

Section I: Overview

Q: If a service category is requested on the Letter of Intent and is then not requested in the proposal, will that count against the agency?

A: No, it will not count against the agency. The services and funding amounts requested in the Letter of Intent may change in the final application.

Q: Is the RFA good for 3 years?

A: No. If awarded, the applicant would be contracted for one year (April 1, 2020- March 31, 2021) with a maximum of 1 one year renewal.

Q: Will these allocations be used to project out to 2023 for Part B services?

A: Ryan White Part B services are funded by state contracts and subject to annual renewal by the Florida Department of Health in Area 7. Funding made available by this RFA is only for services rendered between Year 1 (2020-2021) and during the renewal period 2021-2022. Funding is not guaranteed beyond this period because the current Part B contract with the state ends March 31, 2022.

Q: Page 18, Bonding: Please clarify when the insurance bond is required, with the proposal or following contract award?

A: The insurance bond is required with the submission of the proposal.

Q: RFA page 21 Client Satisfaction Survey – annual client satisfaction surveys or periodic evaluations will be conducted by the Lead Agency (HFUW) or the Area 7 Consortium. There is a minimum 90% client satisfaction result required for providers. How do Providers get these results?

A: The Lead Agency does not currently have a standardized client satisfaction survey for Part B providers. Per the Part B Universal and Programmatic Monitoring Standards, contracted providers should have agency-specific policies and procedures for capturing client satisfaction data on a regular basis and a mechanism in place to share the results with the Lead Agency upon request.

Q: On page 15, second to last bullet, is this stating that we can bill a portion of the supervisor salary to the direct cost 5% portion?

A: Yes, a portion of a supervisor's time can be charged under the 5% direct cost cap for any position that meets the requirements listed on page 15.

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Q: Would a mobile unit satisfy the requirement for a physical location?

A: Mobile units are an allowable physical location that must adhere to the same requirements for confidentiality and privacy. This may be a challenge for mobile units where multiple services are conducted at the same time. Applicants should refer to DOHP 50-10 and thoroughly describe their agency-specific policies and protocols for ensuring confidentiality and privacy on a mobile unit.

Q: Do we have to have a physical office space to conduct eligibility for Non-Medical Case Management Services?

A: Ryan White Part B services must be conducted in an environment that adheres to the confidentiality and privacy rules in accordance with all Federal, State, Grantee and Lead Agency requirements, specifically “Department of Health, Information Security and Privacy Policy, DOHP 50-10.” Contracted Part B providers may create their own policies, protocols and procedures, however they must be consistent with DOHP 50-10. A physical office space is necessary for ensuring confidential and private exchange of information and communication with clients during eligibility determination. Some agencies may choose to designate a single, shared office space for meeting with clients while others may meet with clients in their individual case management offices. Access to client records must be carefully limited and monitored to ensure confidentiality, data integrity and privacy in accordance with Florida Statutes. Agencies with the capacity for telehealth services must be in line with the components included in HRSA’s definition for telehealth.

Q: For Tri-County, in regards to Medical Nutrition Therapy services, do we have to assess the \$1 fee?

A: For clients above 100% of the Federal Poverty Level (FPL), a \$1 fee must be assessed for every unit of medical nutrition services. Clients with incomes below 100% of the FPL cannot be charged any fees.

Q: Previously, we were allowed to submit questions in writing during the Blackout Period as long as they were shared with and posted publicly for the community. Is that still allowed?

A: No. Per the RFA instructions, all questions should have been submitted in writing prior to the conference by the February 19th deadline. HFUW will post questions and answers to these questions and additional questions received during the Bidder’s Conference by February 26, 2020. After the Bidder’s Conference, no questions will be accepted with the exception of any technical issues that applicants have with downloading the RFA document and attachment files.

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Q: Can tablets or computers be purchased for EIS under direct costs?

A: This is not included in the RFA as an allowable Part B expense under direct costs. Contracted EIS providers are encouraged to contact HFUW for EIS assistance, as there may be another funding source available for this.

Section II: Application Guidelines & Format

Q: If the first page of the narrative is supposed to be numbered as page 1 of the application, where would the Table of Contents go? After the narrative? Wouldn't it make more sense if the cover page or the Table of Contents is the first page of the application package? Please advise.

A: The Table of Contents should come before the Narrative. There is a 30 page limit that does not include the table of contents, cover page(s), authorized signature statement, budgets, or attachments. Ensuring that the narrative begins on page 1 helps the scoring committee track the page limit and evaluate the overall proposal quality.

