# **RWHAP GY 2021-2023 NOFO/Application Questions**

(As of 10/09/20)

# Follow-up from Pre-Conference Meeting 9/17/20:

1. Questions 15 and 18 in the online application are the same.

That was an error that has been fixed.

2. An applicant uploaded documents in the Files section on the Detail page of the application. How can the files be deleted?

The request to delete the files has been made to the SAMIS developers. They will delete the documents.

## Questions from 9/17/20 and 9/18/20

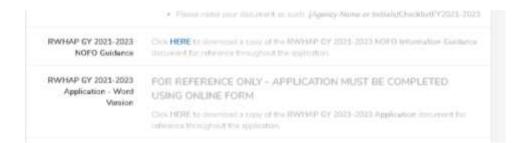
3. There are more questions in the guidance than there are in the online application. The guidance has questions past the service proposals, up to #56, but there are no questions in the online application past the service proposals. Can this be corrected? This is the last page of the application that I have. I have hit Next to get to this point, but all I have the option for here is Save and continue Later. When I click that, I am directed back to the first page of the application detail. I cannot get to the later questions

You will need to select "New Entry" to reveal all the questions. See page 80 of the Pre-Conference presentation.



4. We wanted a word doc of all the questions so we could work on them outside of the portal, and I thought the offered download would have them all. The way it's set up, that wasn't possible. That's something to consider for future cycles, to make sure proposers can access all the questions in a Word document.

I have added a field to the application where you can access a word version of the application.



## Questions from 9/18/20 to 9/22/20

5. Question #55, does this only need to be answered if funds are being requested under EIS for HIV testing? Is it an N/A or blank, otherwise?

Correct, question #55 need only be answered if funds are being requested under EIS services to provide HIV testing along with the other EIS requirements. Please respond that you are not requesting EIS funds to provide testing, if that is the case. All other EIS elements need to be addressed in preceding questions.

#### 6. Page 20 (Mental Health Services)

1. For Psychiatry Treatment: Medications management does not last 1 hour; it is usually done within 15 minutes. How do we classify medications management in units?

Partial units should be defined within the 1 hour unit, therefore 15 minutes would be reflected as .25 unit.

#### 7. Page 20 (Oral Health Care)

1. How do we negotiate fees of CDT codes as mentioned on page 56 – number 3 (Reimbursement)?

Reimbursement model should be described in proposal (i.e. Medicaid rates, Medicare rate, FTE, etc.).

2. Dentures service is not listed in the description; is this service covered under Oral Health Care?

Yes, dentures are an oral health service and are allowable under Oral Health Care services.

#### 8. Page 20 (Outpatient/Ambulatory Health Services)

1. How do we negotiate fees of CPT codes as mentioned on page 56 – number 3 (Reimbursement)?

Reimbursement model should be described in proposal (i.e. Medicaid rates, Medicare rate, FTE, etc.).

9. I tried to download the budget template from SAMIS under the proposal, but the system won't allow you to access the budget without uploading the required documents on the main page. Is there another way to access the budget template? Are you able to email the budget template? We also have the template used this grant year which appears to be the same format.

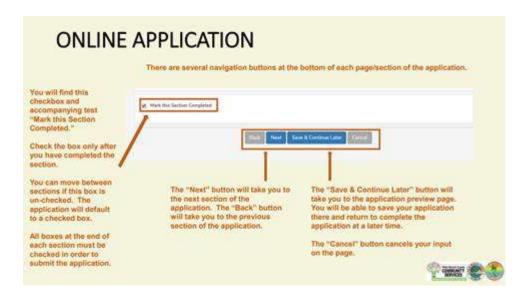
There does not appear to be a problem with the application function. What I'm guessing is that the applicant opened an application and tried to scroll through the application to get to the budget. There are two solutions if that is the actual problem.

Before the solutions, I recommend that applicants download the NOFO Pre-Proposal Presentation which is located on the website that includes the tutorial on how to navigate the application.

