

Ryan White RFP 2018-2021

Questions & Answers

1. Evaluation Selection Process, includes the panel reviews: When are the panel review sessions?

This date has not been established, but is tentatively scheduled for two days during the week of 8/28/17

2. Additional service category in appendix 17 – Drug Reimbursement Program, but is not within the RFP.

The service categories listed in appendix 17 are the CARE Council allocations. The services available under this RFP are listed on the RFP document, starting on pg. 18

3. 340B expenditure – is it related to 340B revenue generated through Ryan White patients?

Yes, this is related to 340B revenue generated from services delivered to Ryan White patients.

4. Are you saying that each service category will have a total of 100 points? So, bullets 1 and 2 would be standard for all of them and budget narrative and services category might change based on each applied for?

The Organizational Capacity and HIV Services Overview section should be consistent for each proposal. These scores will be added to your line item budget and service category proposals, which will change depending on the service category.

5. Are you expecting to see a great change between baseline and target, especially for service categories that have been provided year after year, so we have a stable population receiving the same services? I would assume you are not looking for a huge difference between baseline and target. Is there a place where you are expecting us to say how we determined the baseline? What population we used or how we came up with that baseline number? Will this be accompanied by a narrative?

We do not expect to see large variations between baseline measures and final outcome measures for services that applicants have been providing consistently in the community. We do expect to see some improvement in outcome measures, which should be tied to agency efforts to improve the quality and efficiency of services. Please describe your target populations and methods of determining baseline statistics in the narrative portion of your service category proposal.

6. Are there any page limitations for the narrative pieces?

Page limitations are as follows: Section R-30 pages; Section S-5 pages per service category; Section T- 5 pages per service category

7. If we have an indirect cost that is higher than 10%, do we cap at 10%, show on the budget indirect rate 10%, and attached the indirect cost rate agreement from HRSA? And, we don't have to delineate the costs?

If you have an indirect cost agreement with HRSA/HHS, you will be capped at 10%, but you will not be required to submit a detailed administrative budget.

8. Do the indirect costs have to be approved by anyone? Do they have to submit at the time of proposal?

The indirect costs do not need prior approval, but the indirect cost agreement should be submitted with your proposal.

9. Total agency budget form – List all employees funded through Ryan White, do not have to list employees not funded by Ryan White.

Only list employees that are fully or partially funded by Ryan White

10. When filling out budget forms and they are listing all other revenues and resources they are getting, do you want to see letters of support?

Letters of support from collaborative partners will strengthen your application, but are not required.

11. What are some of the valid administrative costs?

See: HRSA Monitoring Standards at:

<https://hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringparta.pdf>

and HRSA Policy Clarification Notice 15-01: <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>

12. MOAs – in the past we were able to list all the organizations that we had MOAs with, then attach one or two template samples to show what look like, is that still ok?

Yes

13. 3 year contracts – will the work plans be 1 year? Would we have to resubmit our budget? Work plan?

You will establish your work plan in year 1, and adjust as necessary at the beginning of Years 2 and 3; adjustments to work plans will not require a contract amendment unless there is a change in funding

14. CARE Council Support in-house, what does that look like?

The CARE Council support staff will be a hire under the Community Services Department. The level of service provided to the CARE Council will not be negatively impacted.

15. In the appendix 10 – the check list, page 2 seems unrelated to pages 1 and 3?

Please disregard pages 2 and 3 of the checklist

16. Page 5 says, answers will be posted under Information for Providers on the CARE Council website, we cannot find the section.

A link will be provided at the bottom of the page, under the email address for submitting questions.

17. If we've already submitted our most recent audit, do you still want it submitted with our proposal? It's not on the checklist, where would we put it?

Please submit your most recent audit with your proposal

18. Do we need to submit appendix 15 and 16?

No

19. Training for the reviewers, it should be shared, how do you plan on sharing?

The training agenda will be posted on the CARE Council website once it is completed

20. How are the reviewers chosen?

Subject matter experts who are not applying for Ryan White funds are chosen. These will include Community Services staff, members of the Community Advisory Council, and other local/regional experts.

