

Expanded HIV Testing RFA Questions and Answers

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1.	<p>What is the anticipated date of grant award notification?</p> <p>OA will release Notices of Intent to Award on Monday, June 27, 2011. Awardees will be notified by email and an Awardee List will be posted at http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx</p>
2.	<p>Are any of California's Department of Mental Health hospitals involved in this program?</p> <p>All hospitals within the 18 eligible local health jurisdictions can apply for this program.</p>
3.	<p>First Page 6 (there are two pages numbered 6): The RFA states that "OA expects to be able to perform 95,500 HIV screening tests in the second year of funding for an average per test cost of \$29." Is the \$29 average per test cost in the second year meant to determine the request amount only? Or should the total project budget, including both the request and existing agency resources, equal \$29 times the number of tests we expect to perform? Does this average apply to the first year as well?</p> <p>The \$29 average per test cost is meant as a guide to applicants in the amount of funding they are requesting. This does not apply to the first year. However, applicants must show that first year funding is being used to develop the capacity to support high volume HIV testing in the second year.</p>
4.	<p>First Page 6: Our site serves all of the target populations, but approximately 95% of the patients we expect to test do not have public or private insurance. This will make it more difficult for us to keep costs to \$29 per test on average when compared to an entity that serves primarily insured patients. Would our application be competitive at all if we request the amount of funding we project needing to cover our costs and provide a justification based on the highly at-risk target population we serve?</p> <p>All eligible entities (EE) that serve the target populations are encouraged to apply. Discussion of the patients' insurance status or lack thereof, as well as plans to facilitate increased levels of public or private insurance coverage and payment for HIV tests, would strengthen the reimbursement section of the Program Plan.</p>

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5.	<p>Bottom of First Page 6 and Top of Second Page 6: Is it true that the requested funds can be spent only on coordinating personnel and HIV testing expenses? For example, could the funds be spent on office supplies associated with administering the tests?</p> <p>Funds cannot be used to pay for the cost of the test itself (conventional), the cost of the test kit (rapid), personnel to process the test, nor staff to perform patient-associated tasks related to HIV testing. Technically, requested funding can be spent on costs associated with administering HIV tests, i.e. office supplies, travel, etc. However, the spirit of the requirement is to avoid using these funds to pay for all costs associated with test administration. The requirements above aim to encourage funded entities to integrate HIV testing into the healthcare setting in the same manner as other health screening and diagnostic procedures and discourages development of a parallel system of HIV testing.</p>
6.	<p>Page 7, 1st paragraph: Is there a preferred method for the specimen collection (oral fluid or blood) or test method (rapid or conventional)?</p> <p>No.</p>
7.	<p>I was wondering if you have a copy of the application materials (including required attachments) in Word format?</p> <p>The following materials have been posted at http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx as Word documents:</p> <p>Request for Applications (RFA) #10-10138 – Expanded HIV Testing in Healthcare Settings Attachment 8: Mandatory Letter of Intent Attachment 11: Data Reporting Requirement for Those Testing HIV Negative Attachment 12: Data Reporting Requirement for Those Testing HIV Positive</p>
8.	<p>On the second page 6 of 27, under the <i>Venue(s) within the EE which will perform routine HIV Screening</i> “these venues will yield at least a 0.5 percent identification rate of newly identified positives.” Is this percent correct?</p> <p>Yes. The aggregate of all HIV tests performed by an applicant must yield at least a 0.5 percent newly identified positive rate. For example, OA will provide 124,150 HIV tests with this CDC funding. We must yield 621 newly identified HIV positive tests.</p>
9.	<p>Is there a cap for funding that EE’s can apply for?</p> <p>No.</p>

