Request for Proposals (RFP) RFP Log #2024-0903 Comprehensive Integrated HIV/HCV Prevention Services

Questions and Answers

1. **Is this funding intended to replace all prior HIV prevention funding, including Expanded & Integrated HIV Testing/ETI?**

Answer: Yes, all current HIV Prevention Contracts end December 2023. This is a new 5-year funding cycle for new services beginning January 2024 ending December 31, 2028.

2. **Does PrEP Navigation/services fall under Harm Reduction?**

Answer: Yes, please see page 20 of the RFP "PrEP/PEP Education and Navigation Services - Provide information, education and PrEP Navigation as well as linkage to PrEP medical services for persons who test negative, report risk factors, and present as eligible."

3. With regard to the supplies, will the supply chain remain the same?

Answer: Yes, all supplies currently ordered through DPH will continue to be made available to Lead Contract Agencies and subcontractors.

4. Why is the statewide funding disproportionately lower than the funding for the regions?

Answer: Statewide funding only supports one intervention (either Harm Reduction Services or Routine HIV testing), while regional service areas must cover all three interventions. The intent of Statewide Funding is not to duplicate services but to address gaps in services.

5. Are presently funded SSP's expected to go to their regions for to sustain funding?

Answer: This is a new RFP funding cycle. All current funded contracts end 12/31/2023. Lead Contract Agencies are expected to coordinate the provision of Harm Reduction Services throughout their region, but this may be with new or previously established SSPs.

6. What are some of the primary goals of the statewide provider for SSP services?

Answer: Please see page 20-21 of the RFP. The services to be provided include Outreach and Recruitment, Syringe Service Programs, HIV and HCV Testing, Linkage to PrEP/PEP, Overdose Prevention Training and Naloxone Distribution, Safer Injection Practices and Wound Care, and Drug Treatment Advocacy. The primary goal is to ensure harm reduction services are provided in areas of the state where there are limited or no services.

7. Why are the deliverables for the core interventions for the statewide the same as those for regional?

Answer: The deliverables are the same for Harm Reduction Services and HIV Testing in Clinical Settings regardless of whether they are delivered Statewide or Regionally.

8. Are statewide SSP's expected to administer HIV tests at the same level as the regional SSP's?

Answer: HIV Testing is an essential component for all SSPs upon client enrollment. Successful applicants will be required to administer and report on the number of tests identified in their Work Plan.

9. Why are the deliverables for the core interventions for the statewide the same as those for regional?

Answer: Please see the response to question 7.

10. How does the lead contractor from each region work with the Statewide contractor?

Answer: The Lead Contractor in each region should communicate with the Statewide contractor to ensure that services are not duplicated within the state.

11. Are regional lead contractors expected to contract with at least one entity in the Focus Area cities listed for each region?

Answer: Yes. Services are expected to be provided in all focus area cities, however there may not be a separate sub-contractor funded in each focus area city.

12. Will the regional lead contractors have access to the subawardees data in e2CTprevention?

Answer: Yes. The Lead Contractors will have access to data via canned reports.

13. Are clinical sites conducting HIV/HCV testing also required to report in e2CTprevention?

Answer: No, HIV/HCV testing will be reported in EvaluationWeb.

14. Are regional lead contractors expected to compile reports (triannual, etc.) for the entire region using statewide data systems?

Answer: Lead Contractors will compile all tri-annual reports to DPH including EvaluationWeb and e2CTPrevention reports.

15. Can the regional lead contractor also provide the core services?

Answer: Yes.

16. Will subawardees work directly with DPH to access sites such as e2CTprevention, order supplies, etc.?

Answer: Subcontractors can order supplies directly from DPH and access data systems such as e2CTPrevention with Lead Contractor approval.

17. Is the statewide contractor also responsible for delivering core interventions?

Answer: Yes. The Statewide contractor will deliver either Harm Reduction Services **OR** HIV Testing in Clinical Settings, depending on which one is applied for.

18. Are harm reduction supplies purchased separate from this budget?

Answer: Yes.

19. What is the intended purpose of contracting with a lead in each region as opposed to directly with service providers?

Answer: This will allow for better coordination of services within regions and eliminate any gaps in services. This will allow DPH to have fewer contracts and streamline the procurement process.

20. Can we submit one application to serve as the lead agency for the region while also being included as a partner in another agency's application to be lead agency for the same region?

Answer: The submission of multiple proposals is not allowed with this procurement. According to page 15 of the RFP, Proposers can only apply to be a Lead Contractor for one Region or Statewide Service Area, not both. For applicants applying for the Statewide Service Area, that proposer may be subcontracted by a Lead Contractor to provide services in another Regional Service Area.

21. What constitutes evidence that our agency can facilitate HIV/HCV testing in clinical settings? Must the application include an MOU, MOA &/or proposed subcontract with the available health care providers such as FQHCs that routinely provide those services?

