

North Carolina Department of Health and Human Services

Division of Public Health

Section/Branch: Epidemiology/Communicable Disease

RFA Questions and Answers

RFA # A-379

RFA Title: Regional Networks of Care and Prevention

Addendum Number: 1

Date: June 8, 2021

Questions and Answers *(list all questions and answers in numerical order)*

1. Question: I am exploring purchasing a mobile outreach van for our testing program. Is this something the prevention funds could theoretically be used for? I see “vehicles” listed in the budget breakdown section (pg. 113), but it only says “long-term leases” and not actually purchasing. If vehicles *can* be purchased, I realize we would need more money in Y1 and then less in Y2/Y3, since the purchase of the vehicle would be a one-time expense in Y1. Is it possible to ask for different amounts of dollars between years? (so, for example, asking for 150k in Y1 to cover 50k van, and then down to 100K for Y2/Y3 since we wouldn’t need additional 50k for the van anymore in the budget)

Answer: The CD Branch will not entertain funding mobile health units with Federal or State HIV Prevention funds at this time.

2. Question: At some point in the past, our program had been told we can only request fringe reimbursement at a maximum of 10.54%. Is this still the limit?

Answer: There is no maximum limit on fringe. However, excessive fringe (totaling more than 20%) must be accompanied by agency policy documentation. Also, depending on what the fringe is and the justification, we may or may not allow it.

3. Question: I want to make sure I understand the testing objective requirements.

- On Page 15, it says “25% of total tests must be young black MSM” and “20% must be non-MSM youth”.
- On Page 52 under Attachment F, it says “25% of testing should be conducted during outreach outside of fixed sites” and “20% of testing should be among non-MSM youth ages 13-24” (but doesn’t mention the young black MSM objective)
- On appendix 19 on Page 100 it again mentions the 25% black young MSM and 20% non-MSM youth, but also says at the top “agencies must focus other prevention goals and objectives towards the following priority populations (and lists a few).

So, with all that said...

- The “25% young black MSM” and “20% non-MSM youth” are both **requirements** and need to be listed out on the “project objectives” (attachment F), correct?
- Is the age range for both groups 13-24?
- Are we meant to add additional testing objectives on Attachment F from the priority populations listed there?

Answer: We would like agencies ensure that at least 25% of their testing is in young black MSM, 20% in non-MSM youth and the rest (55%) can be allocated among other risk groups as the agency sees fit. Youth is defined as 13-24 years of age. While developing your objectives, you will see on Appendix 19 in the RFA, you should include separate objectives on the following:

- Total number of tests you will provide to clients in the community among the priority populations that we just mentioned.
- 25% of these tests should be conducted among young AA MSM (typically ages 13-24 years old)
- 20% should be among NON-MSM youth (ages 13-24 years old) who are identified through collaboration with youth organizations, school health educators and universities.

4. Question: Do we know the rates for pharyngeal gonorrhea and chlamydia? What about rectal?

Answer: The new STD epidemiologist will be looking at extragenital testing this summer once the data is closed out. We will add statewide information to our annual report narrative this year.

5. Question: What is Nicole Adam’s email?

Answer: nicole.d.adams@dhhs.nc.gov

6. Question: Project staff says 1-year of community organizing, but I think you said 1-year of community health. Can you clarify please?

Answer: Community health is used interchangeably with community organizing.

7. Question: What happens if a LHD will not give you a MOA?

Answer: If you tried to get a Letter of Support and could not, please share the reason you could not.

8. Question: Should Care submit applications separately?

Answer: Care applications may be submitted through the Network application or separately if the agency is not included in the Network application.

9. Question: Should ITTS organizations submit applications separately or through the regional group as a combined application?

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Answer: ITTS applications can either be submitted separately or as part of a regional application.

10. Question: Must the applicant provide ITTS and RW Part B services in all counties in the region? Or, can services be provided in one or two counties?

Answer: It is not required that all services are provided in all counties, or that all providers provide all services. However, all required services must be provided within the Region.

11. Question: Will the RFA be provided in a Word document?

Answer: We cannot provide a Word document for the entire RFA, but the Appendices will be emailed to all agencies in a Word format.

12. Question: How do we access the applications Face Sheet?

Answer: A Microsoft Word document of the RFA Appendices, including the Face Sheet, will be emailed to everyone.

13. Question: Are we considering increasing the 300% FPL limit to 500% like SC?

Answer: No, not at this time.

14. Question: In my network (based on the network meeting held a few weeks ago), if you could not show that your agency did blood draws within the past 2 years, you could not get a Letter of Support from the Network. The Network also said if you are applying outside the Network, you could not get a Letter of Support from the Network. How should an agency move forward?

