

California Department of Public Health (CDPH)
Hepatitis C Virus (HCV) Testing and Linkages to Care
Request for Applications (RFA) No. 15-10749
November 5, 2015 Teleconference
Questions and Answers

Note: Questions and answers have been grouped by topic where possible

Topic: General

Question (Q): Where are the attachments to the RFA posted?

Answer (A): The RFA and all attachments are posted at <http://www.cdph.ca.gov/programs/Pages/HCVLinkages.aspx>.

Q: The Application Components section lists the page limit for the project narrative as 35 pages. Yet the various sections add up to 36 pages. Which is it?

A: CDPH apologizes for this error. **The correct project narrative page limit is 36 pages.**

Q: Will applicants be competing with all other applications, or with only those applications within the same goal?

A: CDPH proposes to award approximately 1-2 grants per goal. Applicants will be competing with other applications within the same goal. However, CDPH reserves the right to fund more or fewer applications within each goal. For example, if CDPH does not receive any strong applications under Goal 1, then the funds allocated for Goal 1 would be redirected to support activities under Goal 2 and/or Goal 3. This example is provided for illustration purposes only.

Q: Will there be another opportunity for eligible entities to ask questions about the RFA?

A: Yes. CDPH will hold a second teleconference on Thursday, November 19, 2015 from 10:30 AM to 12:00 PM. The questions and responses for this teleconference will be posted to the CDPH/OVHP website on November 23, 2015.

Topic: Prisons and Jails

Q: Are county jails eligible to apply?

A: Eligible Entities (EEs) include local health jurisdictions (LHJs) listed in Section D of the RFA as well as community-based organizations (CBOs) and community health centers (CHCs) within those jurisdictions. If the local health department provides health services in the jail, then the local health department could propose to conduct HCV testing and linkages to care activities, including in community-based settings and the local jail. However, if the LHJ does not run the jail's health services, then the jail could ask an eligible entity (LHJ, CBO, or CHC) to take the lead on a collaborative application.

Q: Could a LHJ propose to pay for HCV nucleic acid testing (NAT) in state prisons

A: A LHJ could propose to identify persons who are incarcerated in state prisons through routine public health surveillance who received HCV antibody testing but who did not receive NAT and to contact the state prison health care provider regarding ordering NAT. However, these funds are not for use to deliver prison health care. The California Correctional Health Care Services already receives state funds to deliver preventive services and health care to people incarcerated in state prisons.

Also, Quest Diagnostics, which serves as the laboratory for California state prisons, recently announced that, effective Monday, November 9, 2015, they will no longer offer stand-alone HCV antibody screening. All positive HCV antibody tests ordered through Quest Diagnostics will automatically reflex to HCV NAT.

Q: Could a program propose to conduct health education regarding hepatitis C in state prisons?

A: An organization considering whether to apply should carefully review the RFA as well as the Scope of Work (SOW) template (Attachment E) and consider whether they would be able to complete all of the required activities and reporting requirements listed in the SOW. These funds are not intended to provide HCV health education, testing, linkages to care, or care coordination services for people who are incarcerated in state prisons.

Topic: Minimum Requirements

Q: Do LHJs have to have served at least 1,250 injection drug users (IDUs) in the past year to be eligible to apply for Goal 1?

A: No. Goal 1 is intended for LHJs to use routinely collected public health surveillance data regarding chronic hepatitis C, which typically does not include client risk factors. All LHJs listed in the RFA in Section D are eligible to apply for Goal 1.

Q: Do CBOs and CHCs applying to this RFA have to have served at least 1,250 IDUs in the past year?

A: Yes. However, eligible entities may pool their IDU populations to meet the minimum threshold when submitting a collaborative application.

Q: If the LHJ applies and subcontracts HCV testing activities to CBOs, does each CBO have to have served at least 1,250 IDUs in the past year?

A: No. As long as the subcontracted CBOs served a total of 1,250 IDUs in the past year, the lead organization may submit an application pooling their IDU populations to meet the minimum IDU threshold.

Q: If an organization operates in more than one jurisdiction, could the IDUs served in another jurisdiction count toward the IDU minimum?

A: Yes, as long as the IDUs in those other jurisdictions would also be served through the proposed project.

Q: Do CBOs and CHCs applying for this RFA have to have diagnosed 200 HCV cases in the past year?

