

FAQ's in response to RFA #RWA&B.11.10.16

General Questions and Answers:

1. Is the Regional Services Category for Ryan White Part A, only?

Yes. Regional Services are Part A funds and span the five counties in MD, 11 counties and 6 cities in VA and 2 counties in West Virginia as well as the District. Part B is only for use in the District.

2. Provide clarity around Regional Medical Case Management. Who can it serve and who can provide the services?

For providers applying for Service Area 2: Regional Medical Case Management, you must provide services to clients across the Region/EMA. For providers with multiple locations, you must select a home jurisdiction. Clients may be seen at any location however; no more than 20% of clients served under Regional Medical Case Management services may be residents of the home jurisdiction that was selected.

As an example, if Agency A has a location in DC and West Virginia, and they selected DC as their home jurisdiction, then they may provide MCM services to clients that live anywhere in the Region, at any of their locations. Only 20% of their MCM clients can be DC residents, however.

3. Must a social worker be licensed or can they have a B.A. or must they have a Masters in social work?

According to the Ryan White Planning Council Medical Case Management Standard, all medical case managers must be licensed.

4. Can agencies apply for MCM under Service Area 1 and 2?

Yes. Service Area 1 providers will be DC providers that serve DC residents. Service Area 2 providers are required to serve clients from across the Region/EMA. If you apply for funding under both, you will be tasked to make sure that you are serving two separate groups of people using the two separate pots of money. The client services must be unduplicated. We will monitor these programs closely. So you should apply for funding under Service Area 1 or 2, *unless* you have a whole bunch of people that you think that you can cover both programs.

5. Does the medical case manager have to be licensed?

Yes, according to the Ryan White Planning Council Standards that will be available for Grant Year 27.

6. For social workers who are LICSW they don't have to be supervised? In MD it is LCSW-C is an independent social worker.

Independent level clinicians, such as LICSW and LCSW-C, do not require direct supervision however; it is expected that all programs will have an appropriate layer of oversight.

7. Isn't Outpatient Ambulatory Care and Substance Abuse under the Fee for Service?

Yes, however the Planning Council determined that Service Area 3 – Youth Reach will contain OAHS and Substance Abuse.

8. How were the service categories decided?

The Ryan White Planning Council makes the decisions on what service categories are funded and what is not.

9. What are the requirements for Health Education and Risk Reduction?

The following is excerpted from HRSA's PCN16-02.

Health Education/Risk Reduction

Description:

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

10. We don't have a MOU be we do have relationships with other care providers. I know Attachment B is worth 10 points but will we be penalized for the absence of an MOU?

Applicants will not submit MOU/A with their applications. List collaboration on the Linkages Summary (attachment B). MOU/A will be verified during the site visit.

11. For the work plan for the youth reach do you do a separate work plan for each of the cluster or do one big one?

For Service Area 3: Youth Reach only, just do one big one but be sure to identify each element.

12. If youth has 6 categories....should you allow yourself 5 pages for each service category?

Yes, applicants may submit a maximum of 5 pages per service category. Applications that exceed page limits will not be reviewed.

13. How will you judge a grant application that has 15 service categories against an application that has one (1) service category?

There are four (4) service areas. With the exception of Service Area 3, Youth Reach, every service area will be compared individually. Service Area 3 will be compared in totality, as one comprehensive program.

14. If you have EIS in the first service area, can you apply for outreach in Service Area 3?

Yes, however not for the same target population. Outreach Services and Health Education/Risk Reduction are components of Early Intervention Services. Programs may apply under multiple service categories however; the programs must target distinct populations. No duplication of clients is allowed.

15. With the delinquency of progress reports, if you have contacted your Program Officer and they have approved your late report, does that count against you?

Yes. Progress reports are late when submitted after the 10th business day of the month.

16. In addition to past performance, will you take into consideration internal system improvements like EGMS?

We will be objective in the review, which is the reason GY25 was selected as the review period. It is completely closed and was before EGMS and other changes.

17. In the past you could submit certifications early is that going to be possible this time?

They should be uploaded as part of your application packet.

18. What is the oldest date that we can have on our "Clean Hands Certificate"?

It should be no more than six months old.

