

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

Unity Project: PrEP for Adolescents

[Solicitation # 2019.01.HIV.01.~~0102~~ **(REVISED 2/1/2019)**]

Issue Date: January 14, 2019

Proposals Due: February 14, 2019

RFP Contact: Mayna Gipson, Public Health Solutions

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For a copy of this Request for Proposals, please go to:
<https://www.healthsolutions.org/get-funding/request-for-proposals>

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RFP Timetable

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

RFP Issue Date	January 14, 2019
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Pre-Proposal Conference Webinar	January 23, 2019, Time 10am-12pm EST
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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/gpkpvivhkeut&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	January 23, 2019, 5:00pm EST
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Questions about eligibility, proposal requirements or other requests for clarification about information in this RFP must be submitted via email to UnityProjectRFP@healthsolutions.org no later than **5:00pm on January 23, 2019**.

Responses to questions from the Pre-Proposal Conference 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 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 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 January 23, 2019.*

Notice of Intent to Respond	February 7, 2019, 5:00pm EST
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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 **February 7, 2019** to UnityProjectRFP@healthsolutions.org

Proposals Due Date	February 14, 2019, 2:00pm EST
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NOTE: Please see Proposal Submission Instructions on page 44 of this RFP. To ensure that you have a working portal login, and to familiarize yourself with Public Health Solutions' CAMS Contracting Portal's Proposal Upload area, you should create and test the portal login at least one week before the proposal submission deadline.

Projected Award Notification Date	March 2019
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Anticipated Contract Start Date

April ~~15~~, 2019

RFP Contact

The RFP Contact is Mayna Gipson and the RFP email is UnityProjectRFP@healthsolutions.org. All inquiries concerning this RFP, from the date of issuance until the prequalification notifications are made, must be directed via email to the RFP Contact. *Applicants are advised that no contact related to this RFP is permitted with any other staff of Public Health Solutions or NYC DOHMH.*

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 PrEP for Adolescents program.

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 to adolescents (13-24 years).

The general organizational eligibility criteria are as follows [\(for the proposed program service site\)](#):

- 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;
- 3) Currently operating a brick-and-mortar [clinical](#) site (proposed program service site) [that is open and able to provide clinical services a minimum of five days a week \(Monday-Sunday\) for at least 5 hours a day](#) in one of the Central Brooklyn or Harlem ZIP codes listed in Table 2: High Priority Area ZIP Codes; and
- 4) Have an Article 28 license from the New York State Department of Health [for the proposed program service site](#).

In addition to the above general applicant eligibility requirements, applicants must also have *all* of the following requirements to be eligible for funding [\(at the proposed program service site\)](#):

- 1) Have at least 12 months of experience working with adolescents (13-24 years).*
- 2) Not be funded as of December 1, 2018 by the NYC DOHMH, via Public Health Solutions, to provide PrEP for Adolescents (ADL).
- 3) Have at least 12 months of direct experience providing PrEP AND PEP to HIV-negative adolescents (13-24 years) [by the proposal due date of February 14, 2019](#).
- 4) Have extensive experience collaborating with other organizations that serve adolescents (13-24 years) (either CBOs or clinic sites) as evidenced by:
 - a) At least 12 months of collaboration/partnership; and
 - b) A Linkage Agreement (LA) / Memorandum of Understanding (MOU) / Memorandum of Agreement (MOA) with at least two collaborative partner organization which includes a detailed description of how the two organizations interact (i.e., in terms of activities and processes).
- 5) Be a PrEP-AP provider or will obtain one prior to the contract start date of April ~~15~~, 2019.

**In line with The NYC Unity Project, preference will be given to applicants who demonstrate experience working with adolescents (13-24 years) who identify as LGBTQ.*

Note: Preference will be given to organizations that have senior and executive leadership (i.e., those that are responsible for organizational-level decision-making such as clinical and non-clinical department heads/chairs/directors) that are representative of New York City's priority populations (as listed on page 12).

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. Subcontracting with governmental agencies is not allowed.

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

Contract Term

Contracts are expected to begin on April ~~15~~, 2019. Initial contract term will be ~~fifteen~~-14 ½ months with Year 1 consisting of ~~three~~-2½ months (April ~~15~~, 2019- June 30, 2019) and Year 2 consisting of twelve months (July 1, 2019 - June 30, 2020). There will be one (1) one-year renewal options. The 6-month start-up period will consist of Year 1 and the first 3½ months into Year 2. Thus, the projected date of service delivery will be October ~~15~~, 2019.

Initial and continued funding for all contracts 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.

Available Funding

Table 1: Available Funding

Service Category	Funding Year	Budget Period	Approximate Funding Ranges per Award	Anticipated # of Awards
PrEP for Adolescents	1	April 15 , 2019 – June 30, 2019	\$45,000 - \$50,000	2*
	2	July 1, 2019 – June 30, 2020	\$200,000	
	3	July 1, 2020 – June 30, 2021	\$200,000	

**This RFP will make all efforts to fund at least one award in Central Brooklyn and one in Harlem, as defined by the ZIP codes in Table 2: High Priority Area ZIP Codes. Please see below for the Geographic Requirements.*

Geographic Requirements

Only applicants whose proposed program service site is located in Central Brooklyn and/or Harlem ZIP codes with high HIV prevalence and documented health disparities (see Table 2: High Priority Area ZIP Codes) are eligible for funding. This RFP will make all efforts to fund at least one award in Central Brooklyn and one in Harlem, as defined by the ZIP codes in Table 2: High Priority Area ZIP Codes. Applicants who have locations in both Central Brooklyn and Harlem may only choose one site as a part of their application proposal and will be evaluated in relation to similarly located applicants.

Applicants will be required to identify the Priority Area(s) by ZIP code where services or initiatives will be delivered. 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 2016. 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 2011-2016)

Borough	Neighborhood	ZIP Codes
Brooklyn	Bedford Stuyvesant – Crown Heights	11212*, 11213*, 11216*, 11233*
	Bensonhurst - Bay Ridge	11214
	Canarsie - Flatlands	11234, 11236
	Coney Island – Sheepshead Bay	11224
	Downtown - Heights - Park Slope	11205, 11217
	East Flatbush - Flatbush	11226
	East New York	11207*, 11208*
	Williamsburg – Bushwick	11206*, 11221*, 11237*
Manhattan	Central Harlem – Morningside Heights	10026*, 10027*, 10030*, 10037*, 10039*
	East Harlem	10029*, 10035*
	Upper East Side	10044
	Upper West Side	10023, 10025
	Washington Heights - Inwood	10031, 10032

**ZIP Codes served by the New York City District Public Health Office (DPHO)*

Service Category: PrEP for Adolescents

A. Service Category Description

While New York City (NYC) has made significant progress towards ending the HIV epidemic, disparities in new diagnoses continue to persist, in large part, due to institutional mechanisms of racism, sexism, classism, homophobia, transphobia, and other systems of oppression that persist in the United States and affect healthcare systems, including the field of HIV prevention and care.^{1,2} The effects of marginalization permeate into every aspect of life affecting opportunities and resources for housing, nutrition, education, employment, transportation and healthcare.³⁻⁵ For example, research indicates that residential segregation, a mechanism of structural racism, has decreased access to education and employment opportunities, and discounted the economic value of lower income communities.¹ For health related disparities, this translates to historically segregated communities having more difficulty attracting primary care physicians, funding for health-related infrastructure and services, and funding for other resources that affect healthcare access such as transportation.^{3,4}

Specifically, in healthcare service delivery settings, these systems of oppression can manifest into provider-enacted discrimination towards their patients based on race/ethnicity, sexual identity, gender identity, immigration status, education, and other intersecting identities through both explicit and implicit bias.^{3,6,7} Recent research has shown that race and sexual orientation-based biases may affect a provider's willingness to prescribe and discuss medical information based on their perceptions of the patient's behavior.^{8,9} For example, in a 2014 study among medical students, willingness to prescribe PrEP was associated with the race of the patient, as students clinically judged Black patients to be more likely to engage in PrEP-associated sexual risk compensation behavior compared to White patients.⁸ To provide effective healthcare, programs must provide services with a broader social justice and health equity lens, as these systems of oppression contribute to the creation and exacerbation of observed health disparities by affecting, among other aspects, a patient's comfort in engaging with the healthcare system and accessing health services due to fear of being discriminated

¹ Williams, D.R. & Mohammed, S.A. (2009). Discrimination and racial disparities in health: evidence and needed research. *J Behav Med*, 32, 20-47.

² US Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2010: Final Review. Retrieved from: https://www.cdc.gov/nchs/data/hpdata2010/hpdata2010_final_review.pdf

³ Bailey, Z.D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M.T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *Lancet*, 389, 1453-1463.