21. The dollar amounts listed, are we allowed to apply for more than what's listed in the service categories?

You may apply for any amount, but the request needs to be justified in the narrative proposal.

22. Early Intervention Service – it sounds like, a unit of service is actually diagnosing someone and the services you are able to provide at that time, so it's not billable if its negatives or high risk negatives? Do you have to have a positive reaction? It seems like some of what might be eligible in this category might be eligible in Ambulatory Care.

EIS may be provided and reimbursed prior to a client being determined eligible for Part A services

23. Intergovernmental Agreement with the Health Department – are the dollar amounts reflected in here after the Health Department's allocation is out? Do we know what the allocations for the Health Department's IGA are and what service categories? Is there any transparency around that and how that amount was arrived at? Will the IGA be done in conjunction with this process?

These amounts will be announced once that agreement is finalized.

24. Block times for the presentations?

There will be no agency presentations at the review panels, but each member of the public will be permitted 3 minutes to speak during the public comment portion of the agenda.

25. Will you be posting answers on a regular basis?

Yes, within 48 hours of submission.

26. On page 31, it says Attachment not subject to limitations, yet no other section in the RFP has page limitations. We understand that Attachments and the Budgets do not have page limitations. Should there be page limitations for the following sections: Organizational Review, HIV Services Overview, and per Service Proposal?

Please see previous question #6 for page limitations.

27. The checklist in Appendix 10 does not match the written requirements of the RFP. Also, page 2 of the checklist seems to be out place as it disrupts the sequence from page 1 to page 3. At the same time, there are items listed in the checklist on page 3, section F that are not listed in the text of the RFP. During the pre-proposal conference, we were told that the checklist is a guide and for informational purposes only. Can we simply follow the requirements within the RFP as listed in order, and not follow the checklist itself?

Please see posted revised checklist attachment 10 and reference question #15. This checklist is a guide for proposers and is not required for submission.

28. Please confirm that for the TOTAL AGENCY BUDGET form, we can delete columns that do not pertain to us. For example, if we do not have HOPWA funds, then we can remove that column.

You may delete columns that do not pertain to your agency.

29. Please confirm that the form titled Inventory of Non-Expendable Property Purchased with Part A Ryan White Funding is for items we would purchase using Part A fund requested in this RFP.

This form pertains to current inventory and future inventory purchased with Part A funds. Any requested equipment should be indicated in your proposed budget.

30. Medical Nutrition Therapy is missing from the drop-down menu for the work plans and cannot be added manually. Can you please add it?

The document was updated and will be posted for use.

31. Can genotype and phenotype testing be included in EIS?

The HRSA EIS definition of the testing component is: Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected. * Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts. * HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources.

32. How can I get the RFP documents in a Word Document instead of a PDF which I cannot edit?

To convert a PDF file; you will need to open the file onto your computer, go to "File", select "Save As", select Word document.

33. If our agency was unable to send a representative to the bidders conference, are we unable to submit an application?

Revised 8/11/17; 10:00 am

There will be a Mandatory Pre-Proposal Conference held on July 14, 2017 at 10 a.m. at 100 Australian Avenue, 1st Floor – Room# 1-470, West Palm Beach, FL 33406 (near Hilton Airport Hotel) for all agencies submitting proposals. Please confirm your reservation and Service Category (ies) that you will be submitting proposals for with the department through RyanWhiteRFP@pbcgov.org. Verification of attendance will be sent via email. Please let our staff know if you do not receive a timely confirmation. Agencies are asked to limit their reservations to three (3) attendees due to space limitations.

34. Is it required for Memorandum of Understandings/Agreements to be on the proposers' letterhead? Does it matter whose letterhead the agreement is on?

It should be on the agency letterhead who is recommending.

35. Now that peer mentors are no longer funded through the Ryan White Part A Program, will the \$227,762 initially allocated for that service be moved elsewhere?

The CARE Council will be determining how to allocate the existing funding originally allocated for Peer Mentor services. The funding amounts should not affect the proposals being submitted.