Answer: Please see page 16-17, "The proposer must describe collaborations and or established sub-contracts where funds are exchanged and/or MOU's where no funds are exchanged with the service provider's health clinics, community-based organizations and/or State or local organizations." "Collaborations and plans to subcontract with other agencies must be clearly defined including the

specific agencies that will provide services and their capacity to do so. Successful proposers will be required to submit Memorandums of Agreement (MOA) or Memorandums of Understanding (MOU) with each collaborating or subcontracted agency providing services."

22. What constitutes evidence that our agency can provide comprehensive syringe services? Must the application include an MOU, MOA &/or proposed subcontract with an identified provider of syringe services?

Answer: Please see the response to question 21.

23. If you are a subcontractor and covering more than one town does that formulate additional funding for each town you are providing services?

Answer: Funding for sub-contractors will be determined by the Lead Contractor Agency and should be based on regional data.

24. How does the Lead Contractor determine funding distribution for each sub-contractor within their region?

Answer: Please see the response to question 23.

25. How does this new contract benefit providers verse present contract?

Answer: Please see the response to question 19. The purpose of the new contract is to improve service provision for clients and patients.

26. What role will DPH Grant managers play in the reporting / support process in this grant? Or will that now be the responsibility of the Lead Contractor?

Answer: DPH Contract Managers will work directly with Lead Contractor Agencies for all reporting/support processes for these contracts.

27. Is there a public source you can point us to that lists the current grant recipients for HIV/HCV testing and Harm Reduction/SSP?

Answer: Please see the following link: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/AIDS--Chronic-Diseases/Prevention/dph_funded_hiv_interventions.pdf

Questions from the Bidders Conference on 3/7/23

1. What data system or data system(s) will be required to report the data?

Answer: EvaluationWeb and e2CTPrevention

2. Can partners that are in the same region/city serve the same area if their populations are different?

Answer: Yes

3. Can applicants apply to provide just the statewide HIV testing or applicants must provide services to all regions?

Answer: Yes, proposers who apply for Statewide HIV testing will only provide this component.

4. If we are a healthcare organization that provides clinical services, can that be explained in the proposal as opposed to how we would subcontract with another organization to provide those services (regarding core intervention 2)?

Answer: Yes, Lead Contractor agencies may provide core intervention services.

5. Are citations required for the background data and if so are they included in the page limit?

Answer: Citations are encouraged and will not count toward the page limit.

6. Are Letters of Support supposed to be from subcontractors or other organizations?

Answer: Letters of support can be from either, however subcontractors should be identified in the proposal.

7. Are MOUs submitted at the time of application or if/when awarded?

Answer: MOUs will be required from all applicants awarded funding through this RFP.

8. Budget Summary: what is SID – is that each quarter of the Budget year?

Answer: SIDs are budget reference codes- SID 12100 is Needle and Syringe Exchange Program Funds, SID 12236 is State HIV funds and SID 22511 is federal CDC funds. An annual budget should be provided with the application.

9. Does the position schedule #2a include staff at the subaward orgs?

Answer: Schedule 2A is for the Lead Contract Agency staff. All subcontractor budget line items should be placed on The Subcontractor Schedule A Detail Form found on page 56.

10. **Does workforce analysis include staff at subawards? If so, do we use one form or one form per agency?**

Answer: The workforce analysis form is for the Lead Contractor Agency.

11. **Just want to make sure: for statewide funding, can a proposal address one of the 3 Core Services or does every proposal need to fully address all 3 Core Services?**

Answer: The Statewide funding proposal will include **either** Harm Reduction Services or HIV Testing in Clinical settings, but not both.

12. **Does every proposal need to offer testing in non-clinical settings?**

Answer: The Lead Agency for each region must ensure that there is HIV/HCV testing in non-clinical settings throughout the region.

13. **Can you share what the theoretical model for how Core Section 2 would work in clinical settings? (i.e. would there be scheduled time for staff to go in and provide services or would the clinic be reimbursed for testing services done by their staff)**

Answer: In clinical settings, HIV/HCV testing would be conducted routinely by staff employed at the health setting.

14. **Will you require contractors to maintain a particular level of seropositivity for HIV tests conducted?**

Answer: Not at this time, however proposers should strive to test people at highest risk for HIV infection, especially in non-clinical settings.

15. **In the workplan on page 4, # 4a-could you explain what is meant by "cure services".**

Answer: The workplan states "Linkage to HCV Care, Treatment, Cure Services". Hepatitis C is curable. The number of people who are HCV positive and receive treatment and are cured will be reported to DPH through program reports.

16. **Can we apply for lead and be named as a sub-contractor in someone else's application?**

Answer: Yes

17. **For the statewide HIV testing, are you required to perform testing and then link all negatives to patients or can this be just supervisory oversight of a partner site?**

Answer: Providers who conduct HIV testing should discuss PrEP with all patients. Clients should be linked to PrEP if they test negative, present as eligible, and request PrEP.

18. **Will there be only one agency granted for statewide HIV testing?**

Answer: Yes