⁴ White, K., Haas, J.S., & Williams, D.R. (2012). Elucidating the Role of Place in Health Care Disparities: The Example of Racial/Ethnic Residential Segregation. *Health Services Research*, 47, 1278-1299.

⁵ Braveman, P.A., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L.N., Manderscheid, R., & Troutman, A. (2011). Health Disparities and Health Equity: The Issue is Justice. *American Journal of Public Health*, 101, S149-S155.

⁶ Sabin, J.A., Riskind, R.G., & Nosek, B.A. (2015). Health Care Providers' Implicit and Explicit Attitudes Toward Lesbian Women and Gay Men. *American Journal of Public Health*, 105, 1831-1841.

⁷ Albuquerque, G.A., de Lima Garcia, C., da Silva Qurino, G., Alves, M.J.H., Belém, J.M., dos Santos Figueiredo, F.W., ... & Adami, F. (2016). Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. *BMC International Health and Human Rights*, 16, 1-10.

⁸ Calabrese, S.K., Earnshaw, V.A., Underhill, K., Hansen, N.B., & Dovidio, J.F. (2014). The Impact of Patient Race on Clinical Decisions Related to Prescribing HIV Pre-Exposure Prophylaxis (PrEP): Assumptions About Sexual Risk Compensation and Implications for Access. *AIDS Behavior*, 18, 226-240.

⁹ Malebranche, D.J., Peterson, J.L., Fullilove, R.E., & Stackhouse, R.W. (2004). Race and sexual identity: perceptions about medical culture and healthcare among Black men who have sex with men. *Journal of the National Medical Association*, 96, 97-107.

against (stigma).^{3,10-13} This commitment is particularly essential for HIV prevention in adolescents (13-24 years), as adolescents between 13 to 24 years old still comprise nearly one fifth (21%) of new HIV diagnoses in the US.¹⁴ In 2016, 17.7% (n= 404) of new HIV diagnoses in NYC were among 13- to 24-year-olds, the majority of whom are Black and/or Latinx gay and bisexual men and other men who have sex with men (GBMSM).¹⁵ Young transgender New Yorkers, especially young transgender people of color, also continue to be disproportionately affected by HIV. From 2012 to 2016, 44% of all transgender people diagnosed with HIV in NYC were between the ages of 13-24, and of those between 13-24 years of age, 95% were Black or Latinx.¹⁵

In recent years, significant progress has been made towards improving access to PrEP and PEP for minors. In April 2017, the NYS Department of Health finalized amendments to the NYS Sanitary Code allowing minors to consent to HIV prophylaxis, including PrEP, PEP, and treatment without parental or guardian notification or consent.^{16,17} The release of medical and billing records containing information regarding these services may not be released to a minor's parent/guardian without the minor's consent.^{16,17} Following this milestone regulatory change, the first study investigating the safety and implementation of PrEP among adolescent MSM showed that PrEP was indeed an acceptable and safe HIV prevention tool for adolescent MSM between 15 to 17 years old.¹⁸ Based on this latest research, the US Food and Drug Administration (FDA) now indicates tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) reduces "the risk of sexually acquired HIV-1 in at-risk adolescents".¹⁹ This expanded 2018 FDA approval means that "Truvada for PrEP is now indicated in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 in at-risk adults and adolescents weighing at least 35 kg".¹⁹

Since the FDA approval, the Centers for Disease Control and Prevention (CDC) will include "adolescents and adults who weigh at least 35 kg" into their next PrEP guidelines.²⁰ In addition, the

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- ¹⁰ Albuquerque, G.A., de Lima Garcia, C., da Silva Qurino, G., Alves, M.J.H., Belém, J.M., dos Santos Figueiredo, F.W., ... & Adami, F. (2016). Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. *BMC International Health and Human Rights*, 16, 1-10.
- ¹¹ Arnold, E.A., Rebchook, G.M., & Kegeles, S.M. (2014). "Triply cursed": Racism, homophobia, and HIV-related stigma are barriers to regular HIV testing, treatment adherence, and disclosure among young Black gay men. *Culture, Health & Sexuality*, 16, 710-722.
- ¹² Hardeman, R.R., Medina, E.M., Kozhimannil, K.B. (2016). Structural Racism and Supporting Black Lives – The Role of Health Professionals. *The New England Journal of Medicine Perspective*, 375, 2113-2115.
- ¹³ USAID. (2016). *A Closer Look: The Internalization of Stigma Related to HIV*. Retrieved from: http://www.policyproject.com/pubs/generalreport/Internal_Stigma.pdf
- ¹⁴ Centers for Disease Control and Prevention. (2018). *HIV Among Youth*. Retrieved from: <https://www.cdc.gov/hiv/group/age/youth/index.html>
- ¹⁵ NYC Health Department, 2016 HIV Surveillance Data. Prepared October 2018 by the HIV Epidemiology and Field Services Program.
- ¹⁶ New York State Department of Health AIDS Institute. (December 19, 2017). *Letter to Clinical Providers – Minor Consent for HPV Vaccination and HIV Treatment and Prevention*. Retrieved from: https://www.health.ny.gov/diseases/communicable/std/docs/letter_minor_consent.pdf
- ¹⁷ New York State Department of Health AIDS Institute. (September 2017). FAQ: NYS Public Health Law Art. 23 and Tit. 10, NYCRR § 23, Guidance for Local Health Departments and Health Care Providers. Retrieved from: https://www.health.ny.gov/diseases/communicable/std/docs/faq_billing_consent.pdf
- ¹⁸ Hosek, S.G., Landovitz, R.J., Kapogiannis, B., Siberry, G.K., Rudy, B., Rutledge, B., ... Wilson, C.M. (2017). Safety and Feasibility of Antiretroviral Preexposure Prophylaxis for Adolescent Men Who Have Sex With Men Aged 15 to 17 Years in the United States. *JAMA Pediatrics*, 171, 1063-1071.
- ¹⁹ Gilead. (May 15, 2018). *U.S. Food and Drug Administration Approves Expanded Indication for Truvada (Emtricitabine and Tenofovir Disoproxil Fumarate) for Reducing the Risk of Acquiring HIV-1 in Adolescents*. Retrieved from: <https://www.gilead.com/news/press-releases/2018/5/us-food-and-drug-administration-approves-expanded-indication-for-truvada-emtricitabine-and-tenofovir-disoproxil-fumarate-for-reducing-the-risk-of-acquiring-hiv1-in-adolescents>
- ²⁰ Centers for Disease Control and Prevention. (2017). *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update*. Retrieved from: <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>

NYS PrEP to Prevent HIV Acquisition Guidelines have been updated and now recommend that “adolescents who do not have HIV infection and are at high risk of acquiring HIV should be prescribed PrEP”.²¹

Despite these important policy and guideline updates, providing PrEP and PEP for adolescents (13-24 years) is still a challenge, especially for Black and/or Latinx LGBTQ adolescents due, in part, to the structural inequities mentioned above. In addition to facing structural barriers to access, nonadherence to medications in adolescents is common and may be attributed to the youth culture of independence and peer influence.²² To address this, studies with adolescents have recommended an augmented visit schedule to increase adherence and to place an emphasis on delivering culturally-responsive and age-appropriate support in adolescent PrEP programs.²³ Therefore, to best reach adolescents (13-24 years), service providers must understand youth culture, including the role of technology and social media in communicating with adolescents (13-24 years), the importance of easy access to care (e.g., flexible appointment times, transportation vouchers, etc.), confidentiality (e.g., minors’ right to confidential services), and cultural competency for the youth context.²⁴

In keeping with CDC and NYS recommendations, the Bureau of HIV/AIDS Prevention and Control (BHIV) is seeking to establish two clinical sites in Harlem and Central Brooklyn, neighborhoods where rates of new HIV diagnoses are among the highest in New York City for 13-24 year olds, to support biomedical prevention through evidence-based or evidence-informed interventions for adolescents. This program will leverage the clinical environment to outreach to and provide PrEP and/or PEP LGBTQ youth-friendly navigation and additional support services to adolescents (13-24 years) who might benefit from these interventions. In addition, this program aims to mitigate observed disparities by supporting these clinical environments to: a) deliver services in a culturally responsive, sensitive and youth friendly manner, in accordance with the National CLAS Standards (see Section E. Program Requirements, page 13); b) deliver or develop partnerships with experienced CBOs and other agencies providing adolescent-focused social services to ensure all needs of the patient are met, and c) prioritize staff development through attendance of trainings, such as LGBTQ Sensitivity and Sexual History Taking for Clinicians, and use of peers to ensure that stigma-free care is provided.