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10.	<p>Could the coordinating staff described on pages 6-7 of the RFA perform any direct linkage services to help link testing clients to complementary screening and support programs, or does their role need to be limited to managing and coordinating linkage relationships?</p> <p>No, the coordinating staff cannot be used to provide direct linkage to care services.</p>
11.	<p>On page 19 of the RFA a requirement is included stating that "If subcontractors will be used, include a Letter of Intent from each proposed subcontractor in the Attachment section of the application." Does this mean that each proposed subcontractor must also submit a separate Letter of Intent for the application by the letter deadline of May 13, 2011, or may the applying agency for a collaborative application submit a single Letter of Intent on behalf of all project subcontractors?</p> <p>Applicants must provide a separate LOI from each subcontractor with the application package on Friday, June 10, 2011. Subcontractors are not required to submit a LOI on May 13, 2011.</p>
12.	<p>Can the funds be used to purchase test kits (such as rapid test kits) for patients who have no other funding source to cover an HIV test? Can the funds pay for blood testing (HIV EIA ½ and Western Blot)?</p> <p>Yes, funds can be used for all HIV screening and confirmation testing for patients with no other source of funding or private or public insurance.</p>
13.	<p>What are specific examples of personnel positions that can be covered with this funding? Would it be allowable to cover a Project Manager who coordinates the project?</p> <p>Project Manager Project Coordinator Linkage to Care / Partner Services Coordinator Information Technology/Data Management</p>
14.	<p>The sample budget narrative shows an allowable expense for educational materials. Will this allow funds to be used to purchase condoms?</p> <p>These funds can be used for educational materials about HIV screening in a healthcare setting. These funds may not be used to purchase condoms.</p>
15.	<p>Can funds be used to develop marketing materials?</p> <p>Yes, as long as the marketing materials are related to HIV screening in healthcare settings.</p>

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16.	<p>Can funds be used for partial salary of personnel such as health education promoters who market HIV testing?</p> <p>No, although OA does encourage coordination with Community Health Promoters to educate and encourage HIV screening.</p>
17.	<p>Page 5, section C “Contract Terms and Funding” states: “Please note that in order to expedite contracts, funding awarded to LHJs will be added to the current Master Agreement (MA) and adjusted to match MA budget periods”.</p> <p>If the EE selected for funding is not the holder of the Master Agreement – not the LHJ – will funding still flow through the MA with the expectation that the LHJ will then contract with the funded-EE or will it be paid out directly to the funded-EE?</p> <p>No, only EEs that apply with their LHJ will have their funding added to the MA. EEs that apply on their own will have separate contracts.</p>
18.	<p>Page 10 of 27 in the RFA addresses Surveillance, and our requirement to address how we will meet surveillance reporting requirements as outlined in AB 2541. I could not find this bill except in 2009-2010 forms (supposedly before enacted in Jan 2011). Difficult to address this aspect of our plan for compliance as it is not clear what requirement is to be compliant. Please explain more fully.</p> <p>Sorry for the confusion. Assembly Bill 2541 is not relevant to this RFA. Eligible entities must comply with HIV surveillance reporting requirements.</p>
19.	<p>Page 8, section D “Plan for providing HIV-negative results to patients” states: “...Applicants are encouraged to be innovative in their delivery of this information. Negative HIV testing results can be provided in any of the following ways: mailing HIV-negative results to patients along with other test results, including HIV-negative test results on discharge materials, or orally informing patients.”</p> <p>Does “orally informing patients” include informing patients of negative results by phone?</p> <p>Yes, healthcare facilities are currently able to inform patients of their HIV results over the phone.</p> <p>Will guidelines for OA funded HCT disclosure of negative test results be updated to include alternative ways of informing clients of their negative test results?</p> <p>OA is not funding HIV Counseling and Testing (HCT) sites with this initiative.</p>

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20.	<p>Page 5, section D “Background” states: “OA anticipates funding between six and eight EEs to provide 28,650 HIV screening tests in Year One of the program. Selected programs must have the capacity to scale up screening in order to contribute to OA’s total of 95,500 HIV screening tests in Year Two.”</p> <p>Can you please clarify two items regarding this section?</p> <p>Is it expected that 95,500 HIV screening tests will be performed in Year Two alone or is the scaling up for a total of 95,500 tests in Year Two inclusive of the 28,650 tests provided in Year One? That is to say, will the 28,650 tests provided in Year One contribute to the total of 95,500 with the expectation that 66,850 will be performed in Year Two OR is the expectation that a total of 95,500 tests will be provided in Year Two in addition to the 28,650 tests provided in Year One?</p> <p>Year 1 testing will be 28,650 and Year 2 testing will be 95,500 for a total of 124,150 tests to be performed by September 30, 2013.</p> <p>Will funding be proportional to the number of tests expected to be provided? For example, if 50% of total funding was awarded (\$1,409,239.50) would the expectation be that the funded agency will perform 50% of the total tests expected (14,325 tests)?</p> <p>Generally, yes. It is expected that Year 1 funding will be used for start-up expenses and some HIV testing. This funding should be used to create the capacity to provide additional HIV screening proportional to funding in Year 2.</p>
21.	<p>Page 6, Section D “Cost of HIV testing expenses...” states: “EEs funded by PS 10-10138 will be required to pursue reimbursement from all appropriate public and private insurers before using PS 10-10138 funds to pay for HIV testing expenses such as HIV test kits. PS 10-10138 funding for HIV testing expenses can only be used for patients without public or private insurance.”</p> <p>Is verification of public or private insurance by patient self-report acceptable in venues where third-party payers are not billed or will more intensive screening requirements be required?</p> <p>It is expected that any venue that provides HIV screening through this initiative will have or develop the capacity to bill a third-party payer.</p>
22.	<p>In regards to counting HIV screening tests provided for this program year, will direct and indirect tests (as defined in Attachment 16 of RFA 10-10138) both count equally towards the total number of HIV screening tests provided?</p> <p>No. According to the CDC guidance only directly counted tests will count toward the total number of HIV screening tests provided.</p>

