

**DOH RFA 15-004
Patient Care Services
Questions & Answers**

1Q. On the timeline on page one, the application is showing due on October 27, 2015 by noon. On page 12, section 5.1 it states that the application is due at noon on October 16, 2015. Which is the correct date?

1A. The RFA application is due October 27, 2015 by 12:00 Noon, Eastern Time. The RFA has been updated to reflect the October 27, 2015 deadline.

2Q. On appendix 1, cost proposal, it lists the available funds in the range of \$4,207,853 - \$5,12,931. In preparing the cost proposal, we should project out based on funds requested, is that correct?

2A. Correct. You may prepare your cost proposal using an amount within the funding range specified in the RFA of the program area you are applying for.

3Q. Would you be able to send the request for Application page and Attachments 1-4, and the excel spreadsheets in a format other than PDF?

3A. A word version of the application page has been posted to the Grant Funding Opportunities page: <http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>. Word versions of the contract forms (Attachments 1-4) are available on the Florida Department of Health's Contract Administration page: http://dohiws/Divisions/General_Counsel/Contract_Unit/Forms/Index.htm. Please note, Attachments 1-4 are for reference and do not need to be completed for this RFA. These documents will be required as part of contract documentation if an applicant is awarded.

4Q. As Lead Agency, we don't actually provide services but subcontract with entities that do. Would we still need letters of support, letters of agreement and a letter from the local community planning partnership? We do participate with them but do not have an agreement in place.

4A. Applicants may send copies of subcontracts with service providers or letters of confirmation of the subcontracts as documentation of agreements.

5Q. Under section 4.2 (d) it does not say how many copies to send along with the original; how many are due?

5A. This is specified in Section 5.2, Submission Methods of the RFA: f) "One original and five copies of each application clearly marked on the outside with the application number and the name of the applicant must be submitted in a sealed box or envelope."

6Q. Is it allowed for us to apply for both RW Consortia and PCN monies in Area 7? If so, would there need to be two separate applications – one for RW Consortia and one for PCN?

6A. One application can be submitted for both funding sources (RW Consortia and PCN). However, separate budget documents must be submitted for each area and funding source identified in the RFA. Note, the RFA will be amended to include this stipulation which will be found on page 5, 2.2 Geographic Areas.

7Q. In what order are the signed and dated Attachments I-IV (Statement Of No Involvement, Experience Form, Certification Concerning Lobbying, HIPAA Business Associate) placed in the submission packet? Or do these forms need to be submitted after a notice of award because they are not listed in the checklist?

7A. The attachments are for reference and do not need to be completed for this RFA. These documents will be required as part of contract documentation if an applicant is awarded.

8Q. The RFP does not contain an explanation of what Referral for Health Care/Supportive Services entails. Can more information be provided?

8A. As defined by the Health Resources Services Administration, referral for health care/supportive services is the act of directing a client to a service in person or in writing, by telephone, or through another type of communication. These services are provided outside of Outpatient/ambulatory medical care, Medical case management or Non-medical case management service visit. Referrals for health care/supportive services provided by outpatient/ambulatory medical care providers should be included under the outpatient/ambulatory medical care service category. Referrals for health care/supportive services provided by case managers (medical or non-medical) should be reported in the appropriate case management service category- i.e., Medical case management or Non-medical case management.

9Q. Can you provide Excel versions of the Budget forms?

9A. This has been posted to the Grant Funding Opportunities page:
<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>

10Q. In the "Definitions" section, as well as in other places, the RFA states: "The 7.5 percent administrative cap is inclusive of any subcontracted administrative cost." Does that mean that what is currently in each of our Subcontractors' Admin cost (currently at 10% of their total budget), will now be included in the overall budget's Administrative Cost (cut to 7.5%), with the exception of the Rent and Utilities that they can include in their Core Services section?

10A. Yes, total administrative costs allowed for a program area as a whole must not exceed 7.5% of the total award. The Lead Agency has the discretion to reallocate some, none, or all of their administrative costs among their subcontract(s). Example: Lead Agency XYZ is awarded \$10,000. Of that amount, \$750 (7.5%) may be used towards administrative expenses. In this example, Lead Agency XYZ may elect to keep the entire \$750 or they may retain a portion (\$500) and allocate the remaining portion (\$250) among some or all subcontracts. However the administrative funds are allocated, the total administrative expenses must not exceed the 7.5% (\$750). Rent and utilities, for entities providing core medical and support services for Ryan White Part B eligible clients (e.g., clinic, pharmacy, food bank, substance abuse treatment facilities) are not

required to be included in the administrative cost cap, and instead could be counted under the relevant core medical or support service category.