This RFP is supported by the [NYC Unity Project](#), the first ever citywide commitment to expand services for LGBTQ youth. The PrEP for Adolescents program is one of many commitments in the NYC Unity Project that will deliver services to address the health, safety and well-being of LGBTQ youth.²⁵

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.

²¹ New York State Department of Health AIDS Institute. (May 2018). *PrEP to Prevention HIV Acquisition*. Retrieved from: https://www.hivguidelines.org/prep-for-prevention/prep-to-prevent-hiv/#tab_1

²² Rice, F. (1996). *The adolescent: development, relationships and culture* (7th ed.). Boston: Allyn & Bacon.

²³ Hosek, S., Rudy, B., Landovitz, R., Kapogiannis, B., Siberry, G., Rutledge, B., ... Wilson, C.M. (2017). An HIV Pre-Exposure Prophylaxis (PrEP) Demonstration Project and Safety Study for Young MSM. *Journal of Acquired Immune Deficiency Syndrome*. 74, 21-29.

²⁴ Advocates for Youth. (2009). *Best Practices for Youth Friendly Clinical Services*. Retrieved from <http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services>

²⁵ NYC Office of the Mayor. (2018). *First Lady Chirlane McCray Announces New \$9.5 Million Investment to Prevent and Address homelessness Among Young LGBTQ New Yorkers*. Retrieved from <https://www1.nyc.gov/office-of-the-mayor/news/275-18/first-lady-chirlane-mccray-new-9-5-million-investment-prevent-address>

Table 3: Logic Model

Inputs / Resources	Activities	Outcomes
<p><u>Program Funding</u> <u>Program Staff Roles</u></p> <ul style="list-style-type: none"> - Senior Program Administrator - Medical Provider - PrEP/PEP Coordinator - Outreach Specialist - Prevention Navigator - Benefits Specialist <p><u>Program Space/Facilities</u></p> <ul style="list-style-type: none"> - Space where clinical and non-clinical providers can meet privately with clients <p><u>DOHMH Technical Assistance</u></p> <ul style="list-style-type: none"> - Implementation Support - Guidance on Protocols - Guidance on Data Reporting Forms - Guidance on Documentation - Data-driven Feedback from Project Officers and Public Health Solutions <p><u>DOHMH-Identified Required Trainings</u></p> <ul style="list-style-type: none"> - Sexual History Taking for Clinicians - Prevention Navigation - LGBT Sensitivity - Motivational Interviewing - HIV 101 - HIV 201 - STI 101 - HIV Confidentiality - Mental Health First Aid - Fundamentals of HIV Counseling - Best practices in PrEP and PEP Education and Counseling - Implementation of Prevention Navigation in NYC - Enhanced Outreach - Comprehensive Condom - Benefits Navigation for PrEP and PEP - Social Media Outreach - Intimate Partner Violence - PrEP Implementation Workshop - eSHARE <p><u>Program Linkage Agreements and MOUs</u></p> <ul style="list-style-type: none"> - With social service providers who are youth-friendly and have experience providing services to adolescents (13-24 years) <p><u>Data Monitoring/Reporting Tools and Support</u></p> <ul style="list-style-type: none"> - eSHARE Setup 	<p><u>Agency and Provider Start-up</u></p> <ul style="list-style-type: none"> - Hire Staff - Ensure staff completion of DOHMH-identified trainings <p><u>Outreach</u></p> <ul style="list-style-type: none"> - Targeted Outreach - Media Outreach <p><u>Assessment and Education</u></p> <ul style="list-style-type: none"> - H-PLUS Screen - Brief Intervention - Intake Assessment - Patient Identification - PrEP/PEP Education - PrEP Reassessment <p><u>PrEP Services</u></p> <ul style="list-style-type: none"> - PrEP Initial Medical Visit - PrEP Prescription (Medical) - PrEP Prescription (Non-Medical) - PrEP Follow-up (Medical) - PrEP Follow-up (Non-Medical) <p><u>PEP Services</u></p> <ul style="list-style-type: none"> - PEP Eligibility Assessment - PEP Initial Medical Visit - PEP Prescription (Non-Medical) - PEP Follow-up (Non-Medical): Weekly - PEP Follow-up (Medical): Labs - PEP Follow-up (Medical): 30-Day - PEP Follow-up (Medical): 90-Day <p><u>Medication Services</u></p> <ul style="list-style-type: none"> - PEP Starter Pack / PEP Medication - PrEP Starter Pack <p><u>Testing Services</u></p> <ul style="list-style-type: none"> - STI Testing - Gonorrhea/Chlamydia - STI Testing - Syphilis - HIV Testing - HIV Confirmatory Test <p><u>Medical Services</u></p> <ul style="list-style-type: none"> - Vaccination - STI Treatment - Gonorrhea/Chlamydia - STI Treatment - Syphilis <p><u>Linkage and Support Services</u></p> <ul style="list-style-type: none"> - Linkage Facilitation - Benefits Navigation - Linkage to Services - Linkage to Care – 0-14 days <p>OR</p> <ul style="list-style-type: none"> - Linkage to Care – 15-30 days 	<p><u>Goals</u></p> <ol style="list-style-type: none"> 1. Engage HIV-negative adolescents, (13-24 years), especially those who identify as LGBTQ, in biomedical HIV prevention services 2. Provide patient navigation and support services to reduce the behavioral health, structural, financial, and psychosocial barriers related to HIV prevention <p><u>Program Indicators:</u></p> <ol style="list-style-type: none"> 1. # of HIV-negative adolescents (13-24 years) who are screened for PrEP/PEP 2. #/% of HIV-negative adolescents (13-24 years) screened for PrEP/PEP who are eligible for PrEP/PEP 3. #/% of HIV-negative adolescents (13-24 years) eligible for PrEP/PEP who accept navigation for PrEP/PEP 4. #/% of enrolled HIV-negative adolescents (13-24 years) who receive PEP 5. #/% of enrolled HIV-negative adolescents (13-24 years) that received PEP who return for follow-up visit and who have completed a full course of PEP 6. #/% of enrolled HIV-negative adolescents (13-24 years) who receive PrEP 7. #/% enrolled HIV-negative adolescents (13-24 years) on PrEP who return for follow-up clinic visits 8. #/% of enrolled HIV-negative adolescents (13-24 years) that received PrEP who are adherent to PrEP 9. #/% of enrolled adolescents (13-24 years) who receive benefits navigation, as indicated 10. #/% of enrolled adolescents (13-24 years) who are linked to services, as indicated

<ul style="list-style-type: none"> - eSHARE Training - Ongoing eSHARE User Support <p>Data Monitoring/Reporting Tools and Support</p> <ul style="list-style-type: none"> - Enrollment Reports, Action Plans, Follow-up Steps, etc. 	<p>OR</p> <ul style="list-style-type: none"> - Linkage to Care – 31 – 365 days <p><u>Quality Management Activities</u></p> <ul style="list-style-type: none"> - Ongoing Staff Support <ul style="list-style-type: none"> o Training and Professional Development for Staff, following DOHMH training recommendations - Ongoing monitoring, Evaluation and Quality Management Participation <ul style="list-style-type: none"> o Service Reporting to DOHMH o Quality Management Plan Development and Implementation o Participation in Provider Meetings 	
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B. Program Goals

1. Engage HIV-negative adolescents (13-24 years), especially those who identify as LGBTQ, in biomedical HIV prevention services
2. Provide patient navigation and support services to reduce the behavioral health, structural, financial, and psychosocial barriers related to HIV prevention

C. Priority Populations

These PrEP for Adolescents Programs are focused on service delivery to young people aged 13-24. As a result, at least 75% of program’s clients served must be between 13 to 24 years of age.

Additionally, clients should represent at least one of the priority populations listed below. The NYC DOHMH recognizes that persons may have multiple, intersecting identities and, therefore, the categories listed below are not mutually exclusive nor exhaustive.

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

In line with the NYC Unity Project, preference will be given to applicants who propose to provide services to adolescents (13-24 years) who identify as LGBTQ.

D. 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 6: Service Types and Descriptions, and section F. Recommended Staffing and Staff Development. However, the 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, PrEP and PEP clinical services and medications.** 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 \geq 10% (ten percent or more) of annual income; or Annual income $<$ 200% federal poverty level *and* medical expenses \geq 5% (five percent or more) of annual income; or
 - Health plan premium $>$ 9.5 % annual income; or
 - Health plan deductible \geq 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.

Note: Young people on their parents' insurance plans can request a waiver of the explanation of benefits (EOB waiver) so that confidential information on receipt of sexual health services will not be systematically sent to their parents.

