

**District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD and Tuberculosis Administration (HAHSTA)**

RFA # RW_A&B03.29.13

Questions & Answers II

Release Date: 05.15.13

The following questions were obtained from prospective applicants who had questions specific to the Request for Applications (RW_A&B03.2913) released on 03.29.13, as well as general questions regarding the planned future initiative known as: “Retention for Results: Towards Durable Viral Suppression in the District of Columbia.”

RFA # RW_A&B03.2913 is officially amended by the addition of this “Questions & Answers II, (Q&A II) which shall be known as **Appendix C** and which has been formatted to continue the questions that were previously released in Appendix B on 4.30.13. Questions 1 – 61 are found in Appendix B. Please note: some of the questions submitted for this Q&A II release were previously addressed in the Q&A and Amended RFA (released 4.30.13) and therefore not repeated here.

General Questions

- 62. Will HAHSTA provide an extension of the deadline date for the submission of applications in response to RFA # RFA # RW_A&B03.29.13?**

No extension of the original deadline is planned or anticipated. The submission deadline for all applications remains May 23, 2013 by 4:45 p.m.

- 63. Can we request a budget for education of staff for all services provided directly by our agency, not just the 5% for education of community health workers?**

Yes. Ongoing training of staff is a permissible expense, provided that the position is funded by the sub-grant, the training is specific to the HIV services provided by staff persons and the distribution of costs for the training is consistent with the distribution of costs for the staff person.

- 64. What is to be included in the grant application regarding certification to bill Medicaid?**

Any applicant proposing a service that is supported by Medicaid must submit certification to bill Medicaid. It is the responsibility of the applicant to determine whether the services proposed are supported by Medicaid.

HAHSTA advises applicants that in some cases – for example, “Medical Case Management” – the service activities supported vary significantly among funding sources. It is permissible to use CARE Act funds to provide service components not supported by

other funding sources. In this example, it is permissible to propose and provide “Medical Case Management” service activities not supported by “Medical Case Management” in other funding sources.

- 65. Is HAHSTA focused on the system-centered purposes outlined on page 2 of the RFA and applicant agencies responsible for the client-centered purposes?**

The intent of the RFA is to serve both system-centered and client-centered purposes.

- 66. What services are expected at the linkage stage in order to prepare patients to receive HIV care?**

The linkage services proposed should address the specific needs of the clients to be served. Permissible activities include, but are not limited to: an assessment of client needs, a psychosocial assessment, peer support and treatment adherence.

- 67. Please confirm that agencies must submit one original copy and three copies for each service category an agency is applying for directly.**

No. Applications are accepted for a Tier, and include all service categories within a Tier. One original, three printed copies and one copy on a jump drive are required for each application. Organizations applying for more than one Tier must submit separate applications of each Tier. In other words, each Tier requires a separate application (i.e. one original, three printed copies and a jump drive).

- 68. How does HAHSTA define when a client is considered out of care?**

“Out of care” clients are those individuals who have not had a primary care visit within the previous six months.

- 69. The link in the RFA for Medicaid-reimbursable services did not work. Is there an alternate?**

Yes. Please use the following link: <http://dhcf.dc.gov/service/medicaid>

Focus Populations

- 70. Is the page limit for “Focus Populations” four pages per population or four pages total?**

There is a limit of four pages per focus population. See page 24 of the RFA.

- 71. May applicants provide a description of a “Focus Population” other than those listed in the RFA?**

No.

Tiers

- 72. Will additional guidance and/or details be provided on the programmatic monitoring responsibilities of the lead grantee for sub-contracts?**

HAHSTA will provide technical assistance to awardees on managing their partnerships.

- 73. In regards to data reporting for subcontracts, is there an expectation that patients will be unduplicated across shared service categories?**

See the RFA section "Client Cohort and Co-Management."

- 74. Are applicants limited to requesting funds only for service categories with funding on Table 2 under the Tier in which they apply?**

Yes

- 75. Some services have no funding available under a given Tier. Are applicants responsible for those services?**

Yes. Applicants may describe their plan to provide those services indirectly through a partner funded by another Tier, or through another funding source. Applicants may also describe a program that excludes one or more service categories as unnecessary for the clients to be served.

- 76. Which service categories should be discussed in the Program Description section of the application?**

Applications should include a description of all service categories within the Tier for which the application is submitted. This includes service categories provided directly and indirectly, as well as those service categories for which no funding is requested or available.

Partners in Care (PIC)

- 77. Will awardees use the administrative and program support budget to support the administrative and program support costs of its partner(s)?**

Yes

- 78. What constitutes a documented partnership that demonstrates that all service categories within a tier will be provided directly or indirectly?**

For the purposes of an application submission, a letter of intent to enter into a memorandum of understanding with a partner to provide one or more services indirectly is

sufficient. For the purposes of a sub-grant award, an executed memorandum of understanding (or other partnership agreement) approved by HAHSTA will be necessary.

Tier One

79. Must applicants under Tier One propose to provide all core services either directly or indirectly?

Yes

80. Must applicants under Tier One allocate funds to entities providing other services indirectly, or will an MOU with no monetary exchange suffice?

Awardees are not required to allocate funding for all partners. Applicants may describe their plan to ensure services, and may include services supported by other funding sources.

Tier Four

81. Will providers of Tiers One through Three communicate directly with the Tier Four awardee on matters related to Insurance Premium Assistance?

Yes. Tiers One through Three awardees are asked to propose the provision of Insurance Premium Assistance indirectly and should communicate directly with the Tier Four awardee as described in their partnership agreement.

82. What is the role of the Tier Four awardee with respect to “Care and Service Coordination?”

The partnership agreements in place between the Tier Four awardee and awardees under other Tiers should articulate the relative roles and responsibilities. As described in the RFA, HAHSTA’s expectation that the role of the Tier Four awardee with respect to collecting and reporting health status and other outcome indicators will be limited, and encourages partnership agreements that confirm that health status and other outcome indicators will be the responsibility of the Tier One or Tier Two provider.

Service Categories

83. Are applicants expected to propose services in accordance with the service definitions and approaches specified in the Compendium of Services that was provided with the RFA?

Yes.

Early Intervention Services

84. Will HAHSTA provide HIV testing supplies?

HIV testing is not a permissible supported activity under this RFA.

Medical Case Management

85. Will providers of Case Management referrals for Insurance Premium assistance?

No. Providers funded under Tiers One, Two and Three are responsible for assessing the needs of their clients – including for Health Insurance Premium Assistance. In the case of Health Insurance Premium Assistance, this service is provided indirectly under Tiers One, Two and Three and directly by an awardee under Tier Four.

Budget

86. How does the budget support costs of services provided through a partnership.

The entire amount of the sub-award – that is, the funding under this RFA proposed to be given by an awardee to support services through a partnership – is included in the “Consultants / Contractual” item for each service category supported. Justification of this budget item may refer the planned or executed partnership agreement.

87. The link provided for the budget template does not seem to work. Is there an alternate?.

Yes. Please use the location <http://doh.dc.gov/node/474482>.

Other

88. On page 31, item 3.c: “Describe any particular challenges complying with the CARE Act expectations regarding program income, including those challenges associated with guidance and expectations of program income from other funding sources.” Please provide examples.

Applicants should describe any current or expected difficulties with compliance of CARE Act requirements regarding program income, and their plan to overcome those difficulties. Examples include inadequate accounting systems, lack of understanding of requirements, competing (and inconsistent) federal guidelines with respect to program income.