Q: If an agency proposes to provide a service category (example – EIS) in both Orange, Osceola, Seminole and in Brevard, does a separate proposal for each service area need to be submitted? Or can both service areas be in one proposal?

A: Agencies that wish to apply for a service category that is funded in both the Tri-County and Brevard areas should submit separate proposals for each service area.

Q: If an applicant is applying for more than one service category can they combine the requests in one application? May the page limit be increased if applying for multiple service categories?

A: Agencies that are applying for multiple service categories can choose to submit separate proposal packages or combine their services in one application. Applicants who choose to combine requests for more than one service category should still submit a separate cover sheet and address all questions for each service category. Applicants can submit a maximum of 40 pages for the narrative portion of their proposal if they are combining their requests for more than one service category. This is not inclusive of budgets, attachments, etc.

Q: On page 26, it says the [Administrative] Assessment is for internal use by the Lead Agency. Are we supposed to submit a blank Administrative Assessment?

A: Applicants should submit a completed Administrative Assessment as an attachment to their proposal. Results from the Administrative Assessment will be used internally by HFUW, meaning it will not be shared with the scoring committee.

Q: Do we need to submit 9 copies of the Administrative Assessment with the proposal package?

A: No. Applicants can submit a single copy of the Administrative Assessment attachment.

Q: Section 2 (C) Budget Narrative, can I request reimbursement for CM travel time at the \$0.445 rate?

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A: Reimbursement for Medical Case Management, Non-MCM and EIS mileage can be submitted at the \$0.445 rate under the 5% direct cost cap.

Q: For the Part B funding goals- instead of inputting the CQM information within the RFA, for the sake of page limit, can we just reference the existing CQM plan?

A: No. The Part B funding goals can include, but are not limited to, goals that are included in the agency's CQM plan. Applications should include activities that respond to all four elements of the Part B funding goals listed on page 28, which can include general programmatic activities that improve service delivery. CQM goals are designed to impact health outcomes for clients such as viral load suppression, retention in care and visit frequency and may not fully address all four Part B funding goals.

Q: Is there anything we should be aware of in this RFA?

A: Applicants should pay close attention to the following sections of the document

- Program Assurances (page 9) – particularly the Comprehensive Plan, ongoing meeting and CQM program requirements.
- Program Requirements (page 10) – Contains all reference material, guidelines, and manuals used to ensure ongoing compliance to the Ryan White Part B program.
- Funding Restrictions (page 12) – Unallowable costs, Payer of Last Resort, Direct Costs and Fee for Service requirements.
- Part B Funding Goals (page 28)

Regarding the “Fee for Service” or Imposition of Charges requirements- This is a new requirement for some Part B services. **Please note that no client shall be denied service due to inability to pay.** HFUW will provide technical assistance to agencies implementing this requirement to ensure compliance with HRSA's expectations and compassion for individuals in care.

Q: In regards to this proposal, what do we have to include as far as CQM?

A: A description of the implementation, maintenance and monitoring of the CQM program developed by your agency for Part B services should be included in the narrative and a copy of the agency's CQM plan should be attached to the proposal.

Section III: Service Category and Funding Amounts

Q: Does an agency need to be physically located (i.e. have an office) in Brevard County to be eligible to provide services to that area? Or can services be provided from a main office located in Orange County?

A: An agency would not need to have physical locations in all four counties to be contracted. They would, however, be tasked with servicing clients from those areas. Applicants are strongly encouraged to co-locate services wherever possible, meaning they are able to house staff at different locations in which other services are being provided.

Q: Does a non-medical case manager need to be supervised by a licensed case management supervisor?

A: Non-medical case management supervisors must meet the qualifications listed in the approved local service standard. Currently, case management supervisors must hold a Master level professional degree in the field of mental health, social work, counseling, social science, or nursing with documentation of appropriate degrees, licensure, and/or certification on file. This qualification can be waived upon approval from the Lead Agency and Grantee office.

Q: Please clarify the EIS position description. During the funding allocation meeting, it was discussed that these positions would focus on linking out of care consumers back to the care system not testing and linkage, which are primarily prevention activities. Please provide direction and identify which function(s) are the priority or are both desired.