E. Program Requirements

1. 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.
2. Provide or link adolescents (13-24 years), especially those who identify as LGBTQ, to other healthcare and social support services, as appropriate. This program requirement is essential for decreasing observed disparities by ensuring that adolescents (13-24 years), especially those who identify as LGBTQ, have access to services that meet all their needs.*
**Preference will be given to organizations who provide social support services on-site.*
3. Have the capacity to accommodate adolescent (13-24 years) clients, especially those who identify as LGBTQ, for walk-ins and to schedule same-day appointments.
4. Educate HIV-negative adolescents (13-24 years), especially those who identify as LGBTQ, about the importance of working with their insurance plans' member services and help them navigate the following, as applicable:

- a. To “opt out” of explanations of benefits (EOBs) that are mailed to their parents or legal guardians regarding HIV preventive care.
 - b. To request that insurance cards be mailed to an alternate address.
 - c. To ensure that information not be inadvertently disclosed through electronic portals that parents or legal guardians may be able to access.
5. Deliver all services in a culturally responsive, sensitive and youth-friendly manner, specifically taking low health literacy, the adolescent (13-24 years), and LGBTQ audience into account, using the National Standards for [Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#). This program requirement is essential for decreasing observed disparities by creating safe and accessible clinical environments for adolescents (13-24 years), especially for those who identify as LGBTQ.
 - a. Funded contractors must have a strategy to ensure that the program is culturally, linguistically and educationally appropriate to meet the needs of adolescents (13-24 years), especially to those who identify as LGBTQ.
 - b. Funded contractors must ensure that program staff have strong socio-cultural understanding, familiarity in current youth culture, and experience working with adolescents (13-24 years), especially with those who identify as LGBTQ.
 6. Obtain PrEP/PEP medications using manufacturer’s assistance programs (for uninsured/underinsured persons) and appropriate prescription coverage (for insured clients).
 7. 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.
 8. 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.
 9. Establish LA/MOU/MOAs with at least 2 CBOs, preferably those that are already [PlaySure Network](#) entities, who are youth-friendly and have experience in providing services to adolescents (13-24 years), especially to those who identify as LGBTQ. The LA/MOU/MOA must be established within 3 months of the proposed program’s start date. This program requirement is essential for decreasing observed disparities by ensuring that adolescents (13-24 years), especially those who identify as LGBTQ, have access to services that meet all of their needs.
 10. Become a member of the 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. 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.
 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 DOHMH-sponsored trainings as mentioned above in Table 3: 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 adolescent-focused peers whenever possible; peers defined here as individuals that have a strong socio-cultural understanding of adolescents (13-24 years), especially those who identify as LGBTQ, are knowledgeable in current youth culture, and have experience working with adolescents (13-24 years), especially with those who identify as LGBTQ. *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 once 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 other Masters degree or Bachelors degree, AND at least 36 months of experience managing services for adolescents (13-24 years), especially for those who identify as LGBTQ, in this service category.

- Medical Provider

Function: PrEP/PEP prescription, medical evaluation, HIV testing, STI screening.

Recommended Credentials: MD, NP or PA, AND who has experience providing primary care/HIV care to adolescents (13-24 years), especially to those who identify as LGBTQ, in this service category.

- PrEP/PEP Coordinator

Function: Responsible for conducting H-PLUS screen, brief intervention, intake assessment, supervision of Prevention Navigator(s), and over-all coordination of service activities.

Recommended Credentials: BA/BS or LMSW degree and/or at least 24 months of case management experience, AND at least 36 months of experience managing services for adolescents (13-24 years), especially for those who identify as LGBTQ, in this service category.

- **Outreach Specialist**

Function: Responsible for both managing and coordinating both targeted and media outreach.

Recommended Credentials: Community Health Worker with cultural and linguistic competence specific to adolescents (13-24 years), especially to those who identify as LGBTQ, and demonstrated basic understanding of HIV combination prevention; should have strong socio-cultural understanding of adolescents (13-24 years), especially those who identify as LGBTQ, of this service category. Outreach specialists should be knowledgeable of current youth culture and have experience in working with adolescents (13-24 years), especially with those who identify as LGBTQ.

- **Prevention Navigator**

Function: Responsible for tasks related to managing client cases, including activities such as PrEP/PEP education, appointment (medical and non-medical) and follow-up (interim and non-medical) reminders, and linkage to services.

Recommended Credentials: Community Health Worker with a high school degree or some college education, demonstrated experience as a certified health educator, demonstrated experience with providing HIV health education and risk reduction, demonstrated basic understanding of PrEP/PEP, and strong socio-cultural understanding of adolescents (13-24 years), especially of those who identify as LGBTQ, of this service category. Prevention Navigators should have cultural and linguistic competence specific to adolescents (13-24 years), especially to those who identify as LGBTQ, be knowledgeable of current youth culture, and have experience working with adolescents (13-24 years), especially with those who identify as LGBTQ.

- **Benefits Specialist**

Function: Responsible for tasks related to health insurance navigation and enrollment, patient and medication assistance programs.

Recommended Credentials: Community Health Worker with a high school degree or some college education, must be trained as a Certified Application Counselor (CAC) (or equivalent) or acquire certification as a CAC within six months of proposed program's start-up period, should have strong socio-cultural understanding of adolescents (13-24 years), especially of those who identify as LGBTQ, of this service category. Benefit Specialists should have cultural and linguistic competence specific to adolescents (13-24 years), especially to those who identify as LGBTQ, be knowledgeable of current youth culture, and have experience working with adolescents (13-24 years), especially with those who identify as LGBTQ.

Staff Development

Applicants must have a plan to ensure competent staff throughout the duration of the program. Staff must have the breadth of subject matter expertise and experience required to conduct all purposed work. Specifically, staff should have the experience and training to work with adolescents (13-24 years). Additionally, applicants must develop a staffing plan designed to cultivate and sustain staff members who are experienced in working with adolescents (13-24 years), especially with those who identify as LGBTQ. NYC DOHMH will provide some training and technical assistance, as indicated in Table 3: Logic Model.

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 program for clients who are uninsured or underinsured.

NOTE: Deliverables, service types and descriptions as outlined in Table 4: Summary of Deliverables, Table 5: Summary of Services and Rates and Table 6: Service Types and Descriptions 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 combination of deliverables-based and fee-for-service payment methodology. All services provided to the client must be reported. Table 4: Summary of Deliverables and Table 5: Summary of Services and Rates provide a summary of the deliverables and services reimbursed under this program. A 6-month start-up period to reach full service capacity will be permitted.

NYC DOHMH and PHS reserve the right to incorporate additional and/or new payment methodologies in the future, such as, but not limited to, value-based, performance-based, and/or cost-based payment.

The following contract deliverables in the below Table 4: Summary of Deliverables should be completed. Deliverables will be finalized as part of the contracting process.

Table 4: Summary of Deliverables

Deliverable Name	Deliverable Description	Deliverable Rate	Completion Period
Professional Development Plan	The plan should outline how the organization will support professional development among non-managerial staff providing program services. The outline will include the following components: 1) identification of staff professional goals and advancement opportunities (e.g., meeting with staff to discuss their desired goals), 2) identification of opportunities (e.g., trainings, conferences, coaching), and 3) timeline. <i>Note: Staff who are not funded by the program, but who provide program services should be included in the professional development plan.</i>	One-time rate of \$2,000	6-month start-up period
Professional Development Completion	The organization submits confirmation that staff have completed professional development activities (e.g., certificate of completion, conference registration).	Between 5-15% of award amount per contract year	By end of Year 2 and Year 3

Table 5: Summary of Services and Rates

Service Family	PHS Code	Service Type Name	Unit Type	Required or Optional	Rate	3 rd Party Pay Rate*
OUTREACH SERVICES	545	Targeted Outreach	Anon Group – RECOGNIZED AS EVENT	Optional	\$691.00	NA
	Deliverable	Media Outreach		Optional	Deliverable	NA
ASSESSMENT AND EDUCATION SERVICES	N21	H-PLUS Screen	Anon Group – RECOGNIZED AS EVENT	Required	\$77.00	NA
	N22	Brief Intervention	Anon Group – RECOGNIZED AS EVENT	Required	\$85.00	NA
	Deliverable	Patient Identification	Individual Event	Required	Deliverable	NA
	115	Intake Assessment	Individual Event	Required	\$183.00	NA
	N32	PrEP Reassessment	Individual Event	Required	\$183.00	NA
	N19	PrEP/PEP Education	Individual Event	Required	\$84.00	NA
MEDICATION SERVICES	N20	PEP Starter Pack / PEP Medication	Individual Event	Required	\$67.00	NA
	N29	PrEP Starter Pack	Individual Event	Required	\$40.00	NA
PEP SERVICES	N01 / N33*	PEP Eligibility Assessment	Individual Event	Required	\$157.00	\$24.00
	N05 / N34*	PEP Initial Medical Visit	Individual Event	Required	\$244.00	\$24.00
	N17	PEP Prescription (Non-Medical)	Individual Event	Required	\$67.00	NA
	N18	PEP Follow-up (Non-Medical): Weekly	Individual Event	Required	\$84.00	NA
	N38 / N39*	PEP Follow-up (Medical): Labs	Individual Event	Required	\$345.00	\$24.00
	N07 / N40*	PEP Follow-up (Medical): 30-day	Individual Event	Required	\$220.00	\$24.00
	N08 / N41*	PEP Follow-up (Medical): 90-day	Individual Event	Required	\$206.00	\$24.00
PREP SERVICES	N09 / N27*	PrEP Initial Medical Visit	Individual Event	Required	\$271.00	\$36.00
	N11	PrEP Prescription (Non-Medical)	Individual Event	Required	\$67.00	NA