Answer: Agencies applying for ITTS funds can submit applications without a Letter of Support from the Network. The Letter of Support is strongly recommended but not required.

15. Question: Required RW services do not have to be provided directly by the Regional Network, correct? Do we just explain how those services are provided? I am referring specifically to EIS.

Answer: Each agency funded for RW Part B services must provide at least one of the core or support services listed in Appendix 8. The required core medical and support services listed on pages 17 and 18 of the RFA may be provided directly or through sub-contract using Ryan White Part B funds or be made available through other funding streams.

16. Question: What is the funding amount for MAI? Is that a separate RFA and/or allocation process?

Answer: MAI funding is not included in any RFA process. Instead, any MAI funding that we are awarded is then allocated to each of our funded Networks. MAI funding from HRSA is not guaranteed and the amount the State receives varies from year to year. We

base each years' funding on the total amount we received from HRSA for the prior year. Then when we receive our award, we adjust the funding amount awarded to the Networks up or down depending on the amount we receive. As a result, Networks that requested MAI funds are currently budgeted at \$28,925 for the period 4/1/21 - 3/31/22. This is the same amount that would be budgeted for 4/1/22 - 3/31/23 unless the amount we receive from HRSA increases or decreases.

17. Question: Will you make available a document listing all questions asked and responses provided by the Department?

Answer: Yes, A list of all questions that have been asked via email and during the Bidder's Conference webinar will be posted on the RFA website on June 7, 2021.

18. Question: Where do you find contact information for each Regional Network?

Answer: In the RFA, Appendix II lists counties only. A complete list of Regional Networks and currently funded agencies will be emailed to all agencies.

19. Question: In reference to the requirement for all signatures to be original, will you accept Docu-sign signatures?

Answer: Only original signatures will be accepted. Docu-sign signatures are not permitted.

20. Question: Can we email questions after the Bidders Conference?

Answer: All questions regarding preparation of the application must be submitted by electronic mail to Prevention.Care.RFA@dhhs.nc.gov by 5:00 pm on May 27, 2021.

21. Question: Can we hand deliver the physical copies of the RFA?

Answer: Yes. Hand delivered applications will be accepted until 5:00 pm on July 9, 2021 to Lavonda Crocker at 1200 Front Street, Suite 104, Raleigh, NC.

22. Question: The RFA states that each program area application should not exceed 50 pages, not including attachments, (pages 51, 54, 58). Can you explain how that works with the previously referenced 125-page count that is on page 45 of the RFA?

Answer: The RFA states that the application cannot exceed 125 pages, and each program area description cannot exceed 50 pages. For clarification, the page limit is 50 pages per program area and the page limit for the Network description is 10 pages for a grand total of 160 pages, not including attachments.

23. Question: Can a Program Area "borrow" pages from another Program Area. For example, Program Area One contains 7 questions (for a potential average of 7.14 pages per question) while Program Area Three contains 10 questions (for a potential average of 5 pages per question). However, Program Area Two contains 21 questions (for a potential average of only 2.38 pages per question). If Areas One and Three do not need each of their pages (for example), and if the application, inclusive of the Regional Network of Care and Prevention" section is under 125 pages, could Program Area Two

"borrow" left over pages in order to adequately address a disproportionate number of questions?

Answer: No, you cannot borrow unused pages from one section to add pages to another section.

24. Question: The RFA states that the narrative must be double spaced. Does this include the listing of the question itself? For example, simply listing the 21 questions for Program Area Two takes up more than two pages. Can they be single spaced in the narrative?

Answer: Questions can be single spaced in the narrative. However, as mentioned on page 38, the answers need to be typed, double spaced, and 12-point font in Times New Roman.

25. Question: Are vehicles long-term lease only, or are we allowed to purchase a vehicle with funds?

Answer: For HRSA Part B, the Care program will research if a vehicle purchase requires prior approval and what are the cost constraints. The Prevention program will not allow the purchase of Mobile Testing Units.

26. Question: Does each applicant from the Region need to include the Regional Network of Care and Prevention questions on page 49?

Answer: Yes, each applicant should include answers to the questions outlined on page 49 of the RFA in their application. These answers may be obtained through correspondence with the Network.

27. Question: Can an applicant apply for more than one program area?

Answer: Yes.

28. Question: Will a vehicle purchase be allowed for HOPWA?

Answer: No, vehicles cannot be purchased using base or one-time HOPWA funding.

29. Question: Can real estate be purchased with HOPWA?

Answer: No, real estate cannot be purchased with base or one-time HOPWA funding.