19. For Linguistics money, is that only for live action interpretation or can it also be used for translation of written materials.

Live action interpretation.

20. In regard to site visits, what if you have more than one site?

We will do a site visit and will coordinate which site would be best to visit (based on what you are applying for).

21. Should the Table of Contents have a number on it, or should it be a zero?

That is left to the applicant's discretion, just be sure to stay within the page limits.

22. File format of budgets should be submitted in excel instead of pdf?

Yes.

23. Do you want written MOUs or just linkage summaries?

Applicants will not submit MOU/A with their applications. List collaborations on the Linkages Summary (attachment B). MOU/A will be verified during the site visit.

24. Are prior agreements that are relevant, although they may not be grant specific, allowable?

Yes.

25. We are from Prince George's County can we apply for the Part A Regional Medical Case Management?

Yes, Service Area 2 is open to you.

26. Since it is Regional, do you have to service the whole EMA?

Yes, you will have to service people from across the EMA.

27. On page 43 there is a statement about MOUs, can you clarify it.

A sample MOU is available at the end of this FAQ document.

28. Can you use EIS for high risk negatives?

No, Ryan White services are for people who are positive.

29. Will DOH make available, upon request, a hardcopy of signed grant agreement terms along with any digitized agreements and acceptance of terms generated by EGMS?

For any entity making a request like this for the reason you stated, we will still ask that your authorized representative to go through the EGMS to document review and acceptance of terms. We can print out once issued, all of the terms and the aligned authorization (i.e. a Notice of Grant Award). We understand that for your operations, you may additionally need other documentation, such as a "wet/hardcopy" signature and not an e-signature. On our end, the steps would involve creating a hardcopy signature

request as an exception requested by the Office of Grants Management and route it to the Director for signature. EGMS allow us to print out your Award Profile, documenting that all required submissions, reviews (by the applicant/grantee and by DOH personnel) and approvals are completed. The EGMS application/grant numbers are referenced as well as the funding authorization (i.e. requisition and purchase order#). This will create an audit trail tying the agreement back to the system of record (EGMS).

30. Does HAHSTA allow time for grantee staff to get credentialed?

No, staff are expected to be licensed.

31. May MCM plans be signed off by RN/LICSW/NP/MD?

Yes.

32. Can we pay for part of medical provider salary as 20% of their efforts are MCM (i.e teaching, follow-up on MCM issues as our patients are high need)?

FTE may be distributed across service areas however; the justifications must clearly explain their roles in each service area and include evidence of relevant qualifications, when applicable.

33. Regarding transportation add-on money: Can it be used for Uber/Lyft?

No payments can be made directly to clients however; business accounts with Uber/Lyft are not prohibited. Transportation is to be used for transportation to and from Ryan White funded services exclusively.

34. Can you share the final version of the Medical Case Management standards?

The Planning Council has not released the revised Medical Case Management standards to date.

Youth Reach

35. Are all Core services under this category paid for out of this grant or will they be a mixture of fee for service and grant dollars?

Applicants may supplement other funds to support the activities required under Youth Reach.

36. We heard at the pre-bidders that the funds were for District residents only; however, the RFA describes this as an EMA-wide funding category? Please clarify who can receive services.

The Planning Council has determined that Youth of Color ages 13-30 will be Minority AIDS Initiative population for Grant Year 27 for our EMA. MAI funds will be made available for these services by each jurisdiction. The Youth Reach available under Service Area 3 is for DC.

37. If we already provide one of the required direct service categories that is funded by other sources, then do we need to include targets in our application? We would not request RW funding for this category instead we would provide the services in-kind.

Yes, please provide targets so that HAHSTA may consider capacity.

38. For the MCM category, will funding be supported for the interdisciplinary team members which provide support for the licensed medical case managers? In our program model CHWs as well as other trained staff are of critical importance to functioning of our MCM and txt adh program.

No, MCM funds may not be used to support interdisciplinary team members.

Linguistic Services

39. We need LS services to support core service areas under fee for service as well as services under this RFA. Can we use the funds received under Linguistic Services to support fee for service areas?