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23.	<p>It appears that there are significant data entry requirements (e.g. attachments 11 and 12) for both positive and negative test results. Page 10 of 27 of the RFA also talks about compliance with CDC and OA-required QA and M&E activities. These are not clearly defined in the RFA, so it is difficult to determine how much time we will need for data entry (e.g. 0.25 FTE or 1.0 FTE).</p> <p>Given that each funded site (if 6-8 sites are funded as described) will need to contribute 3500-4000 patient tests in Year 1 and then ramp up to 12,000 tests in Year 2 (on average to meet your stated goals), what level of effort in data entry do you envision each site needing to fulfill all of your data entry requirements?</p> <p>It is expected that each funded entity will submit to OA an XML file of those testing HIV negative (approximately 99.5 percent of the tests). The data of those testing HIV positive (0.5 percent) will need to be entered into Local Online Evaluation (LEO). Ditto my comments re non-HC settings above</p>
24.	<p>The RFA says the money cannot fund HIV testers or lab personnel, though staff who assist with HIV screening implementation can be funded? These positions are often one in the same (i.e. rapid HIV testers); can we fund that staff?</p> <p>The purpose of this funding is to routinize HIV screening. In the past funding of this type has been used to set up a parallel system of HIV screening in a healthcare facility, i.e., HIV test counselors staffing a rapid testing project located in an emergency department (ED) or Community Health Center; but not integrated into the patient care flow of the setting. This funding must be used to build the capacity of applicants to integrate HIV testing into the services provided by the facility. Thus, funding from this initiative cannot be used to for direct service staff.</p>
25.	<p>Is a network of clinics considered on EE or is each clinic its own EE?</p> <p>Any individual entity or group of entities can apply together. For instance, some or all of the healthcare facilities in an LHJ could apply with the LHJ or as a group with a letter of support from the LHJ. Healthcare facilities can apply individually as well.</p>
26.	<p>Will OA accept more than one application from an LHJ?</p> <p>EEs can apply directly to OA individually, in combination with other EEs or as part of an application with the LHJ. OA will accept applications from all EEs within an eligible LHJ whether they apply with their LHJ or not.</p>

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27.	<p>Does this program include federal funding that would trigger a single audit as a federal contractor?</p> <p>The following is from OA's Notice of Grant Award from the CDC.</p> <p>Note 21. AUDIT REQUIREMENT. An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. The audit report must be sent to:</p> <p>Federal Audit Clearing House Bureau of the Census 1201 East 10th Street Jeffersonville, IN 47132</p> <p>Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov</p> <p>The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or grant funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantees own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub recipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all sub-recipient contracts.</p>
28.	<p>There is a lot of discussion of "implementation" in this RFA. If we are currently performing high volume HIV testing, do we still qualify?</p> <p>It is unlikely that a site currently providing high volume HIV screening would qualify. The goal of this initiative is to build the capacity of EEs to provide high volume HIV screening during the funded period and beyond.</p>

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29.	<p>How does OA determine the identification of a newly identified positive? What is the denominator? Is the change from one year the next divided by the number of positives? Or is the number of positives divided by the number of tested?</p> <p>The rate of newly identified positives is the number of people who test positive who didn't know they were positive divided by the number of all people receiving an HIV test at the healthcare facility through this program.</p>
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