30. Question: Do you want a printed copy of an Audit Report?

Answer: No, it is not required.

31. Question: Are all counties eligible to apply for one-time HOPWA funding?

Answer: Yes.

32. Question: Can we send ITTS syphilis tests from local health departments to the State Lab?

Answer: ITTS syphilis tests from LHDs can be submitted to the State Lab.

33. Question: On page 8, it references duplicate applications will not be accepted. If we are submitting multiple applications, are we permitted to duplicate the "brief overview" and others like that on page 49?

Answer: Yes.

34. Question: Since prevention agencies can submit applications without going through the regional network, are they limited to the amount of funding listed under Prevention funding by Region?

Answer: Yes.

35. Question: For Program Area One, can we budget for salaries, materials, and mileage only, and designate fringe as in kind/covered with other funds?

Answer: Agencies should create budgets that best fit their needs as an organization. The budgets must align with their projected program objectives. The expenditures referenced in this question are allowable.

36. Question: Will the post-test counseling mandate apply to at-home HIV test kits made available through funded organizations? If so, what requirements will organizations have to meet to satisfy the post-test counseling mandate? Can we get the statute that requires post-test counseling?

Answer: No, this mandate cannot apply to at home tests since there is no way to determine if a client tests positive on using an at-home test. Post-test counseling for HIV: 10A NCAC 41A .0202 CONTROL MEASURES – HIV (10) Post-test counseling for persons living with HIV is required, must be individualized, and shall include referrals for medical and psychosocial services and control measures counseling.

37. Question: Program Area One, Attachment K, only requests job descriptions while Program Areas Two and Three, Attachment W, also request resumes. Will resumes be required for Program Area One?

Answer: No. CDB staff may request a resume at a site visit to verify staff qualifications, but these will not be required with applications for Program Area One.

38. Question: Please provide further guidance on the submission of paper applications: For mailing to the Mail Service Center, can we send it UPS Next Day Air with signature required? If not, what service should we use? For hand delivery, can you give us the name of the staff person we should hand it to, and can we get a signed receipt?

Answer: Applications may be hand delivered or sent UPS with signature required to 1200 Front Street, Suite 104, Raleigh, North Carolina 27609. Lavonda Crocker will accept all applications and will sign a receipt acknowledging delivery of the application.

Do not send applications via UPS to the Mail Service Center. You may send applications via U.S. Postal Service to 1933 Mail Service Center, Raleigh, NC 27699-1900. Lavonda Crocker will accept applications and will sign a receipt for the person delivering the application.

39. Question: Could you please define the Early Intervention Services, EIS, that are now required?

Answer: The definition of early intervention services can be found at the link listed on page 18 of the RFA under the paragraph that begins "Definitions of Ryan White Part B services...." or at the link below: <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN16-02Final.pdf>.

40. Question: Can EIS funding support a peer navigator salary that would provide these services?

Answer: Potentially. We would need to review the budget narrative explaining what this position would do before we could answer that question.

41. Question: After getting a substantial increase this year in HOPWA, we would like to know why Region V is receiving a cut in the amount of \$53,643?

Answer: The \$575,625 listed in the RFA for Region 5 is the base funding amount for the region based on our anticipated HUD allocation for 2022. IN 2021 we were able to add additional funding using old, unspent 2016 HOPWA funds, that amount increased the 2021 award by \$53,643. We recently had to submit a funding extension request to HUD to allow us to continue using old unspent HOPWA funds from FGY 2017, 2018, and 2019. We do not have approval from HUD yet to use these old funds and therefore could not include these funding amounts in the RFA as a direct award to any region.

42. Question: Are the terms MOA/MOU used interchangeably? I understand the MOU to have legally binding implications, where the MOA is more of a documented "handshake agreement". I just want to be sure we're doing these according to your expectations. Please clarify for Program Area Two & Three as the following language is included in the RFA:

- Page 21, #12. Establish and submit to the HCP signed electronic or printed copy Memorandums of Agreement of Understanding (MOAs or MOUs) and subcontracts (for all service providers identified as a subcontractor) within 30 days of signature: a. Documenting direct medical care provider oversight for all Medical Case Management providers serving Network clients; and b. Documenting the services to be provided by each Network provider regardless of funding source. All Network MOAs/MOUs/ subcontracts shall include specific agreements for sharing client data among all Network providers for coordination of care, tracking, monitoring health outcomes, quality improvement, and reporting purposes. The Contractor shall ensure that all Network MOAs/MOUs and subcontracts detail specific requirements concerning data sharing among all Network providers.
- Page 46, Attachment P: Memorandum of Agreement (MOA): MOAs from each provider, documenting which required and/or optional services each member of the Network has agreed to be responsible and how health outcomes and services data

will be shared among appropriate network providers. Include MOAS for all agencies providing administration, planning and evaluation.