Linguistic Services funds may be used to support any Ryan White funded program.

40. It was stated in the pre-bidders conference that we should allocate any dollars to support LS under another service category. In the past our grant monitor has disallowed this funding, citing “service creep.” Will this be seen as funding services for one support services area under another?

There is no “service creep” because funding is available specifically for the Linguistics Services Service Category.

Presentation

41. We are applying for each of the four service areas.
- a. Should we include only one organizational capacity section?

Yes.

- b. Should we number the pages sequentially and include cover pages indicating each funding category?

That is left to the applicant’s discretion, just be sure to stay within the page limits.

Budget

42. We are applying for multiple service areas within the District Funds Category. Do we need to provide a rolled up summary request, inclusive of all the individual service area budgets? Or do we submit individual budgets for each service category only?

See RFA page 46. A Categorical Budget and Budget Narrative are required for each Service Category, except Linguistic Services and Medical Transportation Services (which should be added as line items to the budget of another Service Category).

Attachments

43. We are applying for all four service areas. Can we submit a single Attachment B: Linkages Summary for our application?

Yes.

44. Please explain how we are to respond to Attachment G: Health Outcomes. Is this submitted separately from the Program Description section? If yes, is there a page limit?

Attachment G does not require its own response. It is referenced in the RFA document under “Youth Reach” and provides supplemental information for those specific Service Categories.

Non-personnel costs

45. Non-personnel costs such as labs, vaccines and client support costs for specialists are usually included as program costs under the primary medical care service category. Should we budget for these costs under the RW RFA service areas?

This is allowable for Service Area 3 Youth Reach exclusively, which requires the provision of Outpatient/Ambulatory Health Services.

46. Monitoring, Evaluation, & Quality Improvement (Section IV, page 39) and Program and Administrative Requirements (Section V, page 41) Should this be submitted as part of the online application? If yes, should it be a separate attachment?

No written response is required. These areas provide critical information about program requirements of successful applicants.

47. DOH EGMS Application Profile Page Proposal Description, 2000 words max (Required): What information is needed in this section and where in the RFP would we find it? If we’re applying for more than one category, do we describe both in this section?

Provide a brief description of the application’s proposed Service Areas.

48. Should the application package including Table of Contents, Organizational Knowledge and Capacity, Project Description(s), and Mandatory Certification Documents be uploaded as one PDF under OTHER?

Applicants will load PDF attachments into EGMS for submission. Files must be labeled according to their contents. Application materials may be grouped with like documents. As an example, include one PDF of mandatory certifications (see RFA page 46 number 10) and combine one PDF of all narrative information (see RFA page 46 numbers 1-6).

49. Pages 46 and 47 specify the specific sections that have maximum page limitations. Please confirm that our full application response does not have a total maximum page limitation, and that the maximum pages only apply to the specific sections mentioned on pages 46 and 47.

The only page limits apply to specific components of the RFA and are noted on page 46.

50. The judgment on past performance that is a component of the application—for GY25, if we were a sub-grantee, how does that effect our evaluation? Are we judged based on the main grantee's performance, or will the performance not be judged at all?

Past performance will be considered for the grantee of record, not sub-grantees.

51. I've been trying to access the RFA in the EGMS system but the funding opportunity web address is not working. Is there another way to access the RFA?

https://dcdoh.force.com/GO_ApplicantLogin2 - click View Funding Opportunities.

Sample Letter of Intent to Enter into a Memorandum of Understanding

Date

To Whom It May Concern:

This is offered as documentation of the intent of AIDS Service Organization to enter into a Memorandum of Understanding (MOU) with Applicant Organization to provide Food Bank/Home Delivered Meals or Groceries.

Applicant Organization.

This Letter of Intent is subject to a sub-grant of funds by the District of Columbia to Applicant Organization to support these services.

- Applicant Organization intends to:

{ Your information here }

AIDS Service Organization intends to:

{ Their information here }

- Provide at the following location(s):

Any Memorandum of Agreement will have a term not to exceed one year, and may be renewed or amended only with the approval of both parties.

Name

Name

Signature

Signature

Title

Title

Applicant Organization.

AIDS Service Organization.

Date

Date