#### **Solution 1**

#### Page 73 of Presentation

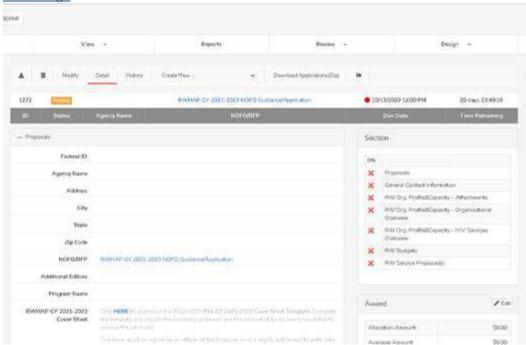
First uncheck the "Mark this Section Complete". This will enable the applicant to move between pages, including the budget page, where the applicant can download the budget and upload the budget.



#### **Solution 2**

Once the applicant clicks the "Saved & Continue Later," applicant will be taken to the Detail Page where the applicant can download the budget and other templates.

#### **Detail Page**



Scroll down to get to the budget section to download the template.

#### **Budget Section of Detail Page**



10. On 09/17/2020, during the pre-proposal conference for the Palm Beach County Ryan White Part A/MAI opportunity, we were informed that the Webex video and the power point presentation will be posted on "the website" but we are not sure which website that is. We tried the website where we are supposed to submit the application (<a href="https://pbcc.samis.io/go/nofo/[pbcc.samis.io]">https://pbcc.samis.io/go/nofo/[pbcc.samis.io]</a>) but there no place to see any of that. Is there another website where these are or will be posted? Please advise as soon as you can.

We were referring to the Ryan White website. It is located at:

https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx

The documents are posted there.

## Questions from 9/18/20 to 9/24/20

11. On the service plan template, as we are completing these for each service category, do we need to complete the section "HAB/HHS Performance Measure"?

On the Implementation Plans, please complete the sections highlighted in yellow.

Please clarify what a performance improvement plan is, per the question, "Please describe how your agency responds to requests for performance improvement plan." Is this referring to agency performance evaluation policy, or something else/more specific?

The performance improvement plan is a response to a monitoring finding requiring a corrective action and how the agency will address a finding from a funding source. As a CSD required question, you can use a similar response as used for Question 11.

12. Please clarify what "corrective action" refers to in Question 11: "Please indicate whether or not your organization has been placed on Corrective Action by the Palm Beach County Community Services Department at any time over the past three (3) years. If your organization has been placed on Corrective Action please describe the issues and resolution." Is this referring specifically to RW monitoring findings that require corrective action, or something broader?

Question #11 would include corrective actions for the RWHAP as well as any other funded agreements under the Community Service Department.

13. Do the affidavits included in the NOFO guidance need to be completed as part of the application process or are they all to be completed post-award?

Affidavits will be submitted post-award as a component of the Agreements

14. Under organization Profile and Capacity Review, Question 2 (on page 33 of NOFO) the question asks for the description of the organization's history of providing services to persons with HIV, and the number of unduplicated clients served annually over the past five years. The question indicates this information should specifically address Palm Beach County. Should the organization's history of providing services to persons with HIV also only focus on Palm Beach?

The organizational history of providing services to persons with HIV should focus on Palm Beach County.

#### 15. Re: AIDS Pharmaceutical Assistance-LPAP Guidelines:

AHF began providing the AIDS Pharmaceutical Assistance (LPAP) services in 2019 when the prior pharmacy chose not to renew their long term contract, and no other pharmacy was eligible to provide the service. In the original contract we agreed to screen referred patients for private insurance, Medicaid, Medicare, and Ryan White Eligibility. The guidelines for the 2021-2024 RFP notes:

Screening for alternative medication payor sources, including but not limited to Patient Assistance Programs (PAP), rebate/discount programs, Healthcare District, and Florida RWHAP ADAP prior to dispensing.

Screening for the additional payor sources are not within the scope of pharmaceutical services, but rather the referring Case Management agency, and not a deliverable we are able to meet. Is it acceptable for us to eliminate the responsibility of screening for these additional payor source and still have our proposal considered?

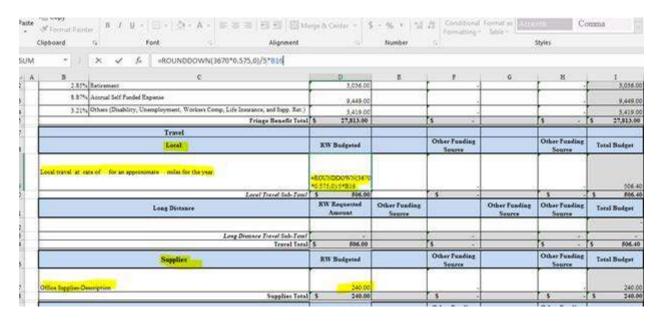
A client must be deemed eligible for LPAP services prior to dispensing medications. The client eligibility process includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months.