Service Family	PHS Code	Service Type Name	Unit Type	Required or Optional	Rate	3 rd Party Pay Rate*
	N10 / N28*	PrEP Prescription (Medical)	Individual Event	Required	\$169.00	\$24.00
	N12 / N30*	PrEP Follow-up (Medical)	Individual Event	Required	\$220.00	\$24.00
	N13	PrEP Follow-up (Non-Medical)	Individual Event	Required	\$84.00	NA
TESTING SERVICES	M62 / M63*	STI Testing – Gonorrhea/Chlamydia	Individual Event	Required	\$25.00	\$10.00
	M06 / M61*	STI Testing – Syphilis	Individual Event	Required	\$25.00	\$10.00
	218 / M60*	HIV Testing	Individual Event	Required	\$70.00	\$24.00
	333 / M59*	HIV Confirmatory Test	Individual Event	Required	\$160.00	\$24.00
MEDICAL SERVICES	N15 / N26*	Vaccination	Individual Event	Required	\$144.00	\$12.00
	P97 / N25*	STI Treatment - Gonorrhea/Chlamydia	Individual Event	Required	\$202.00	\$24.00
	P98 / N24*	STI Treatment - Syphilis	Individual Event	Required	\$347.00	\$24.00
LINKAGE AND SUPPORT SERVICES	470	Benefits Navigation	Individual Event	Required	\$134.00	NA
	P69	Linkage to Services	Individual Event	Required	\$82.00	NA
	N44	Linkage Facilitation	Individual Event	Required	\$67.00	NA
	N54	Linkage to Care – 0-14 days	Individual Event	Required	\$382.00	NA
	N55	Linkage to Care – 15-30 days	Individual Event	Required	\$232.00	NA
	N57	Linkage to Care – 31-365 days	Individual Event	Required	\$82.00	NA

**Services that are expected to be covered by a third-party payer will receive nominal reimbursement, at a rate that is lower than those for identical service types provided to uninsured and under-insured clients.*

Note: All services (medical and non-medical) provided to the client must be entered into eSHARE, including those reimbursed by third party payers.

Table 6: Service Types and Descriptions

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
Outreach Services				
545	Targeted Outreach	<p>Program staff will conduct event-based Targeted Outreach in-person in high risk venues such as:</p> <ul style="list-style-type: none"> - Private or commercial sex-onsite locations (e.g. sex clubs and/or sex parties); - Commercial sex solicitation locations; - Areas associated with drug use; - Areas outside of sex-related venues or outside of social service/drug treatment/housing or financial assistance program offices; or - Other areas where target population is known to reside or congregate. <p>A Targeted Outreach event must be a minimum of two hours in duration AND have at least 10 contacts OR 3 engagements with potential clients.</p> <ul style="list-style-type: none"> - Contacts are defined as brief interactions that take place individually or in groups in an attempt to engage potential clients. - Engagement is defined as one-on-one interaction with potential clients in a setting that ensures client privacy and confidentiality, where contact information is shared and referrals for program enrollment are made. <p>Programs must have protocols in place to ensure the safety of all staff, and staff must be trained in safety protocols before outreach begins. Optional approaches such as social networking and contact/friend elicitation strategies may also be used to identify and engage clients.</p>	Off-site	Outreach Specialist (or Prevention Navigator or PrEP/PEP Coordinator)
Deliverable	Media Outreach	Media Outreach is conducted to promote to and recruit individuals in need of PrEP/PEP services. Outreach should be conducted through media that have been shown to reach intended audience.	Off-site/On-site	Outreach Specialist (or Prevention Navigator or

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<p>Outreach may be through:</p> <ul style="list-style-type: none"> - Social media sites (i.e. Twitter, Facebook, Tumblr, etc.); - Digital hand-held applications and “hook up” websites; - Other media shown to reach intended audience <p>Program staff will be expected to maintain a Media Content Calendar that include scheduled social media content and marketing, along with set monthly projections for planned activities.</p> <p>Recommended resource: National Guidelines for Internet-based STD/HIV Prevention – Outreach.</p> <p>Program staff will also be required to submit monthly reports describing service-related posts/advertisements on different media platforms used.</p>		PrEP/PEP Coordinator)
Assessment and Education Services				
N21	H-PLUS Screen (HIV Prevention Navigation, Linkage, and Utilization of Services Screen)	<p>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.</p> <p>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.</p> <p>NYC DOHMH will provide the necessary tools, training and technical assistance to implement this service.</p> <p>NOTE: You may select to provide H-PLUS and Brief Intervention OR Patient Identification. You are only required to select one of these recruitment methods.</p>	Off-site/On-site	Outreach Specialist and/or Prevention Navigator
N22	Brief Intervention	<p>Upon conducting the H-PLUS Screen, interested clients who are indicated for PrEP/PEP should receive a Brief Intervention. The Brief Intervention will facilitate raising the client’s awareness about</p>	Off-site/On-site	Outreach Specialist and/or

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<p>services available for HIV-negative clients and aims to motivate clients to become interested in learning more about PrEP/PEP as a prevention option.</p> <p>Following Brief Intervention, interested clients should be directed to Intake Assessment.</p> <p>NOTE: You may select to provide H-PLUS and Brief Intervention OR Patient Identification. You are only required to select one of these recruitment methods.</p>		Prevention Navigator
Deliverable	Patient Identification	<p>This service type includes the development of a protocol to systematically and continuously identify clients who are eligible for navigation to PrEP or PEP services. Clients include individuals who are HIV-negative and identified as at-risk of HIV acquisition. Clients should be identified through on-site testing programs at the agency, as well as emergency departments, mobile testing units, primary care providers, or other departments where HIV testing and/or sexual history taking is provided.</p> <p>Patient Identification protocols should aim to systematically and continuously (daily, to the extent possible) identify clients and notify the appropriate staff for patient engagement. This may include any or all of the following procedures, but is not limited to:</p> <ul style="list-style-type: none"> - EMR flags and/or alerts when a patient is a possible patient for PrEP or PEP services. <p>Alerts may include:</p> <ul style="list-style-type: none"> - PEP: patient who tests negative and communicates a recent possible exposure to HIV - PrEP: patient who tests negative for HIV whose health record indicates a previous STI, specifically syphilis, anogenital gonorrhea/chlamydia, cervical gonorrhea in individuals from high HIV prevalence areas or clients who test negative for 	Off-site/On-site	Outreach Specialist and/or Prevention Navigator

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<p>HIV who mention condomless sex or drug use in the last 6 months</p> <ul style="list-style-type: none"> - EMR screeners that quickly identify clients indicated for PEP, including clinical indications - EMR (strongly recommended) or paper-based screeners that identify clients with indications for PrEP; this may include behavioral assessment questions such as those included in the CDC PrEP Guidance - a Clinical Practice Guidelines https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf - An automated messaging system to notify the case manager or status neutral navigator when a possible candidate is in-house for possible arrangement of an in-person engagement (same day) - Daily check-ins with staff of above mentioned programs <p>This service type should include efforts to build strong relationships across the agency to ensure that other agency staff (especially those ordering and conducting HIV testing) are familiar with the status neutral navigation program to facilitate immediate linkage and navigation.</p> <p>NOTE: The program will follow final Patient Identification protocols as reviewed and approved in collaboration with NYC DOHMH.</p> <p>Following Patient Identification, HIV-negative clients who express interest in PrEP or PEP should receive a referral to PrEP/PEP.</p> <p>NOTE: You may select to provide H-PLUS and Brief Intervention OR Patient Identification. You are only required to select one of these recruitment methods.</p>		

