

FY2019-RFGA-HV-904

Response to Questions

Posted 10/26/2018

(Questions may have been paraphrased to preserve the identity of the organization asking the question.)

Question #1: Can we use CY16, 17, and 18 as three consecutive reporting years?

Answer #1: Unless otherwise unavailable, please respond as stated in the RFGA with CY15, CY16, CY17, as those will provide data from three complete years.

Question #2: Can we submit color copies of the applications?

Answer #2: The copies may be black and white or color.

Question #3: Where is NHAS funding in this process?

Answer #3: ADAP funding [NHAS] is not included in this RFGA process. Agencies who were eligible recipients will continue to receive those funds as long as funds are available and the initiatives are needed. Agencies that have not previously been funded with ADAP funds, may contact the ADAP to discuss how to become eligible.

Question #4: Are NHAS positions going to continue to be funded at the \$70,000 per instance level?

Answer #4: ADAP funding [NHAS] is not included in this RFGA process. Agencies who were eligible recipients will continue to receive those funds as long as funds are available and the initiatives are needed. Agencies that have not previously been funded with ADAP funds, may contact the ADAP to discuss how to become eligible.

Question #5: Is the current structure of MAI funding under NHAS going away?

Question #5: MAI funds in this RFGA are awarded based on amount of award and proportion of epidemic for outreach services to jails and/or prisons. Since MAI awarded dollars may be limited, other funds, such as ADAP or RW, may need to be used for outreach services to jails and/or prisons.

Question #6: Are all current MOU's grandfathered into this new structure? Referring to Page 14, #8.

Answer #6: Re-awarded RW Part B subrecipients are not required to submit to DHEC all current contracts for prior approval.

All RW subrecipients must gain prior approval from DHEC if awarding funds in a manner that establishes the contracts as a RW Part B-funded entity. A Ryan White Part B funded entity is one that must submit an RSR, may be eligible to apply for 340B covered entity status, and requires fiscal and programmatic monitoring visits.

Question #7: We did not see a place for inclusion of current MOU's. Where are current MOU's expected to be included?

Answer #7: Copies of current MOU's were not requested with the application. They should be discussed in the Ryan White Part B Base Program Description section of the application.

Question #8: Should we write for the Insurance Support funding?

Answer #8: ADAP-funded Insurance Support Services is not included in this RFGA process. Agencies who were eligible recipients will continue to receive those funds as long as funds are available and the initiatives are needed. Agencies that have not previously been funded with ADAP-funded Insurance support, may contact the ADAP to discuss how to become eligible. Funds in this RFGA may need to be used for insurance support services.

Question #9: Which Ryan White Part B service category should co-payments and deductibles be categorized?

Answer #9: Copayments and deductibles are allowable under the Ryan White eligible service of Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals. That is where they should be categorized in the budget and Implementation Plan.

Question #10: Are Ryan White subrecipients required to provide or pay for ALL of the following eligible core and support services listed under the *Required Activities* section of the RFGA including: health insurance premium and cost sharing assistance, home and community based health services, hospice services, medical nutrition therapy, emergency financial assistance, food bank/home delivered meals, health education/risk reduction, housing services, linguistics services, other professional services, outreach services, permanency planning services, psychosocial support services, referral for health care/supportive services, rehabilitation services, respite care and substance abuse services residential – or are these services optional (supplemental) to the required services that must be provided or paid for which include: outpatient ambulatory health services, oral health care, mental health services, medical case management, outpatient substance abuse services, and medical transportation?

Answer #10: Ryan White subrecipients are required to provide or pay for outpatient ambulatory health services, oral health care, mental health services, medical case management, outpatient substance abuse services, and medical transportation. The other services listed are allowable under Ryan White Part B are optional based on unmet need and should be considered to support the care plan to ensure clients enter medical care, remain in care, are prescribed anti-retroviral therapy, and strive to achieve and maintain viral suppression.

Question #11: In the Eligibility section a completed “Pre-Award Risk Assessment” is requested to be submitted. Do you have any guidance or an existing template of what needs to be included in this?

Answer #11: The Pre-Award Risk Assessment Survey is included in Attachment #12. Completion of this survey will meet this eligibility requirement. Use of this format is required.

Question #12: I have attempted to retrieve the budget template for the Ryan white Part B Application form the technical assistance website, but cannot find the budget application for a new application. Has it been removed from the website? Where can I find it?

Answer #12: The Ryan White Part B budget template is located on the Ryan White Part B Technical Assistance website: <https://www.scdhec.gov/health/diseases-conditions/infectious-diseases/hiv-aids-sexually-transmitted-diseases/ryan-white> (also referenced in Attachment #8 of the RFGA). Once on that webpage, the Ryan White Part B Budget template can be found clicking the link titled “RW Part B Budget Quarterly and Year End Financial Report (Revised May 2018) (xls)”

Question #13: What the dates we should use for the budget and the implementation plan: 18-19 or 19-20 grant year?

Answer #13: The budget and Implementation Plan templates on the website (<https://www.scdhec.gov/health/diseases-conditions/infectious-diseases/hiv-aids-sexually-transmitted-diseases/ryan-white> (also referenced in Attachment #8 of the RFGA)) are dated for the current Ryan White Part B grant year, which is Grant Year 18-19. The first grant year of the awards made from this RFGA process will be Grant Year 19-20. Please revise the date on the templates to show Grant Year 19-20, the first year of the new grant cycle. Most importantly we want to see an annual budget for the program operations described in the application to be funded with Ryan White Program funds.

Question #14: Is there a charge for the Provide Enterprise information management and reporting system? If so, how much does it cost for the software, and are there any on-going user fees? If there are user fees, what are they?

Answer #14: There is a charge for *Provide Enterprise*, but the costs associated with the required use under the grant will be paid for by DHEC. Grantees may enlist *Provide Enterprise* customization at agency expense (however these projects require prior approval from DHEC).

Question #15 For the budget included in the grant application, how would you like potential sub recipients to detail in-kind funding for Ryan White services, that will not be billed? Should these services be left blank as a cost on the budget? For example, if linguistic services are provided in-kind, these services will not be billed- should this cost (or lack thereof) be explained in the narrative?

Answer #15: Services provided in-kind may be included in the Ryan White Part B Base Program Description section of the application. Dollar amounts may be included in this section with the service description to inform DHEC of those services also available to Ryan White clients, but not funded with Ryan White Part B Program funds. In-kind funding should not be included on the budget or Implementation Plan templates.

Question #16: If the grant applicant plans on including dental services (dentures) to its patients, are there any restrictions as to the number and type of dentures allowed for a Ryan White client?

Answer #16: As stated in HRSA's Ryan White Service Definitions found here: <https://www.scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/RyanWhite/PartB/RWServiceDefinitions.pdf> and also referenced in Attachment #2 of the RFGA. "Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants." Costs should be reasonable for the service provided. Awarded Grantees must have Service Standards in place for all services specifying, at a minimum; service eligibility, service process, and service caps. The standards should function to ensure that all clients at the agency are offered the same fundamental components of a given service and establish the minimum level of service of care that the RW funded provider offers.

Question #17: Would it be acceptable to submit a copy of the confirmation of our request for Medicaid certification while we are awaiting certification?

Answer #17: Yes, the confirmation of request will suffice for the RFGA application. Upon execution of services, within 60 days of start date of the contract, the certification must be sent to DHEC.