A: No. CBOs and CHCs have to have had at least 25 positive HCV antibody test results among IDUs in their HCV testing programs in the past year for which data are available.

Local health jurisdictions that had at least 200 newly reported cases of chronic hepatitis C in 2011--as well as CBOs and CHCs within those jurisdictions--are eligible to apply for this RFA. Those jurisdictions are listed in Section D of the RFA.

Topic: Target Populations

Q: Could these funds be used to allow [organization name] to develop its hepatitis C bingo game, and corresponding materials, (A proven culturally and linguistically appropriate educational tool to raise awareness), train promotoras to deliver the education, launch a specific number of bingos per year, navigate those eligible people to local clinics for treatment and care, host a community half-day forum, and set aside dollars for clinical partners to provide the clinics and provide treatment or referral... [question edited for length and clarity]?

A: This RFA prioritizes clients who have injected drugs, even once, for hepatitis C screening, testing, and linkages to care services because these clients are most likely to be out of care and may be at high risk of transmitting HCV to others. This RFA is not intended for projects to raise general awareness about hepatitis C. If an organization wishes to apply to develop culturally and linguistically appropriate outreach strategies for special populations with a history of injection drug use as part of larger effort to recruit IDUs for HCV testing and linkages to care, then that would be consistent with the goals of this RFA. However, development of culturally and linguistically appropriate materials for educating individuals that have never injected drugs, while a worthwhile activity, is not consistent with the goals of this RFA and would not be funded.

Q: Would transgender women who do not use drugs but who inject hormones be considered a priority target population for the purposes of this RFA?

A: This RFA targets people who have a history of injection drug use because IDUs are most likely to have high rates of HCV positivity in community settings in California (>15 percent), be out of care, and, if HCV-infected, be at risk for transmitting HCV to others. HCV testing and linkages to care for transgender women who have ever injected drugs (or shared drug injection equipment) would be consistent with the goals of this RFA.

Topic: Data and Reporting

Q: In Goal 1, CDPH offered technical assistance in the form of a line-list of cases from CalREDIE that have an HCV antibody test result but are missing HCV NAT. Couldn't the LHJ just generate this line-list ourselves?

A: Yes. LHJs can generate their own line lists. CDPH offered this service as a form of technical assistance as needed.

Q: Are applicants required to use the CDPH/Office of AIDS Local Evaluation Online (LEO) system to track HCV testing outcomes?

A: No. CDPH would strongly prefer that applicants use LEO. However, it is understood that some jurisdictions do not use LEO. In this instance, the applicant should explain why they do not use LEO, describe the alternate data system used, and describe whether they will be able to provide the draft data elements listed in Appendix C.

Q: Will LEO be made more “HCV-friendly” for this project?

A: Yes. CDPH is currently working on making modifications to LEO to include the draft data elements listed in Appendix C. These draft data elements would capture linkage to care outcomes that are specific to hepatitis C, such as receipt of HCV NAT.

Q: What if organizations that apply do not currently have access to LEO?

A: Organizations funded under Goal 2 will be granted access to LEO.

Topic: Budget / Use of Funds for Various Services

Q: Under Goal 1, if the LHJ contacts the ordering provider and s/he refuses to order HCV NAT, can the LHJ use these funds to pay for HCV NAT?

A: Yes. These funds may be used to pay for HCV NAT.

Q: Under Goal 2, is HCV NAT an allowable expense?

A: Yes.

Q: Is HCV NAT through the local public health laboratory an allowable expense?

A: Yes.

Q: Under Goal 3, could a CBO apply to provide care coordination / medical case management?

A: A CBO can be the lead organization or collaborate on an application for Goal 3 as long as an eligible entity is included in the application that is licensed to provide primary care and can deliver HCV clinical management services (such as HCV genotyping, liver staging, and evaluation for treatment eligibility).

Q: Under Goal 3, is assistance obtaining prior authorizations and approvals from patient assistance programs included in the definition of care coordination?

A: Yes.

Q: Is payment for hepatitis C treatment drugs an allowable expense?

A: The goal of this RFA is to support HCV outreach, screening, testing, and linkage to care demonstration projects that generate best practices that can be replicated and sustained by other jurisdictions. Organizations proposing to use funds from this RFA for HCV treatment would need to list this expense in their budget and clearly explain how the proposed budget would adequately support this expense along with the completion of all required activities in the Scope of Work.