36. We have a question for the FAQs regarding the Organizational Overview section, Question J. Example One: The Legal Aid Society of Palm Beach County is the Public Guardian for Palm Beach, Martin and St. Lucie Counties, and as such we are the Petitioner for numerous indigent, incapacitated individuals for whom we provide holistic guardianship services. Our petitions are filed in the Probate Division in Circuit Court. These are not contested hearings. Example Two: A nuisance lawsuit is filed against a staff attorney at Legal Aid who is not part of our HIV/AIDS Legal Project by a pro se disgruntled client which is dismissed by the court. Do either or both of these examples meet the criteria that the question is addressing?

As to Example One: Question "J" does not require identification of petitions filed in the Probate Division of any trial court where the Proposer is a named party and is providing holistic guardianship services for a third party.

As to Example Two: Question "J" does require identification of litigation where the proposer is a named party, even if the litigation was dismissed.

37. On page 34 of the RFP, section e, please clarify if this question relates to all Medical Case Management or just MAI.

"e) For Proposers requesting Medical Case Management/MAI funding," Therefore, section e is stated to relate to MAI funding.

38. Could you supply a sample for the implementation plan service category table with a completed sample that outlines a specific service category that is listed in the Ryan White Request for Proposals?

| Ryan White Part A Implementation Plan: Service Category Table | | | |
|--|-------------------|----------------------------------|---------------------------------------|
| Agency Name: | Example | | |
| Fiscal Year: 2018 | Service Category: | Medical Case Management | |
| | Total Request: | 800,000 | |
| Service Category Goal: Increase the number of HIV positive clients retained in care | | | |
| Objective: List quantifiable timelimited objective related to the service listed above | | Service Unit Definition | Number of Persons to be Served |
| By February 29, 2019; 90% of RW clients receiving medical case management services will have at least two medical visits | | 1 unit = 1 (15) minute encounter | 1000 |
| | | | 50000 |
| HAB/HHS Performance Measure: | | Retention in HIV Medical Care | |
| | | Baseline (%) | 60 |
| | | Target (%) | 90 |

39. On page 31 of the RFP, next to attachments it says "not subject to page limitation". If the attachments aren't subjected to page limitation, does that mean that other sections and/or documents to be included in the proposal are subjected to page limitations? If so, which ones?

Please refer to question #6: Page limitations are as follows: Section R-30 pages; Section S-5 pages per service category; Section T- 5 pages per service category.

40. Where do we put the audit report in the bid package?

The audit report would be an attachment.

41. For transportation proposals, can there be multiple unit costs for the various types of transportation or should it be a blended rate?

The proposal can include multiple unit costs for the various types of transportation.

42. During the bidders conference it was stated specifically by Geoff Downie that EIS proposals did not need to address all 4 components of EIS. On page 22 of the RFP (at the top of the page), this statement is contradicted. Please clarify, can a proposal include just referral and linkage, and not Counseling and testing?

The proposal needs to include all the pieces with the description of how the counseling and testing is being provided. Please see HRSA Policy Clarification Notice #16-02, page 9 https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

43. For section T, is the work plan part of the 5 page limit?

The work plans are not included in the 5-page limit requirements.

44. Is there any additional guidance, templates or resources regarding the logic model referred to on page 31 of the RFP: HIV Services Overview (b) A logic model illustrating how Part A services contribute to the health outcomes of clients served, and how Part A services are organized in the context of services supported by other funding sources?

There is no additional guidance regarding the logic model.

45. On the revised Appendix 18: Proposal Scoring Criteria that has the red, yellow and green color coding, it appears that the lettering under Criteria 1: Organizational Profile and Capacity Review is different from p. 29 of the RFP. It seems that small letter a. was repeated twice in the scoring criteria, but in the RFP it goes a, b, c. This also happens in the service proposal section under Question c) where the sub-questions are numbered in the original RFP but then lettered in the revised Appendix 18: Proposal Scoring Criteria. Should we follow the lettering/numbering from the RFP or from the revised scoring criteria?

Please follow the RFP guidance numbering and lettering.