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
115	Intake Assessment	<p>Program staff will conduct an Intake Assessment for clients who would benefit from program services and express interest in program participation. The Intake Assessment will consist of the following elements:</p> <ul style="list-style-type: none"> - 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 and Linkage to Services is an immediate need and if client should be referred accordingly. <p>Following Intake Assessment, clients should receive PrEP/PEP Education.*</p> <p>*Clients presenting for or eligible for PEP should receive immediate PEP services. PEP clients may receive emergency services prior to completing an Intake Assessment or other program activities.</p>	On-site	Prevention Navigator and/or PrEP Coordinator
N32	PrEP Reassessment	<p>All clients enrolled into the PrEP program 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.</p> <p>PrEP Reassessment should be conducted with each client, 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 reassessment 6 months after the date of Intake Assessment, and then every 6 months for the duration of their enrollment in the program.</p>	On-site	Prevention Navigator and/or PrEP Coordinator
N19	PrEP/PEP Education (i.e., PrEP/PEP School)	<p>The PrEP/PEP individualized introductory education session should cover the following topics:</p> <ul style="list-style-type: none"> - Basic PrEP/PEP “primer”; 	On-site	Prevention Navigator

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<ul style="list-style-type: none"> - Pros and cons of PrEP; - What PrEP/PEP entails; - Safer sex practices; - Mental health/substance abuse; - Side effects and long-term safety; and - Other HIV prevention options <p>This session will present PrEP and PEP as HIV prevention options, among others. Its intent is to assist the client with making an informed decision about whether or not to start or continue PrEP, and to build awareness of PEP as an HIV prevention tool. This session will be supported by educational materials and handouts to be provided by NYC DOHMH.</p> <p>Upon expressed interest, program staff will refer to PrEP/PEP Initial Medical Visit. PEP Initial Medical Visit should not be delayed for the purpose of providing this education service.</p>		and/or PrEP Coordinator
Medication Services				
N20	PEP Starter Pack / PEP Medication	<p>PEP Starter Pack / PEP Medication allows for the provision of grant-funded PEP medication to clients.</p> <p>This includes: PEP Starter Packs for:</p> <ul style="list-style-type: none"> - Clients who agree to start PEP medications but who might experience delays in receipt of PEP medications (e.g. when client is still waiting for approval for insurance or other patient assistance programs) - Clients in need of a stop-the-clock dose <p>PEP Medication for:</p> <ul style="list-style-type: none"> - Clients who may have started taking PEP medication at a different site/clinic and are in need of additional PEP medication to complete the full 28-day course 	On-site	Medical Provider

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<ul style="list-style-type: none"> - Clients who are uninsured / under-insured and not eligible for patient assistance programs, and who are in need of the full 28-day course of PEP medications <p>PEP Starter Pack / PEP Medication should not be used for clients who receive PEP medications through patient assistance programs or private insurance.</p> <p>Reimbursement for PEP Starter Packs / PEP Medications is per day.</p>		
N29	PrEP Starter Pack	<p>PrEP Starter Pack allows for the provision of PrEP medication:</p> <ul style="list-style-type: none"> - To clients who agree to start PrEP medications but who might experience delays in receipt of PrEP medications (e.g. when client is still waiting for approval for insurance or other patient assistance programs) - To clients who are in need of a "bridge dose" (e.g. when client is taking PrEP but is experiencing a lapse in a PrEP medication refill or is waiting for re-approval from insurance or other patient assistance programs) <p>Medications are prescribed on a per day basis for up to five days per client.</p>	On-site	Medical Provider
PEP Services				
N01	PEP Eligibility Assessment	<p>The Medical Provider will assess clients who present to the clinic requesting PEP, or are otherwise identified as potential PEP candidates and will conduct the following activities:</p> <ul style="list-style-type: none"> - Assessment of client's risk for HIV exposure and PEP eligibility; if and when possible, administer first dose of PEP 	On-site	Medical Provider
N05	PEP Initial Medical Visit	<p>Following the PEP Eligibility Assessment, the Medical Provider will conduct the following for clients who are eligible for and interested in initiating PEP:</p> <ul style="list-style-type: none"> - Clinical assessment (including review of intake information) - Comprehensive history and physical exam 	On-site	Medical Provider

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<ul style="list-style-type: none"> - Required labs as stated in the NYS and CDC guidelines and in conjunction with DOHMH guidance <p>Discrete reimbursement is provided through this service category for the following labs (please refer below for related service descriptions):</p> <ul style="list-style-type: none"> - HIV screening and confirmatory test - STI screening: RPR, GC/CT at up to three anatomical sites 		
N17	PEP Prescription (Non-Medical)	<p>Following PEP Prescription (Medical), programs must also provide medication support services, such as:</p> <ul style="list-style-type: none"> - Explanation of side effects/management - Assessment of adherence self-efficacy - Targeted adherence counseling - Other specifics regarding PEP use including missed pill protocols - Explanation of symptoms of seroconversion 	On-site	Prevention Navigator and/or PrEP Coordinator
N18	PEP Follow-up (Non-Medical): Weekly	<p>During PEP Follow-up (Non-Medical): Weekly, program staff will conduct a phone call or facilitate a brief visit for the following:</p> <ul style="list-style-type: none"> - Review of side effects - Assess for acute HIV - Adherence reminders - Appointment and HIV testing adherence 	On-site	Prevention Navigator and/or PrEP Coordinator
N38	PEP Follow-up (Medical): Labs	<p>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.</p> <p>Discrete reimbursement is provided through this service category for the following labs (please refer below for related service descriptions):</p> <ul style="list-style-type: none"> - STI screening: RPR, GC/CT at up to three anatomical sites (if indicated) 	On-site	Medical Provider

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
N07	PEP Follow-up (Medical): 30-day	<p>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.</p> <p>Discrete reimbursement is provided through this service category for the following labs:</p> <ul style="list-style-type: none"> - HIV screening and confirmatory test - STI screening: RPR, GC/CT at up to three anatomical sites (if indicated) <p>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.</p>	On-site	Medical Provider
N08	PEP Follow-up (Medical): 90-day	<p>During PEP Follow-up (Medical): 90-day, program staff will conduct HIV testing and assess for possible offer of PrEP.</p> <p>Discrete reimbursement is provided through this service category for the following labs:</p> <ul style="list-style-type: none"> - HIV screening and confirmatory test <p>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.</p>	On-site	Medical Provider
PrEP Services				
N09	PrEP Initial Medical Visit	<p>Following PrEP/PEP Education, the Medical Provider will conduct the following for clients who are interested:</p> <ul style="list-style-type: none"> - 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 <p>Discrete reimbursement is provided through this service category for the following labs:</p> <ul style="list-style-type: none"> - HIV screening and confirmatory test 	On-site	Medical Provider

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<ul style="list-style-type: none"> - STI screening: RPR, GC/CT at up to three anatomical sites 		
N11	PrEP Prescription (Non-Medical)	<p>Upon a client's PrEP initiation, programs must also provide medication support services to facilitate initiation of PrEP and provide information to support initial engagement in PrEP, focusing on areas of medication and adherence information, such as:</p> <ul style="list-style-type: none"> - 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 and/or PrEP Coordinator
N10	PrEP Prescription (Medical)	<p>Following PrEP Initial Medical Visit, the Medical Provider will conduct the following:</p> <ul style="list-style-type: none"> - Write prescription for PrEP - Assess for acute HIV - Provide adherence education <p>This service element does NOT include payment for PrEP medications. Assistance for paying for PrEP can be obtained through patient assistance programs, as appropriate.</p>	On-site	Medical Provider
N12	PrEP Follow-up (Medical)	<p>During PrEP Follow-up (Medical), the Medical Provider will:</p> <ul style="list-style-type: none"> - 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 <p>Discrete reimbursement is provided through this service category for the following labs:</p> <ul style="list-style-type: none"> - HIV screening and confirmatory test - STI testing: RPR, GC/CT at up to three anatomical sites (if indicated) 	On-site	Medical Provider

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
N13	PrEP Follow-up (Non-Medical)	<p>During PrEP Follow-up (Non-Medical), supportive services will be provided by program staff to promote retention in PrEP and reduction of HIV risk. This includes adherence support as well as assistance with psychosocial needs. Supportive services will be provided by program staff, such as:</p> <ul style="list-style-type: none"> - 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). <p>This service may occur in conjunction with PrEP Follow-up (Medical) visits, and/or between PrEP Follow-up (Medical) visits as a means of supporting PrEP adherence and retention. The frequency will depend on each client's need for navigation support, as assessed by PrEP navigation staff.</p>	On-site	Prevention Navigator and/or PrEP Coordinator
Testing Services				
M62	STI Testing – Gonorrhea/Chlamydia	<p>As part of the PEP Initial Medical Visit, PrEP Initial Medical Visit, PrEP Follow-up (Medical) Visits; and when clinically indicated for PEP/PrEP clients; the Medical Provider includes the following laboratory testing:</p> <p>STI screening: Gonorrhea (GC) / Chlamydia (CT) PCR testing of the following specimen types:</p> <ul style="list-style-type: none"> - Urine - Rectal swab - Oral swab (GC only) <p>Testing includes collecting information on client symptoms and risk factors.</p>	On-site	Medical Provider