11Q. Are office supplies and equipment allowable expenses in this RFA?

11A. Yes, office supplies and equipment are allowable expenses under this RFA in the administration line item.

12Q. We would like a more complete definition of the new "Planning and Evaluation Costs."

12A. The definition provided in the RFA for Planning and Evaluation Costs is a complete definition as stated in the Ryan White HIV/AIDS Program Part B Manual, Revised 2015.

13Q. The new CQM section appears to include mostly items not previously included in this section. The current Planning and Development category, was used to support costs of working with the Consortium. Per this RFA, how will a Lead Agency be reimbursed for that support?

13A. Costs associated with supporting the Consortium will be an allowable expense under the Planning and Evaluation line item.

14Q. Are subcontractors allowed to include administrative staff salaries in their core medical or support services budgets?

14A. Administrative staff salaries must be charged to the administration line item. The Florida Department of Health does not allow associated indirect costs to be charged to direct service categories, with the exception of rent and utilities.

15Q. Please send out the Excel versions (as offered in the RFA) of:
Budget Summary document (referenced on page 11, 4.12, A1)
Budget Narrative document (referenced on page 11, 4.12, A2)
Please send out the Word version of the Title Page.

15A. These items have been posted to the Grant Funding Opportunities page:
<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>

16Q. HRSA PCN #15-01 states "The portion of direct facilities expenses such as rent, maintenance, and utilities for areas primarily utilized to provide core medical and support services for eligible RWHAP clients are not required to be included in the 10% administrative cost cap." Are maintenance costs included in the RFA's "Use of Grant Funds" (RFA page 7, 3.4)?

16A. No, maintenance costs are not allowable. The Florida Department of Health does not allow associated indirect costs to be charged to direct service categories, with the exception of rent and utilities. PCN 15-01 allows greater flexibility for activities previously identified as administrative under the direct care line items. Per HRSA, the grant recipient (Florida Department of Health) may choose not to implement some or all of the greater flexibilities.

17Q. HRSA PCN #15-01 (page 5) states “if a RWHAP Part A or B recipient (grantee) has contracted with an entity to provide statewide or regional TWHAP management and fiscal oversight (i.e., into a vendor or procurement relationship with the recipient, and is acting on behalf of the recipient), the cost of that contract, exclusive of subawards to providers, would count toward the recipient’s (grantee’s) 10% administrative cap.” In the Frequently Asked Questions, posted May 15, 2015, regarding HRSA PCN #15-01, on HHS/HRSA/HAB’s TARGET Center website, Question #7, the question is asked “If a Part A or B grant recipient has contracted with a third party to administer the RWHAP (e.g., a Consortia or Lead Agency), would the administrative expenses of the contracted entity count toward the aggregate subrecipient 10% limit? The answer given is “No, these costs count toward the recipient’s 10% administrative cost limit.the cost of that contract, exclusive of subawards to providers, would count toward the recipient’s (grantee’s) 10 administrative cap” (emphasis added). Does this mean the RFA’s allowance of 7.5% administrative costs EXCLUDES the third party’s (provider/lead agency’s) administrative costs from the aggregate subrecipient limit?

17A. No, regardless of whether a Lead Agency is a fiscal pass through entity or a direct service provider, the total administrative costs cannot exceed 7.5% inclusive of all subcontracts.

18Q. The RFA specifies the use of Times New Roman (12 point) font, or equivalent (page 8). Is Calibri (11 or 12 point) font considered equivalent? For persons with severe astigmatism, serif fonts are very difficult to read. Calibri is sans-serif, and physician-recommended for people like me. The RFA itself is in a sans-serif font.

18A. Times New Roman, Arial or Calibri (12 point) will be accepted for this RFA.

19Q. In Appendix I, Ryan White Cost Proposal, Ryan White Budget Narrative Proposal (no page number in document), B. Core Medical and Support Services, both c. and d. are Health Insurance Premium/Cost Sharing. Is d. a duplicate of c., or is d. supposed to be another line item/service category?

19A. Line item d. Health Insurance Premium/Cost Sharing is a duplicate in the Ryan White Budget Narrative Proposal. This has been corrected and is posted to the Grant Funding Opportunities website: <http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>.

20Q. How was the funding per Area and per client allocated? Is there an allocation formula?

20A. The final allocation methodology for the areas identified in this RFA has not yet been determined.

21Q. Will there be a 30-day advance per year allowed on the new contracts?

21A. Awarded entities must submit a request for an advance at least four months prior to the start of the contract for one 30-day advance. The Department of Financial Services (DFS) determines whether or not a request for an advance is approved.

