

Questions and Answers HCSS RFP # 2022-0904
Ryan White Part B Core Medical & Support Services

1Q. Are we allowed to be a lead applicant in one Region and be included as a sub-recipient on another organization's proposal for a different Region?

Yes. A proposer can apply to the lead applicant in one region and be included as sub-recipient on another organization's proposal in a different region.

2Q. Are we allowed to be a lead applicant in one Region and be included as a sub-recipient on another organization's proposal for the same Region?

Yes. A proposer can apply as the lead applicant in one region and be included as a sub-recipient for the same region.

3Q. Are we allowed to be included as a sub-recipient on other multiple organizations' proposals for the same region?

Yes. An agency can be included as sub-recipient on multiple organization's proposals for the same region.

4Q. Can an agency apply as a provider for the statewide program as well as a partner for the Region?

Yes. An agency can submit a proposal to provide statewide services and be included as a subrecipient for another region.

5Q. The proposal states that you are seeking statewide services for Non-medical Case Management/Transitioning Linkage to the Community and that there is no need to be a regional lead agency for this component? Can an agency apply solely for this one service and, if so, does one use this same RFP or will this be focus of a different grant?

An organization can submit a proposal to provide Non-Medical Case Management/Transitioning Linkage to the Community using the same RFP Template. The proposer must have in place a Memorandum of Agreement with the CT Prison System, including access to the prison population and security clearance for staff.

6Q. What does "SID" mean relate to fund at the top of the columns.

Special Identification Code (SID) is used to track budgets by funding source. If you are funded DPH will determine the SID's number code. Enter the funding amount in in the first column labeled SID 1.

7Q. Please clarify style/formatting regarding margins. Page 21 notes .5-inch margins; page 38 notes 1-inch margins.

The margins should be no less than 0.5" top, bottom, left and right margins.

8Q. Please clarify page limits. 1-page executive summary, 2-page narrative, 10-page main proposal. On the formatting checklist, there is a 10-page limit for the main body of the proposal, and nothing mentioned about a 2-page narrative.

The correct proposal format should include the following: 1 page Project Abstract, 2-page Executive Summary, 10-page double sided Main Proposal.

9Q. If there is a 2-page narrative, what is supposed to be included in the 2-page narrative?

The two-page narrative pertains to the Executive Summary.

10Q. Funding recommendations for region 1, New Haven, region 2 Fairfield and region 3 Hartford will be made by the *Resource Allocation Committee*. What is the resource allocation committee and who are the members of the resource allocation committee?

The role and responsibility of the Resource Allocation Committee will be discussed at the next Funders Group Meeting.

11Q. When will the department determine the service category caps (to ensure the 75/25% mandate is adhered to)? Will this occur after the award is made?

Please submit a proposed budget that shows the 75/25 percent funding distribution within the allowable service categories.

Yes. The successful proposer will be required to submit a revised budget during the budget negotiations.

12Q. The application calls for specific quality management activities as the Lead agency but did not indicate a budgetary line item to conduct these activities separate other oversight responsibilities. Was this an oversight, given that the federal government is clear regarding admin vs Quality management functions?

This was not an oversight. The Part B Program will be responsible for the implementing and monitoring the CQM program activities with lead agencies. The expectations is that the lead agencies will be required to participate in CQM activities with the recipient (Part B Program).

13Q. The lead agency is capped at 10% for admin oversight. Does this process also allow for admin cost for sub-recipients of the Lead from the remaining 90%?

Administrative cost are capped at 10 percent of the remaining 90% (in the aggregate)

14Q. Page 27, 4.f. Regarding subcontractors. There is a reference to section V.A.8. and on page 18 there is a reference to section V.A.7. Section V in the RPF is about mandatory provisions.

This section refers to the use of subcontractor budget forms and required budget justification. Proposers must complete Schedule A-Detail form for each subrecipient. The proposer must complete this form for each subcontractor, if it is not known who the subcontractor will be, an estimate amount should be provided.

15Q. Does the total funding available (\$3,789,489) refer to total funding for three years? Or is the funding of \$3,789,489 available each year for three years -meaning a total 3-year funding of \$11,368,467?

An anticipated total annual available funding is \$3,789,489. Total available funding for three year of \$11,368,476.

16Q. **What form should the conforming electronic copy take? Should it be on a flash drive or other format?**

The electronic copy must be emailed in a PDF format.

17Q. **Should the entire proposal be combined into one PDF?** Yes. The electronic copy must be in a PDF format.

18Q. **Is there a page limit for Part 8, Work Plan on Page 28? Or is it part of the narratives page limit? If not- is it included in the attachments?**

No. There is not a page limit for the Work Plan. The Work Plan is not part of the Main Proposal Narrative. The Work Plan is part of the Required Forms and Attachments.

19Q. **Our organization uses an outside IT company to manager and service our tech infrastructure. Does this mean that we must list them as a sub-contractor?**

No. IT infrastructure is not an allowable cost under this RFP.