16. For the Total Agency Budget, are you asking for the current year of 2020-2021 or the proposed first year of 2021-2022?

Total Agency budget will be for the year proposers are completing the budget template. Proposers can use current year or proposed year with clearly defined timeframe.

17. Budget Template- Re: Modifying Pre-filled Formulas.

There is a formula for local travel and supplies based on mileage reimbursement cost and FTE's allocated to Ryan White in the RFP budget template (=ROUNDDOWN(3670\*0.575,0)/5\*B16 for travel and (=1000/5\*B16 for supplies). Are these formulas required? Can I erase them and/or create my own formulas to capture these cost? We normally don't budget for travel in our budgets but I did not want to remove the formulas in case it is mandatory. Highlighted picture below.



Proposers can use their own formula for travel. Rates cannot be higher than the IRS rate for mileage reimbursement.

# Questions from 9/24/20 to 9/30/20

18. I looked for the questions and answers doc on the Care Council website under Providers, per the NOFO guidance doc, but do not see it there. Do you know when we can expect it to be there?

The NOFO guidance has been amended. The FAQ is posted on the RWHAP website, located at: <a href="https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx">https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx</a>

19. Are the required Exhibits available for download as fillable forms, or otherwise without the formatting elements from the NOFO document?

Once you have logged on to the online application, the required forms are available as Word, Excel and Fillable PDF documents. The exhibits in the NOFO Guidance Document are for reference only.

20. When we downloaded the Internal Control Questionnaire from the SAMIS online application, we're not able to mark anything in the table fields.

This file has been updated to a fillable PDF document.

21. Regarding the underutilization question, what percentage of funds left unspent needs to be addressed? For example, in 2019 we had a category with a significant unspent balance of over 30%, while in others, the unspent balance represented less than 5% of the total allocation for that service category.

95% of each service category allocation should be expended at the end of the grant year by each subrecipient.

22. On page 32 of the RFP NOFO we are asked to upload our agency's policies and procedures. Being a large organization, we have hundreds if not thousands of policies and procedures. Which specific ones would you like for us to submit?

Please upload the administrative, fiscal and programmatic policies that demonstrate that the agency has the ability to implement the program for the RW Service Categories for which the agency is applying and meet the HRSA RWHAP Performance Standards.

23. We believe the 3,000 character limit is insufficient to adequately describe a service delivery model and does both the funder and applicant a disservice by this limitation. Questions 34 and 40 both have 8,000 character limitations and the providing an overall description of the service delivery model is a vital component needed to adequately assess an applicant's capability to provide the service. Is there a possibility to increase the 3,000 character limit for this question to 5,000? Please advise.

The character limit has been extended to 5000 limit.

24. Re: Logic Model: "(1) The number of unduplicated clients provided Core medical services (across all core medical service categories). (2) The number of unduplicated clients provided Support services (across all support service categories). (3) The number of unduplicated clients provided any service (across all core medical and support service categories)."

There are several different services categories in each of the 2 groupings. Clarifications is needed as to if this is requesting the total number of unduplicated across all categories for each core and support, or if this is the total combined for each service category within each group, core and support?

The Logic Model should include 1) Total number of unduplicated clients provided services across all Core Medical Service Categories 2) Total number of unduplicated clients provided services across all Support Service Categories 3) Total number of unduplicated clients provided services across all Service Categories (both medical and support).

# Questions from 9/30/20 - 10/01/20

25. What type of agency licenses are required to be provided?

License/Accreditations that are industry standards for the service categories for which the agency is applying. Nonprofit First certification can also be provided.

26. Do we need to/can we include a narrative with the logic model?

Details need to be included on the provided Logic Model template.

# 27. Can we upload supporting documents (graphics, charts) and reference them in the narrative for the related questions?

Please only upload items that are requested.

28. Regarding Question 21, what job descriptions are intended to be included? Direct service staff only, or are we to include all staff who are even partially funded by the grant, for indirect service?

Job descriptions for all RWHAP-designated staff should be included in the document submitted.

