

## HCV RFA Call, November 19, 2015

### Draft Questions and Answers

#### 1. General Questions

**Question (Q): How many awards does CDPH anticipate making under this RFA? And how many awards per goal?**

Answer (A): CDPH anticipates making approximately 3-6 awards, with 1-2 awards per goal. However, this may change based on the quality of the applications received.

**Q: Is the Letter of Interest (LOI) mandatory? Can organizations that did not submit an LOI apply for funds under this RFA? Will organizations that did not meet the LOI deadline be able to apply in subsequent years?**

A: Yes, the LOI is mandatory. No, organizations that did not submit an LOI may not apply for funds under this RFA. CDPH intends to issue three-year grants under this RFA, and does not intend to re-open the application process. However, this may be subject to change, such as if the legislature allocates additional funds for HCV linkages to care projects during this grant period or during subsequent grant periods, or if CDPH receives funds from another source for HCV linkage to care demonstration projects.

**Q: Will CDPH send Eligible Entities who submitted a LOI verification that the LOI was received?**

A: Yes.

#### 2. Formatting / Submission Requirements

**Q: Do the table of contents, organization chart, sample risk assessment, and appendices count towards the page limit?**

A: No.

**Q: Does the budget and the budget narrative count towards the page limit?**

A: No.

**Q: If an applicant pastes the organization chart into the body of the project narrative, does that change the page limit?**

A: No. The page limit is the same. Applicants may attach the organization chart and/or risk assessments as an appendix rather than into the project narrative to save space for the remainder of the project narrative as needed.

**Q: Can an organization that operates in multiple jurisdictions submit one application to perform program activities in multiple jurisdictions? If so, would they need to submit separate applications? And would the page limit change?**

A: Yes, an organization can apply to implement a demonstration project that spans multiple jurisdictions. No, they would not need to submit multiple applications. No, the page limit would not change. The organization would need to explain the geographic scope of the activities proposed. If funded, the organization would need to provide centralized progress reports that summarized findings from across multiple project sites.

**Q: The RFA states that the application needs to be in Arial 12 point font. However, the Scope of Work is in 10 point font. Should applicants change the Scope of Work to 12 point font?**

A: No. Applicants should not change the formatting of the Scope of Work. The Scope of Work should stay in 10 point font; the rest of the application should be in 12 point font.

**Q: Should applicants only include letters of support from proposed subcontractors? Can they include letters of support from other organizations?**

A: Applicants may include letters of support from other organizations that can attest to the capacity of the applicant to perform the activities required under the Goal(s) to which the applicant is applying. Letters of support should pertain directly to the RFA.

### **3. Data Reporting Requirements / Project Evaluation**

**Q: What are the data reporting elements for projects funded under Goal 3?**

A: They are listed in the Scope of Work and Attachment D.

**Q: For Attachment C, if an organization has incomplete data for 2014 but complete data for 2013, would the latter be acceptable?**

A: Yes. We are asking that applicants submit data for the last year for which data are available. If the last year for which complete data are available is 2013, that is acceptable.

**Q: For Goal 3 projects that receive grant funding, will CDPH want data from the whole clinic or only from services funded under this RFA?**

A: One of the purposes of this RFA is to increase organizational capacity in settings serving vulnerable and underserved populations to provide HCV testing, linkages to care, and, ideally, clinical management, care, and treatment. CDPH anticipates that clinics will deliver a mix of services that are covered by other payers – such as HCV testing for insured clients – as well as services covered by the grant funds under this RFA – such as care coordination. To assess changes in clinical capacity over time, CDPH will collect information on HCV testing and clinical management activities and organizational capacity for the whole clinic, not just for services funded by the RFA.

**Q: CDPH has requested data on HCV testing services for people who have ever injected drugs. However, LEO collects data on people who have injected drugs in the past 12 months. How will data on lifetime drug use be collected?**

A: The HIV Counseling Information Form includes questions on both injection drug use in the past 12 months and on whether clients have ever injected drugs (lifetime injection drug use). LEO includes both of these variables.

**Q: Under Goal 2, are funded sites that use LEO expected to request a data extract from the CDPH/Office of AIDS each month to submit to the CDPH/Office of Viral Hepatitis on HCV testing and linkage to care data that was entered into LEO?**

A: No. CDPH/Office of Viral Hepatitis will request this data directly from the CDPH/Office of AIDS for those sites funded under this RFA that are using LEO. However, organizations funded under Goal 2 will be expected to submit quarterly narrative reports, including information regarding partnerships to facilitate linkages to care, barriers they and their clients are facing in terms of facilitating linkages to care, successes to date, etc. Also, if an organization is funded under Goal 2 and is not willing to use LEO for tracking HCV testing activities, then that organization would need to submit client-level testing data to the CDPH/Office of Viral Hepatitis on a monthly basis.

**Q: Would organizations funded under Goal 3 be required to use LEO?**

A: No. Only organizations funded under Goal 2 will be asked to use LEO.

**Q: Will organizations funded under Goal 2 that do not currently use LEO be granted access to LEO?**

A: Yes.

**Q: The data reporting requirements for Goal 3 seem to include elements of Goal 2. Is HCV linkages a component of the data reporting requirements for both Goal 2 and Goal 3?**

A: People tested for HCV antibody and/or HCV RNA in community-based settings will need to be linked to care in a clinical setting. Some data elements, such as HCV antibody testing can be collected prior to linkage to care, while other data elements, such receipt of HCV genotype testing, liver disease staging, and HCV treatment, can only be collected in a clinical setting. HCV RNA testing data may be collected in a community setting or a clinical setting, depending on where the service was provided. Thus, there may be some overlap between the two.