20Q. **Under the Scope of Services, it lists b. Description of the HIV epidemic catchment area (region) needs and service gaps. Are these asking for the same needs and gaps, or is there a difference between what you require in these sections?**

The proposer must submit a description of the HIV epidemic, needs and service gaps in the region where services are to be provided.

21Q. **Can you provide an estimate of number of patients to be served through this program for each of the priority locations?**

The estimated number of clients to be served should be based on HIV incidence and prevalence surveillance data, needs of target population, CHPC needs assessment and prior experience serving the population. Detailed surveillance data can be found at:
<http://www.ct.gov/dph/cwp/view.asp?a=3135&q=393044>

22Q. **We would like to confirm that the Department will NOT accept hand-delivered proposals, appropriately labeled and sealed in an envelope?**

No hand delivered proposal will be accepted.

23Q. **Does the lead agency need to provide services in all 3 categories under the Core Medical and Support services?**

Yes. The lead agency will be required to deliver a comprehensive system of HIV care that includes the allowable core medical services and support services under this RFP to enable individuals living with HIV to access and remain in primary medical care. If the lead agency cannot deliver the services, it must subcontract with an agency that can to ensure that these services are delivered.

24Q. **What will the performance measures be compared with? HRSA standards or National guidelines? E.g., Linkage to care and ART initiations, would it all be RAPID starts?**

The successful applicant will be required to adhere to the HIV/AIDS Bureau Clinical Performance Measurers. RAPID start of ARV is not an allowable service under the Ryan White Part B/CADAP programs. HIV positive individuals should be referred to the CADAP program.

25Q. **Service Expectations should proposer provide aggregate data (demographics, resources, surveillance data etc.) or by Priority Service Area?**

Please provide aggregate data of clients to be served within the regional service area.

26Q. **Funding sources must be specified for each sub-contractor?**

Yes. All subcontractors used by each program must be included, if it is not known who the subcontractor will be, an estimated amount and a provisional budget detail should be provided.

27Q. **Is proposer required to apply for all Allowable Service Categories?**

Yes. The lead agency will be required to deliver a comprehensive system of HIV care that includes the allowable core medical services and support services under this RFP to enable individuals living with HIV to access and remain in primary medical care to improve their medical outcomes. The lead agency is not required to provide the services directly, it must subcontract to ensure those services are delivered.

28Q. **Mental Health is not an Allowable Service Category, what are the expectations for Regions to provide such service?**

This information is not relevant to the completion of this RFP.

29Q. **Will Lead have access to subcontractor's e2CT domain for program monitoring and data reporting?**

The Department will discuss this with the successful applicant during the contract negotiations.

30Q. **How much is the current total funding in each of the regions?**

Region 1 New Haven, Fairfield	Region 2 Hartford, Middlesex, Tolland	Region 3 Litchfield	Region 4 New London	Region 5 Windham	Statewide Services
1.A Place to Nourish Your Health 2.Apex Community Health Care 3.City of Waterbury Health Department 4.Family Centers 5.Hispanic Health Council 6.Lifebridge Community Services 7.Mid-Fairfield AIDS Project 8.Optimus Health Care	1.Advancing CT Together 2.Community Health Center 3.Community Health Services 4.Community Renewal Team 5.HGLHC 6.Latino Community Services 7.HRA of New Britain 8.UCONN-CCMC 9.UCONN Health Center	1.Apex Community Health Care 2.City of Waterbury Health Department	1. Alliance For Living	1. Windham Regional Community Council	1. Advancing CT Together

31Q. What are the service categories currently funded with total dollar amount?

Core Medical Services 4/1/20 to 3/31/22	Region 1 New Haven, Fairfield	Region 2 Hartford, Middlesex, Tolland	Region 3 Litchfield	Region 4 New London	Region 5 Windham	Statewide Services	Total all Regions
Early Intervention Services	-	-	-	58,804.00	-	-	58,804.00
Medical Case Management	857,466.00	590,107.00	156,988.00	201,115.00	113,057.00	-	1,918,733.00
Medical Nutritional Therapy	-	68,750.00	-	69,120.00	-	-	137,870.00
Mental Health Services	37,744.00	-	21,814.00	625.00	-	-	60,183.00
Oral Health Services	16,369.00	96,954.00		77,300.00			190,623.00
Outpatient/Ambulatory Services	58,885.00		-	22,000.00	-	-	80,885.00
Support Services							
Non-Medical Case Management/TLC	-	-	-	19,878.00	-	204,061.00	223,939.00
Emergency Financial Assistance	8,500.00	16,917.00	-	500.00	3,000.00	-	28,917.00
Food Bank/Home Delivered Meals	40,617.00	7,000.00	7,383.00	23,000.00	1,200.00	-	79,200.00
Housing (Statewide)	-	-	-	-	-	174,674.00	174,674.00
Medical Transportation Services	-	12,250.00	-	14,509.00	1,200.00	-	27,959.00
Administration	53,239.00	71,792.00	-	53,889.00	11,846.00	34,083.00	224,849.00
Total	1,072,820.00	863,770.00	186,185.00	540,740.00	130,303.00	412,818.00	3,206,636.00