## Questions from 10/01/20 - 10/05/20

29. Clarification needed to distinguish MCM/NMCM/Eligibility categories. The HRSA Implementation plan lists NMCM-Eligibility and NMCM as a separate categories, however it is not represented in the NOFO as such (page 26/27 of NOFO).

The local Planning body made the decision to collapse the local separation of NMCM services for grant year 2021, from NMCM Supportive and NMCM Eligibility into the one HRSA defined NMCM service category. All services must be deemed eligible for reimbursement of services provided under the Part A/MAI funding. Please submit your proposals for review, detailing how your organization would provide these services and any required activities.

#### 30. Is NMCM-Eligibility a service category in and of its self, or is it to be provided under the umbrella of NMCM?

The Scope of Services section, starting on page 15 of the guidance, includes service categories and their definitions to be provided in grant year 2021. The local Planning body collapsed the separation of NMCM-Eligibility and NMCM-Support into one NMCM category for the new grant year. All services must be deemed eligible for reimbursement of services provided under the Part A/MAI funding.

#### 31. Is NMCM now a required service if an agency is to provide MCM?

Part A NMCM is not required to provide Part A MCM services. MAI services are service categories requested by the local Planning body to be bundled together. Please refer to the service category definitions for each service category requirements.

#### 32. Can an applicant under Non Medical Case Management only provide eligibility under this category?

Please refer to the service category definitions for each service category requirements. Non-Medical Case Management Services (NMCM) is the provision of a range of client centered activities focused on improving access to and retention in needed core medical and support services. Please submit your proposals for review, detailing how your organization would provide these services and any required activities.

#### 33. Additionally, page 36 of the NOFO indicates eligibility can be conducted by an MCM, is this the case?

Page 36 of the NOFO guidance reference to Eligibility is under question #26 for Billing purposes. Describe your organizations process to verify client eligibility and assurance that RWHAP funding is payer of last resort. This description should include processes and any staff responsible for verifying and assuring eligibility of services prior to utilizing Part A/MAI funding.

34. In the Service Category section, question 46 asks "Describe any anticipated impacts the proposed change will have on access to services in the RWHAP system of care, and measures to overcome any barriers clients may experience in accessing care." doe this question relate only to those categories that are new requests for the agency, as referenced in the previous question? the mention of "the proposed change" is vague, and we cannot determine what it refers to, or how to answer this question appropriately.

It is suggested to write in response to anticipated impacts to any proposed changes, for new or existing services provided.

35. The NOFO guidance indicates an allocation for Non Medical Case Management, and appears include Eligibility Determination activities in the Service Category description. The budget template (GY21BudgetTemplateforNOFO) has separate budget sheets for NMCM-Supportive and NMCM-Eligibility. Do applicants have to fill out both if we are proposing that one person do both functions within our agency?

The Budget template should be completed for the one service category of Non-Medical Case Management (NMCM), as described in the service category descriptions. The local Planning body made the decision for grant year 2021 to collapse the locally separated categories of NMCM-Supportive and NMCM- Eligibility into the one HRSA defined service category of NMCM.

36. In the first section of the application, there is a field to fill in total number of people to be served. This does not specify "unduplicated" or in any period of time - can you clarify the question, please?

In the guidance document on page 32 under the General Contact Information, there is a bolded question of **Total People Expected to Serve**: Please enter total number of *unduplicated* people expected to be served with the funding requested. This is the information to be entered in the application system.

37. Can we embed a link to reference materials, cited sources, etc, in the online application? Thank you.

A webpage link can be included within narrative responses.

38. Can you direct me the URL where I can obtain a copy of the current Ryan White Part A client consent form? Also, I see on the PBC website, under the Providers tab, there is an online eligibility tool on a County webpage. My understanding is that all eligibility documentation and client assessment are done in PE. Could you please confirm?

The Ryan White Part A client consent form is not currently available online. The information on the CareCouncil.org website pertaining to an eligibility tool through the County has not been in use for several years. Eligibility determination is completed through the Part A program Provide Enterprise (PE) database. https://discover.pbcgov.org/carecouncil/Pages/Provider-Manual.aspx

# Questions from 10/06/20 - 10/07/20

39. For the budget template, should lab testing fees be placed under supplies, contractual, or direct benefit to client category?

Lab testing fees for contracts with lab companies should be placed under the contractual category.