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		STI Screening should be done in accordance with NYC STD Screening Guidelines and CDC STD Screening Recommendations .		
M06	STI Testing – Syphilis	<p>As part of the PEP Initial Medical Visit, PrEP Initial Medical Visit, PrEP Follow-up (Medical) Visits; and when clinically indicated for PEP/PrEP clients; the Medical Provider includes the following laboratory testing:</p> <p>STI screening: Syphilis serology</p> <ul style="list-style-type: none"> - + RPR with reflex titers <p>Testing includes collecting information on client symptoms and risk factors.</p> <p>STI Screening should be done in accordance with NYC STD Screening Guidelines and CDC STD Screening Recommendations.</p>	On-site	Medical Provider
218	HIV Testing	<p>As part of the PrEP Initial Medical Visit; PEP Initial Medical Visit, PrEP Follow-up (Medical); PEP Follow-Up (Medical): 30-day, and PEP Follow-up (Medical): 90-day; the Medical Provider includes the following 4th generation laboratory-based testing:</p> <ul style="list-style-type: none"> - HIV Testing 	On-site	Medical Provider
333	HIV Confirmatory Test	<p>An HIV Confirmatory Test is required for all clients with a reactive HIV test.</p> <ul style="list-style-type: none"> - 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. <p>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</p>	On-site	Medical Provider

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<p>should be made for the client to return in one week to receive the results.</p> <p>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.</p> <p>HIV NAAT testing is reserved for clients with symptoms of acute infection or as prescribed through HIV testing algorithm.</p> <p>Confirmatory/supplemental tests should be done in accordance with:</p> <ul style="list-style-type: none"> - NYS testing regulations (https://www.health.ny.gov/diseases/aids/providers/testing/); - CDC HIV Lab-based Testing Recommendations (https://stacks.cdc.gov/view/cdc/50872); - CDC Testing Guidelines (www.cdc.gov/hiv/guidelines/testing.html); and - NYC DOHMH recommendations. <p>NYC DOHMH will provide the necessary materials, training and technical assistance to implement this service. Testing supplies will be procured directly by this program.</p>		
Medical Services				
N15	Vaccination	<p>When indicated, program staff will follow CDC guidelines to provide the following vaccinations:</p> <ul style="list-style-type: none"> - HAV - HBV - HPV - Influenza 	On-site	Medical Provider

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<ul style="list-style-type: none"> - Meningococcal - Pneumococcal (as appropriate) <p>Reimbursement for vaccination is per dose.</p>		
P97	STI Treatment – Gonorrhea/Chlamydia	<p>STI Treatment - Gonorrhea/Chlamydia will include brief visits for STI treatment (after positive screening test or clinical diagnosis based on symptoms).</p> <p>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</p>	On-site	Medical Provider
P98	STI Treatment - Syphilis	<p>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</p>	On-site	Medical Provider
Linkage and Support Services				
470	Benefits Navigation	<p>Benefits Navigation will be offered to those clients who express an interest in PrEP, PEP or require Linkage to HIV Primary Care. Benefits Navigation is designed to ensure access to health insurance and available patient assistance programs for PrEP, PEP, and HIV primary care.</p> <p>Program staff will assist clients in preparing applications and identifying the necessary supporting documentation for enrollment/re-enrollment into assistance programs.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> - Providing information on ACA insurance options and how to navigate the health insurance marketplace; - Providing information on PrEP-AP and how to navigate NYS PrEP-AP; - Providing information on ADAP and how to navigate NYS ADAP; 	On-site	Benefits Specialist and/or Prevention Navigator

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<ul style="list-style-type: none"> - 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 clinical services and/or medications are covered. 		
P69	Linkage to Services	<p>All clients should be offered Linkage to Services, as indicated in the Intake Assessment. This includes:</p> <ul style="list-style-type: none"> - 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 <p>Program staff will provide information regarding the services available and link the client to services the client identifies interest in (as appropriate).</p> <p>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.</p> <p>This includes verifying attendance at initial appointment with the provider or the client.</p> <p>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.</p>	On-site	Prevention Navigator and/or PrEP Coordinator

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
N44	Linkage Facilitation	<p>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:</p> <ul style="list-style-type: none"> - 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 (with transportation) - Accompaniment to PrEP/PEP clinical site or HIV primary care site for external linkages (without transportation) <p>In order to receive payment, the active efforts should be well documented and may involve:</p> <ul style="list-style-type: none"> - 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. <p>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.</p>	On-site	Prevention Navigator and/or PrEP Coordinator
N54	Linkage to Care – 0-14 days	<p>All clients who test positive for HIV should immediately be linked to an HIV primary care provider (either onsite or offsite depending on the patient’s preference). For external linkages, it is preferred that the patient 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</p>	On-site	Prevention Navigator and/or PrEP Coordinator

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<p>targets for viral load suppression). Agencies should aim to link clients within 14 days.</p> <p>Clients may include:</p> <ul style="list-style-type: none"> - 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. <p>Program staff will follow-up with providers to obtain written confirmation of linkage to care.</p> <p>Linkage to Care – 0-14 Days will include verifying attendance at initial clinic appointment with the provider.</p> <p>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 patient.</p>		
N55	Linkage to Care – 15-30 days	<p>All clients who test positive for HIV should immediately be linked to an HIV primary care provider (either onsite or offsite depending on the patient’s preference). For external linkages, it is preferred that the patient 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.</p> <p>Clients may include:</p> <ul style="list-style-type: none"> - Clients with a positive lab result from the lab-based HIV test, or 	On-site	Prevention Navigator and/or PrEP Coordinator

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<ul style="list-style-type: none"> - 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. <p>Program staff will follow-up with providers to obtain written confirmation of linkage to care.</p> <p>Linkage to Care –15-30 Days will include verifying attendance at initial clinic appointment with the provider.</p> <p>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 patient.</p>		
N57	Linkage to Care – 31-365 days	<p>All clients who test positive for HIV should immediately be linked to an HIV primary care provider (either onsite or offsite depending on the patient’s preference). For external linkages, it is preferred that the patient 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.</p> <p>Clients may include:</p> <ul style="list-style-type: none"> - 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. 	On-site	Prevention Navigator and/or PrEP Coordinator

PHS Code	Service Types	Description	Service Location	Recommended Staff Responsible
		<p>Program staff will follow-up with providers to obtain written confirmation of linkage to care.</p> <p>Linkage to Care –31-365 Days will include verifying attendance at initial clinic appointment with the provider.</p> <p>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 patient.</p>		

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 12. *Please note that additional indicators may be included once the contract is awarded.*

Reporting Requirements

The awarded organizations 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 47 for more information on reporting requirements.

J. Proposal Evaluation Criteria

The evaluation criteria include a written Proposal Narrative (100% of total score). *The Site Visit Assessment will be conducted for the top 2-3 proposal narrative-scoring applicants in each neighborhood, as applicable.*

Final award decisions will be determined based on the Proposal Narrative score (40%) and a Site Visit assessment score (60%), both based on the guidance set below.

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 46.*

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

1. Describe your experience providing PrEP, PEP, and behavioral health and social services to adolescents (13-24 years) and the priority populations (as outlined on page 12), especially to those who identify as LGBTQ. 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 6: Service Types and Descriptions, and section F. Recommended Staffing and Staff Development (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 adolescents (13-24 years) (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 priority populations, especially to those who identify as LGBTQ.

2. Describe how the proposed program will be embedded and seamlessly integrated into existing services.
3. Describe how the program services will be delivered in a culturally, linguistically, and educationally appropriate manner that meets the needs of adolescents (13-24 years) and the priority populations, especially communities of color and LGBTQ clients. Please describe how a culture of inclusivity will be maintained, which standards will be used to create culturally responsive and welcoming environments.

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 an April ~~15~~, 2019 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 general reporting requirements outlined on page 47. 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 [will not be scored, but required in order to be eligible for proposal review]

1. Budget – Full 12 months

- a. **Note: The service elements tables 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.*
2. Preference will be given to organizations:
 - (a) that have senior and executive leadership (i.e., those that are responsible for organizational-level decision-making such as clinical and non-clinical department heads/chairs/directors) that are representative of New York City’s priority populations (as listed on page 12).
3. If this preference qualification is met (as indicated from information provided in Attachment A), proposal will receive 10 additional points.

