless a new policy is effected with a retroactive date, including at least the last policy year.] The policy must name Public Health Solutions and the City of New York, including its officials and employees as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions or the City.

(iv) (For medical services or services provided by medical and health professionals) Professional liability insurance with not less than $2,000,000 for any one occurrence, $4,000,000 annual aggregate, covering all professional employees of the Contractor, including but not limited to physicians, physician's assistants, nurses and other health professionals, as well as, or, any person or entity acting by, through or under the Contractor, written on an occurrence form. If coverage is not available or is not written on an occurrence form, a claims made form is acceptable provided that, in the event the Contractor's claims made policy is

cancelled and not replaced or renewed, tail coverage for the maximum allowable period is purchased in order to ensure continuity of coverage. The policy must name Public Health Solutions and the City of New York, including its officials and employees as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions or the City.

(v) Workers' compensation, disability, and employers' liability insurance with limits not less than statutory limits of liability.

(vi) If the Contractor receives an Advance, the Contractor shall purchase an employee fidelity bond (also known as crime, theft, or employment dishonesty insurance), including coverage for directors and officers whether compensated or not, in the amount of the Advance. This bond must be issued by an insurer duly licensed by the state and must name Public Health Solutions and DOHMH as loss payees. A copy of the fidelity bond must be provided to Public Health Solutions.

(vii) Directors and officers liability insurance, whether the directors and officers are compensated or not.

Useful Resources

The following are available information resources that may be helpful in developing your proposal:

HIV/AIDS in New York City

NYC HIV/AIDS Surveillance Statistics
http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-annual-surveillance-statistics.page

The National HIV/AIDS Strategy
https://www.hiv.gov/federal-response/national-hiv-aids-strategy/overview

The NYC DOHMH BHIV Enhanced Comprehensive HIV Prevention Planning (ECHPP)
http://www.cdc.gov/hiv/research/demonstration/echpp/sites/ny.html

The NYC DOHMH BHIV ECHPP Situational Analysis
https://www.cdc.gov/hiv/pdf/research/demonstration/echpp/sites/prevention_demonstrations_echpp_nyc_plan1.pdf

Comprehensive Jurisdictional Plan for HIV Prevention in New York City, 2012-2016
http://www.uchaps.org/documents/NYCJURISDICTIONALPLANFINAL9-28-12.pdf

NYC HIV/AIDS Surveillance Epidemiology Reports
http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page

PrEP/PEP Resources

NYS Guidance for the Use of Pre-Exposure Prophylaxis (PrEP) to Prevent HIV Transmission
http://www.hivguidelines.org/clinical-guidelines/pre-exposure-prophylaxis/guidance-for-the-use-of-pre-exposure-prophylaxis-prep-to-prevent-hiv-transmission/

NYC DOHMH PrEP/PEP Information
https://www1.nyc.gov/site/doh/health/health-topics/prep-pep-resources.page

PrEP and PEP: Information for Medical Providers
https://www1.nyc.gov/site/doh/providers/health-topics/prep-pep-information-for-medical-providers.page

NYC DOHMH PrEP/PEP Provider Checklist
https://www1.nyc.gov/assets/doh/downloads/pdf/ah/provider-clinical-site-checklist.pdf

CDC Guide to taking a Sexual History
http://www.cdc.gov/std/treatment/sexualhistory.pdf

Glossary of Terms

Common Acronyms in HIV/AIDS Services:

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral Therapy

ARTAS: Anti-Retroviral Treatment and Access to Services

BHIV: New York City Department of Health and Mental Hygiene's Bureau of HIV/AIDS Prevention and Control

CAMS: Public Health Solutions' Contracting and Management Services (formerly known as HIV Care Services (HIVCS))

CBO: Community-Based Organization (may include community health centers, including FQHCs)

CDC: Centers for Disease Control and Prevention

CHW: Community Health Worker

DOHMH: New York City Department of Health and Mental Hygiene

FBO: Faith-Based Organization

HCV: Hepatitis C Virus

HIPAA: Health Insurance Probability and Accountability Act

HIV: Human Immunodeficiency Virus

iART: immediate Antiretroviral Therapy

MAP: Medication Assistance Program

MI: Motivational Interviewing

MOU: Memorandum of Understanding

MSM: Men who have Sex with Men

NYC DOHMH: New York City Department of Health and Mental Hygiene

NYSDOH: New York State Department of Health

PAP: Patient Assistance Program

PEP: Post-Exposure Prophylaxis

PHS: Public Health Solutions (formerly known as Medical and Health Research Association of New York City, Inc. (MHRA); older documents may refer to what is now known as Public Health Solutions as MHRA.)

PLWHA: People Living With HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

STD: Sexually-Transmitted Disease

STI: Sexually-Transmitted Infection

TA: Technical Assistant or Technical Assistance

YMSM: Young Men who have Sex with Men