Q: Can funds be carried from Year 1 to Year 2 or from Year 2 to Year 3?

A: No. Any funds not expended at the end of each project year will be returned to the State General Fund. This includes Year 1 (February 1, 2016 or upon approval of the final grant agreement – June 30, 2016), which will be less than six months. EEs should budget accordingly in terms of fully expending personnel and non-personnel expenses. The types of non-personnel expenses generally allowed by the state, such as training and testing supplies, are described in the RFA.

Topic: Indirect Cost Rates

Q: What if an eligible entity has negotiated a higher indirect cost rate (e.g., with the federal government) than that listed in Appendix E?

A: This RFA is supported with state general funds, and not with federal dollars. CDPH is requiring that eligible entities submit budgets with the indirect cost rate for the county in which the eligible entity is located, even if it is lower than the indirect cost rate that the eligible entity has previously negotiated with the federal government. The indirect cost rate requirement applies to all eligible entities under this RFA.

Topic: Application Components and Submission

Q: If an organization is applying for more than one goal, which parts of the application should be the same and which parts should be separate?

A: Organizations applying for more than one goal under this RFA should submit separate project narratives and program budgets. However, applicants may repeat information that is general and pertains to both goals in both narratives (such as the statement of need, organizational capacity, and evaluation plan), while tailoring the narrative for each goal as needed to address the specifics of that goal.

Applicants may also submit letters of support that express support for all of the goals to which the applicant is applying. It is not necessary to obtain separate letters of support for each goal. The other elements of the application may remain the same.

Organizations that submit an application for more than one goal may be funded not at all, for one goal, or for both goals, depending on the strength of their applications.

Q: What if the application file (PDF) is too large and the email submission does not go through to CDPH?

A: Applicants should save their PDFs as a compressed file (or zip file) to avoid this problem. Applicants sending their applications via email may use the feature available in some email programs (e.g., in Outlook) to “Request a Delivery Receipt” and “Request a Read Receipt.” Applicants may also submit a backup copy by U.S. mail; however, the backup copy must be received by the application deadline. Applicants may contact Christine Johnson (Christine.Johnson@cdph.ca.gov) and May Otow (May.Otow@cdph.ca.gov) for assistance with submitting the application via email, in person, or by U.S. mail as needed. **CDPH will send a confirmatory email to everyone who submits an application via email before the deadline.**

Q: The organizational capacity section asks applicants to describe their communication systems that are in place to participate in public relations activities? Can you explain?

A: CDPH plans to identify lessons learned and best practices from the HCV testing and linkages to care projects funded under this RFA and to disseminate this information to other stakeholders through materials, such as fact sheets, case studies, etc. Grantees will be asked to contribute to the development of these materials. CDPH does not expect grantees to launch a public relations campaign about this project. However, grantees should demonstrate the organizational capacity to contribute to and participate in such activities as needed. Applicants could describe, for example, networks of which they are a part and to which they could distribute such materials once developed.

Topic: Training for HIV Test Counselors

Q: Are organizations that have phlebotomy capacity and/or medical personnel required to conduct HCV rapid testing or to be trained in using the rapid test?

A: No. Organizations that have phlebotomy capacity and plan to conduct HCV testing via venipuncture (blood draw) may do so. They are not required to offer rapid testing.

Organizations offering HCV rapid testing must have a CLIA certificate of waiver.

Medical personnel who may perform the HCV rapid test within their existing scope of practice are not required to be trained by CDPH/Office of AIDS or its training agents in use of the HCV rapid test.

Q: CBOs in jurisdictions not currently funded by CDPH/Office of AIDS for HIV prevention have historically faced difficulty obtaining training from Office of AIDS training agents in the HCV rapid test. Will CDPH/Office of Viral Hepatitis Prevention help make this training available to grantees?

A: Yes. CDPH/Office of Viral Hepatitis Prevention is currently working in collaboration with CDPH/Office of AIDS to make the Basic Counseling Skills Trainings (BCST) available for grantees funded under this RFA. The BCST includes proficiency in fingerstick, rapid HIV testing, rapid HCV testing, HIV and HCV counseling skills, and other topics. For more information on HCV testing in non-healthcare settings, including training requirements for HIV test counselors, visit www.cdph.ca.gov/hcvtest.