40. The NOFO asks for a signed and notarized cover sheet. Is it acceptable to upload an electronic copy of the signed/notarized document?

An electronic version of a signed and notarized cover sheet is acceptable for uploading.

41. Response to Q25 above: Does this refer to staff's individual licenses such as an LCSW? Or agency-level licensing? This is a new question, I believe - an example would be helpful to be sure we are not leaving anything out that should be included.

This is agency level/service category level license. For example, if applying for oral health, the practice must have the license to provide dental services or pharmaceutical license to dispense drugs. Some agencies have certifications from accreditation boards like Nonprofit First and Council on Accreditation.

42. In the NOFO, sections indicated character limits for each section. Should we count "characters with spaces" or "characters without spaces" to determine the total character count?

Character counts for narratives include spaces.

43. On the logic model: For the outcomes, where the example says "numerator/denominator" - do we need to list numerator and denominator definitions, or can we simply state that we used the HAB performance measures within Provide Enterprise database? Listing them will get unwieldy and very wordy

In the Logic Model, the Outcomes should be reflected similar to the examples. These are the definitions of the outcomes you are proposing to achieve. The numerators and denominators are quantitative numbers of clients that will be included in these defined Outcomes. Definitions of which clients will be included in each of the numerators and denominators can be included.

44. For the purposes of question #45 on p.39 of the NOFO guidance document- New Service Category Justification, if an agency already provides a RW-funded service category, but is proposing a new funding source for that service category (such as Part A or MAI), is this then considered a "New Service Category"?

A "New Service Category" to your organization would include services proposed under a new funding source. These should be included in the new service category justification proposal.

45. Under question #46 on p.40 of the NOFO guidance document - Access to Service Impacts, the question asks about any anticipated impacts of "the proposed change". This question seems to be linked to the previous question which asks about New Service Category Justification. Do applicants need to respond to Q.46 for ALL service categories, or only when proposing a NEW service category?

Please refer to question #34 on the FAQ document posted on the RW website: https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx

46. In the Service Category section, question 46 asks "Describe any anticipated impacts the proposed change will have on access to services in the RWHAP system of care, and measures to overcome any barriers clients may experience in accessing care." doe this question relate only to those categories that are new requests for the agency, as referenced in the previous question? the mention of "the proposed change" is vague, and we cannot determine what it refers to, or how to answer this question appropriately.

It is suggested to write in response to anticipated impacts to any proposed changes, for new or existing services provided.

### Questions from 10/07/20 - 10/09/20

47. We have looked through the Recipient's Office's data presentations looking for numbers of HIV+ clients served by RW providers in specific zip codes, but did not find these numbers. The Zip Codes we are looking for information on are: 33430, 33476, 33412

The Ryan White Services Report (RSR) for calendar year of 2019 resulted in a total number of RW clients for zip codes 33430- 188, 33476- 32, 33412- 5.

48. On page 37 of the NOFO #34 Budget Narrative Justification (8000 characters). A narrative justification needs to be submitted for each service category requested. Do we have 8000 characters for each service category budget narrative justification or 8000 characters total for all service category budget narrative justifications?

8000 characters is for one budget narrative for all proposed services.

49. I have attached one of our service category implementation plans from our current GY contract. Each category plan has the exact same objective - "at the end of the contract year, increase the number of clients linked to HIV medical care by 5% through the provision of [service category]. " Our questions are - how was this objective determined? And what measure is used to assess our outcomes? We are asking, bc we don't do HIV testing thru RW, and the HHS outcome measure definition for the denominator is "Number of HIV tests conducted in the 12-month measurement period."

The Objective in your current Implementation Plan was suggested as a way to quantify achieving the Service Category Goal. In the NOFO Implementation Plan, the proposer will determine a quantifiable time limited objective related to the service category in that Plan. The proposer may select a performance measure to reflect the outcome measure proposed for each service category. Please remember that only highlighted areas are required to be completed for proposal submission.

#### 50. How can multiple users see the RFP?

See Pages 67 and 68 of the RWHAP Pre-Proposal Conference Presentation PDF on the website: https://discover.pbcgov.org/communityservices/PDF/RWHAP Pre-Proposal Conference Presentation.pdf

The additional editors should sign into the application site just as the originating user. The additional editors will see the application in their proposal box and can click through. See below.