Site Visit Assessment

- We plan to conduct site visits for all eligible applicants, however, NYC DOHMH and Public Health Solutions reserve the right to conduct site visits. The Site Visit Assessment will be conducted for at least the top 2-3 proposal narrative-scoring applicants in each neighborhood, depending on the number of eligible applicants as applicable. In addition to agency/program leadership staff, staff who will be involved with program service delivery (e.g., medical provider, PrEP/PEP coordinator, outreach specialist, benefits specialist, prevention navigator), should be present for the site visit.
- Both the Site Visit Assessment score (60%) and the Proposal Narrative score (40%) will be considered in final award decisions.
- The Site Visit will be an on-site assessment of the applicant organization’s organizational cultural responsiveness in terms of the following:

Site Visit Scoring Breakdown	
General Assessment	10 points
Community Connectivity	3 points
Community Partnerships	3 points
Outreach and Engagement	20 points
Client Experience at Point of Care	30 points
Retention/Appeal	20 points
Voice	4 points
Access to Client-Centered Services	10 points
Total Points Available	100 points

Organizational Cultural Responsiveness [100 points]

1. **General Assessment:** *At the time of the Site Visit*, the applicant organization should show evidence of expertise in the provision of services to adolescents (13-24 years) and priority populations (as outlined on page 12), especially to those who identify as LGBTQ. Evidence should illustrate the organization's ability to adapt and respond to the needs of the adolescent (13-24 years) and priority population, especially those who identify as LGBTQ, community. *[10 points]*

2. Evidence of cultural responsiveness must include:
 - a. **Community Connectivity** (i.e., "Where in the community does the applicant organization live?") – Demonstration of where the applicant organization exists in relation to the adolescent (13-24 years) community, and with priority populations, especially those who identify as LGBTQ. *[3 points]*
 - b. **Community Partnerships** (i.e., What partnerships has the organization formed with other adolescent (13-24 years) focused organizations?) – Demonstration of strong partnerships and relationships between the applicant organization and other organizations that serve adolescents (13-24 years). *[3 points]*
 - c. **Outreach and Engagement** (i.e., "How are adolescents (13-24 years) reached?") – Assessment of the organization's outreach efforts, including usage and existence of social media/new media platforms, and engagements tailored for adolescents (13-24 years) and priority populations. *[20 points]*
 - d. **Client Experience at Point of Care** (i.e., "What is the adolescent (13-24 years)'s experience during their visit?") – Assessment of the organization's first contact with adolescents (13-24 years) and priority populations, especially those who identify as LGBTQ; whether staffing have a strong socio-cultural understanding of adolescents (13-24 years) and priority populations, especially those who identify as LGBTQ; whether staff are knowledgeable of youth culture and have experience with adolescents (13-24 years) and priority populations, especially those who identify as LGBTQ; whether staff interaction and service provision are culturally and linguistically appropriate for adolescents (13-24 years) and LGBTQ clients using [National CLAS Standards](#). *[30 points]*
 - e. **Retention/Appeal** (i.e., "How does the organization maintain a relationship with the client after the visit/while in care?") – Assessment of the organization's patient retention system for follow-up efforts, appointment reminders, check-ins, and assistance in navigation; assessment of patient retention rates. *[20 points]*
 - f. **Voice** (i.e., "Does the client have an opportunity to express their satisfaction with programs and services?") – Assessment of mechanisms through which the organization solicits and responds to client feedback. *[4 points]*
 - g. **Access to Client-Centered Services** (i.e., "Are the services at the organization easily accessible for adolescents (13-24 years)?") – Assessment of the organization's ability to handle walk-ins, have evening hours and flexibility with appointments for adolescents (13-24 years) and priority populations, especially those who identify as LGBTQ, and have client-friendly environments in which to meet with clients. Programs should have recordkeeping practices that allow for protection of clients' privacy and confidentiality. *[10 points]*

Proposal Review and Selection Process

Evaluation CriteriaProposal Review

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 all of the applicant eligibility requirements for the service category as detailed in this 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 sections. We plan to conduct site visits for all eligible applicants, however, NYC DOHMH and Public Health Solutions reserve the right to conduct site visits for At least the top 2-3 proposal narrative-scoring applicants in each neighborhood, as applicable, will be invited to complete a site visit assessment depending on the number of eligible applicants. Both the site visit assessment score (60%) and the proposal narrative score (40%) will be considered in final award decisions.

~~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. If additional funds become available, NYC DOHMH and Public Health Solutions reserve the right to conduct future site visits to proposals deemed fundable but are not initially awarded a contract due to funding limitations.~~

Award Selection

Awards will be made to the applicants in each neighborhood (i.e., Central Brooklyn and Harlem) with the highest average score that offers a budget that does not exceed the funding level specified herein. If there is no fundable proposal in a neighborhood, NYC DOHMH and Public Health Solution reserve the right to fund 2 awards in the other neighborhood. 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. Services are provided to adolescents (13-24 years) who identify as LGBTQ;
2. Services are provided to adolescents (13-24 years) who identify as LGBTQ by organizations with experience working with adolescents who identify as LGBTQ; and/or
3. Social support services for the proposed priority populations are provided on-site.

Public Health Solutions and NYC DOHMH reserve the right, prior to contract execution and during the term of the contract, to change the contract amount, payment method, program service size, program type, and/or model depending on the needs of the system.

Proposal Submission Instructions

The deadline for submitting a proposal is **February 14, 2019 by 2:00pm EST**. 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.
 - First and last name of the proposal submitter
 - Email address of 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 individual may initiate and submit the proposal for an organization per RFP.

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 UnityProjectRFP@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 (*must be submitted in MS Word*) **and** all attachments referenced in the Proposal Narrative section
4. Attachment A – Organization and Program Information Summary (*must be submitted in MS Excel*)
 - Applicant Eligibility
 - Organization and Program Information
 - Organization Staff
 - Geographic Area and Service Site
 - Priority Populations
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. Linkage Agreement (LA) / Memorandum of Understanding (MOU) / Memorandum of Agreement (MOA) with at least two collaborative partner organizations which includes a detailed description of how the two organizations interact (i.e., terms of activities and processes)
9. Proposal Format Form

Proposals missing the Proposal Narrative section or the Budget may 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. (Download the instructions, "Sharing Documents to PHS in the Document Vault" from Public Health Solutions' RFP website listed on the next page.)*

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 CAMS Contracting Portal. For more information on the NYC HHS Accelerator and to register, go to: <https://www1.nyc.gov/site/mocs/systems/about-go-to-hhs-accelerator.page>

The following required forms must be downloaded 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)_UPRFP_Date.***
- Proposal documents should be submitted in the format specified in the RFP (*i.e. Organization Information Cover Sheet and Proposal Narrative 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 and the name of the priority neighborhood (Central Brooklyn or Harlem) that the organization is proposing to serve.

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 and Prevention (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/publichealthgateway/healthdirectories/healthdepartments.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 an A.M. Best rating of no less than A-7 or a Standards and Poor rating of no less than AA, unless Public Health Solutions approves the acceptance of insurance from an insurance company with a lower rating. The Contractor shall maintain on file with Public Health Solutions current Certificates 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. The designation of the City of New York, including its officials and employees, as additional insured must be demonstrated using a form at least as broad as the most recently issued Insurance Services Office (ISO) Form CG 20 10 (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.
- (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 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.
- (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 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.

- (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 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.
- (v) Workers' compensation, disability, and employers' liability insurance with limits not less than statutory limits of liability.
- (vi) If the Contractor receives an Advance, it shall purchase a fidelity bond 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 as a loss payee. 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.

c. Subcontractors

The Contractor shall include all approved subcontractors, if any, as additional insured under its policies or shall furnish separate certificates for each subcontractor. All subcontractors shall provide the same coverages contained in this Agreement, including naming Public Health Solutions and the City of New York, including its officials and employees as additional insureds.

d. Self-Insurance

If the Contractor self-insures, proof of the self-insurance must be provided to Public Health Solutions. Even if the Contractor self-insures, the Contractor will maintain sufficient liability insurance, including malpractice insurance, to protect itself, Public Health Solutions and the City of New York, including its officials and employees from all claims, actions, proceedings, costs, liability, loss or damage from injuries or death arising from the provision of services under this Agreement. If the Contractor generally self-insures for malpractice, it shall provide the proof of malpractice insurance through its self-insurance program including the adequacy of any self-insurance program. Public Health Solutions has the sole right to determine if the evidence of self-insurance is acceptable.

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

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

NY Guidance for the Use of Pre-Exposure Prophylaxis (PrEP) to Prevent HIV Transmission

<https://www.hivguidelines.org/prep-for-prevention/prep-to-prevent-hiv/>

NYS Guidance for the Use of Post-Exposure Prophylaxis (PEP) for HIV Prevention

<https://www.hivguidelines.org/pep-for-hiv-prevention/>

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 and PEP Action Kit

<https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-prep-pep.page>

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