CDPH will work with sites funded under Goal 3 to further refine the data reporting requirements and methods, depending on the feasibility of extracting data from the electronic health record or collecting client-level clinical data through other means. CDPH/Office of Viral Hepatitis Prevention welcomes suggestions from clinical sites about how to best capture data on HCV clinical management services provided and organizational capacity to deliver those services in a primary care setting.

#### **4. Budget / Allowable Costs**

**Q: Can grant funds be used for rent, e.g., for an HCV testing site or office space?**

A: Yes.

**Q: Can organizations request a different dollar amount in Years 1, 2, and 3? Does the grant amount have to be the same each year (even though Year 1 is shorter)?**

A: Yes, organizations can request a different dollar amount in Year 1, Year 2, and Year 3 as long as the dollar amount in each year does not exceed \$500,000. Applicants are not required to submit the same amount for each year.

**Q: Can supplies purchased in Year 1 be used in subsequent years?**

A: Yes.

**Q: Can incentives purchased in Year 1 be used in subsequent years?**

A: Yes, as long as incentives are tracked according to the guidelines outlined in the RFA.

**Q: Is there a cap on physicians' salaries?**

A: No. CDPH recommends basing the percentage requested on the actual work the physician will perform on this demonstration project. However, if physicians' salary costs would limit the applicant's ability to perform other activities in the RFA, then applicants may choose to cap physicians' salaries in their applications in accordance with the guidelines outlined by other funding sources (such as federal grants).

**Q: Should in-kind supports (e.g., donated HCV test kits) be included in the budget?**

A: Yes. If, for example, an applicant has HCV rapid test kits that were donated from another funding source, these test kits should be listed in the supplies section of the budget, and should also be described in the budget narrative.

**Q: Is HCV testing an allowable expense?**

A: Yes. Both HCV antibody and HCV RNA testing are allowable expenses.

**Q: Can grant funds be used for costs incurred prior to the start of the grant agreement?**

A: No.

## **5. Subcontractors**

**Q: Should applicants that are planning to subcontract some of the functions of the grant include an organization chart for the subcontractor as well?**

A: Applicants may use their own discretion when deciding whether to include the organization chart of a subcontractor. If the subcontractor would be playing a substantive role in implementing the project, then an organization chart for the subcontracting organization should be included.

**Q: Can the dollar amount budgeted for subcontractors differ in Year 1, 2, and 3?**

A: Yes.

**Q: Can an applicant subcontract the evaluation function of the grant to an outside entity?**

A: Yes. The proposed subcontract should be described according to the guidelines outlined in the RFA.

**Q: Should applicants who are planning to subcontract prepare a separate budget narrative for the subcontract?**

A: Yes. Organizations proposing to subcontract out some of the activities for this project should describe how the subcontractor was chosen and include the other details regarding the subcontractor outlined in the budget section of the RFA.

**Q: If organization A was funded under Goal 2 and organization B was funded under Goal 3, could organization A subcontract some of its services to Organization B?**

A: Yes, assuming both organizations were funded. However it would need to be explained clearly why the two organizations submitted separate applications and how Organization B was chosen as the subcontractor.

**Q: Is there a cap on the percentage of grant funds that can be allocated to a subcontractor? We ask because the RFA strongly encouraged collaborative applications, and we are considering subcontracting about half of the activities to our partner organization. We would be implementing the project (Goal 3) together.**

A: No. There is no maximum percentage of funds that can be allocated to subcontractors. However, CDPH recommends that the percentage not exceed 90 percent, and that the subcontracted organization be a non-profit entity. If subcontractor percentage is over 90% and/or with for-profit organizations, it is likely that the grant application will not be approved.

**Q: Are facility improvements and space “build outs” an allowable expense?**

A: No.

## **6. Allowable Activities**

**Q: Would partnering with a community pharmacy be consistent with the goals of this RFA?**

A: Yes. Pharmacies have an important role in providing HCV testing and support services for people undergoing HCV treatment, such as assisting with prior authorization and treatment adherence. However, this RFA aims to target vulnerable populations, specifically current and former injection drug users. An applicant that involved a community pharmacy as one of its collaborative partners would need to demonstrate how that pharmacy serves vulnerable populations, including current and former injection drug users, who are targeted under this RFA.

**Q: Would training health care providers and community-based organizations on hepatitis C reporting requirements, data collection, and diagnostic protocols be an appropriate activity under Goal 1?**

A: Goal 1, Objective 2 focuses on partnering with ordering providers to identify and address policy and systems barriers to ensure all clients with a positive HCV antibody test result receive follow-up HCV nucleic acid testing. Training activities may be a means of the process of fulfilling objective 2, but they should not be an ends. Organizations funded under Goal 1 should focus on modifying and implementing hepatitis C screening, testing, and diagnosis policies that can be sustained beyond the grant period.

**Q: We have a new developed HCV antigen test for urine samples, and wonder if we could join an application to also include our new test (not FDA approved yet) with small portion of the funding to handle the samples and date analysis to assess its value for community screen[ing].**

A: Funds under this RFA cannot be used for research. Testing must be conducted using tests approved by the U.S. Food and Drug Administration. However, your organization could collaborate with one of the organizations applying for funds under this RFA and use an alternate funding source to support handling and analysis of urine samples for testing the value of hepatitis C antigen testing in community settings.