A: As stated on page 33 of the RFA, the EIS service category is composed of four primary duties: HIV testing and targeted counseling, referral services, linkage to care, and health education/risk reduction that enables clients to navigate the HIV system of care. The priority of this service category is to link newly diagnosed and out of care persons living with HIV to care. Agencies funded in this service category will ensure that the employee is certified in the State of Florida to conduct HIV counseling/testing as a combination of services, rather than for stand-alone testing. HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources. Testing in Area 7 is adequately funded through existing public funds, therefore RWHAP Part B EIS do not conduct HIV testing.

Q: Please clarify how transportation charges are to be billed to HFUW.

A: Transportation mileage for a van utilized by the provider will be reimbursed at a rate not to exceed \$1.70/mile. If clients are being transported utilizing a car, mileage will be reimbursed at a rate of \$0.445/mile. If an agency is providing transportation to more than one client at a time, the agency will charge in a way that maximizes funding in this

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service provision. For instance, if one client lives 10 miles away from the agency and another client lives 5 miles away from the agency and is in the same general direction, the agency would charge a total of 10 miles to Part B, not 15.

Q: For Medical Transportation, the last RFP stated “health care services” and this RFA states “to a medical core service or to a support service,” does this mean support service as defined by Ryan White or any support service? For instance, taking a client to the Social Security office.

A: This language was changed to be consistent with HRSA’s Medical Transportation definition, which broadly references core medical and support services. Using this example, a visit to the Social Security office can enable a client to be retained in non-medical case management, a support service, for the purposes of eligibility determination. As long as the need for the service is rigorously documented and supports the client in accessing core medical and support services, such as case management or HOPWA, it is an allowable cost.

Q: Does a Part B Non-Medical Case Manager have to complete Part A eligibility? Do they have to enter information into both systems?

A: Clients in Tri-County (Orange, Osceola, Seminole) usually access services funded by both Part A and Part B and would need to complete eligibility for both. For example, a client may see a Part B non-medical case manager for eligibility determination, but access their primary care services through a Part A funded provider. In this case, eligibility must be completed for both Part A and Part B and non-medical case managers can be reimbursed for time spent completing these activities **concurrently**. The non-medical case manager would be required to enter data into both approved electronic database management systems—Provide Enterprise for Part A and CAREWare for Part B.

Q: Are we allowed to request funding for both the Medical Nutritionist position and the supplements, or just one?

A: Nutrition services offered in Tri-County are coordinated by both Ryan White Part A and Part B. Part A currently purchases nutritional supplements and Part B pays for the salaries and fringe of one (1) full time nutritionist to cover this distribution. Funding has been made available for an amount not exceeding the salary cap for a 1 FTE Medical Nutritionist. In the event that an agency is requesting funding for less than 1 FTE, or if the position is covered by another funding source, they can request the remaining funding for nutritional supplements, however, we strongly discourage duplicating efforts and services when they are available through another funding source.

Q: How is the unit of service determined for Medical Nutrition supplements? Is it per can?

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A: One unit of service for medical nutrition supplements is measured by the number of cases of nutrition supplements (1 case contains 24 cans of supplements).

Q: As far as Non-Medical Case Management, do they only have to do eligibility or can they do referrals as well?

A: Non-medical case managers are required to conduct eligibility determination for all Part B eligible clients. They can also assist eligible clients with referrals to other RW, public, private services for which they might be eligible. They are not involved in coordination and follow up (or linkage) of medical treatments and services.

Q: Could you please tell us which providers have previously been funded for Ryan White Part B?

A: Tri-County Providers included Hope & Help Center, the Department of Health in Osceola County, and the Department of Health in Orange County. Brevard Providers included the Department of Health in Brevard County; Comprehensive Health Care; Project Response Inc.; and Burnham, Woods, Champa & Associates.

Section V: Attachments

Q: Administrative Assessment Attachment – Accounting Policies and Procedures General – Item #3 “If a management letter is provided by the auditor, were its recommendations followed or otherwise appropriately cleared?” If there was no management letter how do you wish this item answered? There is no “N/A” selection available.

A: You may answer “Yes” to the question and include a comment that there was no management letter provided.

Q: Administrative Assessment Attachment – Accounting Policies and Procedures General – Item #8(e) “Is cash that is received in the mail received, opened and listed by someone not involved in recording entries in the cash receipts journal? If no cash is received by mail how do you wish this item answered? There is no “N/A” selection available.

A: You may answer “Yes” to the question and include a comment that no cash is received by mail.

Q: Please clarify if the forms posted online in pdf format will be made available in word format so that they can be edited.

A: Editable forms are available online as separate file attachments. Applicants who experience issues downloading the forms can request an electronic copy with the submission of a letter of intent.