Answer: Typically, an MOU is a document that describes very broad concepts of mutual understanding, goals and plans shared by the parties. An MOA is a document describing in detail the specific responsibilities of, and actions to be taken by, each of the parties so that their goals may be accomplished. You may use either an MOU or MOA, but we ask that both contain the specific responsibilities of both agencies so that we can clearly understand who is doing what.

43. Question: The Attachment labels for I. Regional Networks of Care and Prevention and A. Program Area One do not overlap (A-E and F-O respectively), but the Attachment labels for B. Program Area Two and C. Program Area Three do (P-W). Are attachments P-W for Ryan White and HOPWA supposed to be combined?

Answer: Where attachments do not require any program area specifics, they may be combined.

44. Question: Presently the Housing Department of Wake County has identified \$150,000 for STRMU. We would like to request additional funds for the clients we serve at UOR. We, WCHS, are only wanting to apply for the one-time funds to use for clients. We see there is a great need for additional STRMU funds currently. Is it possible to only apply for these (STRMU funds) since Wake County Housing already has Coordinated Entry for use of TBRA funds? We are concerned that we could cause confusion among clients needing to access TBRA funds if we were to pursue at this time. Wake County Housing also works to cover the additional services that are included in the RFA.

Answer: Wake County is eligible to apply for one-time funding for STRMU.

45. Question: The application for HOPWA states that MSAs can submit applications and be awarded. Can you clarify that MSAs that receive funding directly from HUD and not currently funded by the state can apply for and use these state HOPWA dollars?

Answer: This is correct. We have \$3,850,725 in old, unspent HOPWA funding from prior program years that we are making available to any eligible entity as defined on page 5 of the RFA. This includes MSAs that currently receive funding directly from HUD.

46. Question: When will the complete list of State Ryan White service standards be available? Decisions on program structure and staffing are dependent on state requirements.

Answer: As we complete the creation of Ryan White service standards for each funded Ryan White service, we will forward those standards to each funded Network. Our goal is to have all service standards completed by the end of 2021 so that the Networks will have them at least four months prior to the April 2022 contract start date.

47. Question: Is the Regional Networks of Care and Prevention a closed opportunity?

Answer: The RFA is open to entities meeting the eligibility requirements listed on page 5 of the RFA under the header "Eligibility". I have attached the RFA to this email for your review.

48. Question: I know that we should submit questions using the RFA email and I can submit that question there as well, but I noticed the 2022 HOPWA allocation for Region 4 was \$47,001. This is less than half of our current allocation and no other Region was allocated less than \$100,000. I wanted to clarify if this was a typo or if this was the correct amount.

Answer: The \$47,001 listed in the RFA for Region 4 is the base funding amount for the region. In 2021 we were able to add additional funding using old, unspent HOPWA funds. Moving forward, we had to submit a funding extension request to HUD to allow us to continue using old, unspent HOPWA funds. We do not have approval from HUD yet to use these old funds and therefore could not include these funding amounts in the RFA. Having said that, we anticipate receiving approval to use these old funds. So, for now, you would need to submit a budget based on the dollar amount listed in the RFA. If we receive approval from HUD, we can then allocate additional funding to each region. We are not sure yet if this funding would be issued through contract amendments, or if the funding could be added on to the amount listed in the RFA before the contract is executed. Again, this funding is being awarded through the RFA and is not designated for a particular agency. We will not know who will be funded until we have reviewed all applications received for each region.

49. Question: Is it possible to get an example of a Network Model Diagram (Attachment A)?

Answer: We do not have a sample network diagram. The diagram should include the administrative entity for the Network and all funded Care, Prevention and HOPWA providers.

50. Question: Are there limits on what One-time HOPWA funds can cover. For example, can salary/fringe be included in those expenses?

Answer: One-time HOPWA funds may be used for any of the allowable HOPWA services listed on pages 28 and 29 of the RFA. Funding may be used to reimburse for salary/fringe, but we would need to review the proposed budget narrative for this first to determine if we would approve funding for salary/fringe.

51. Question: Should CQI and MAI funds be included in the budget narrative and on the budget spreadsheet? If not, when should those budgets be submitted?

Answer: CQI funding should be included in the budget narrative and on the budget spreadsheet. MAI funding should not be included. We will notify all Networks when MAI funding is available.