22Q. The RFA, on page 11, 4.12 Appendices B1, asks for “documentation of existing agreements with at least two HIV/AIDS service providers where clients may be linked to care.” Can we send copies of subcontracts with such service providers? Or do you want letters of confirmation of such contracts?

22A. Applicants may send copies of subcontracts with service providers or letters of confirmation of subcontracts as documentation of existing agreements.

23Q. The RFA, on page 11, 4.12 Appendices C1, asks for an organizational chart that “outlines the professional roles of staff.” Do you want substantial narrative regarding those roles, or will descriptive position titles suffice?

23A. Descriptive position titles will suffice for the organizational chart.

24Q. The RFA, on page 11, 4.12 Appendices C1, asks for an organizational chart that depicts the organizational structure of the **project** (emphasis added). So, you are NOT asking for an applicant’s entire organizational chart, but rather, just the applicant’s Ryan White Part B-related organizational chart? Or, are you asking for an organizational chart of the entire project/proposal, including subcontracted service providers?

24A. The organizational chart should be structured as it relates to the project/proposal, which may include subcontracted service providers.

25Q. Are required training and professional development activities, directly related to delivering RW care, considered direct program costs for clinical providers, medical case managers and eligibility determination specialists?

25A. No, the Florida Department of Health does not allow associated indirect costs to be charged to direct service categories, with the exception of rent and utilities.

26Q. Can charts be done in smaller fonts (like 10 point or less) so that they do not become so cumbersome?

26A. Times New Roman, Arial or Calibri (10-12 point) is allowable for charts or graphs.

27Q. Can you clarify what you define as the integrated partner service provider?

27A. This can include any partners related to the applicant as it pertains to the HIV/AIDS service delivery system.

28Q. Can you expand upon the differences between what is required under Appendix B1 and Appendix D2?

28A. Appendix B1 pertains to existing agreements with HIV/AIDS service providers and Appendix D2 pertains to agreements or letters of support with any other collaborative partners.

29Q. The budget summary and budget narrative appear to be spreadsheets with formulas and/or required language. Can we have these documents available electronically in Excel to make sure the template remains the same?

29A. These documents have been posted to the Grant Funding Opportunities page: <http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>

30Q. The RFA references in section 3.4 the uses of Grant funds as amended in reference to HRSA PCN #15-01 making overhead costs directly relatable to the provision of services to client are allowable as direct costs. However, my copy of the Patient Care Program Administrative Guideline on page 10 is contradictory. Have I not gotten the most current Administrative Guidelines?

30A. The Administrative Guidelines currently available online are for Ryan White Consortia and Patient Care Network contracts over the period of April 1/July 1 2015 to March 31/June 30, 2016. The Administrative Guidelines for contracts awarded from RFA #15-004 has not yet been released.

31Q. Can we also have the attachment forms each be made available electronically as separate files, either in word or pdf, in order to prevent errors in the language or intent of templates?

31A. Word versions of the contract forms are available on the Florida Department of Health's Contract Administration page: http://dohiws/Divisions/General_Counsel/Contract_Unit/Forms/Index.htm. Please note, Attachments 1-4 are for reference and do not need to be completed for this RFA. These documents will be required as part of contract documentation if an applicant is awarded.

32Q. For the HIPAA business associate agreement form to be completed in the RFA, is the Department the covered entity and our agency the business associate?

32A. This form does not need to be completed for the RFA. This is a sample form that may be used during contract implementation with partner organizations. The covered entity and the business associate will depend on the agreement.

33Q. With agencies we partner with to provide services to our clients and may exchange protected health information, should there be a HIPAA business associate agreement for each? Would our agency be the covered entity and the other agency be the business associate in this case.

33A. This is a sample form that may be used during contract implementation with partner organizations. The covered entity and the business associate will depend on the agreement.

34Q. Page 10 of the Administrative Guidelines says all subcontractors are required to complete the following forms:

§ **Certificate Regarding Lobbying**

§ **Financial and Compliance Audit**

§ Civil Rights Checklist

§ **Conflict of Interest**

§ Certification Regarding Debarment and Suspension

§ Federal subrecipient and vendor determination checklist

§ Scrutinized Company Certification

Some of these forms (in Bold) are in the RFA, but others are not. Are the ones not in the RFA only required at the time of contract negotiation?

34A. The attachments provided in the RFA are for reference only as part of contract documentation if an applicant is awarded and may not be inclusive of all the required documentation necessary for contract development.

35Q. Can a portion of this grant be used for a sole practitioner or do I need to have several staff members?

35A. Per page 7, 3.6 Staffing Requirements of the RFA: "The applicant must maintain sufficient personnel qualified to successfully execute services and obligations under any contract awarded through this RFA."

36Q. Please define a "public entity" as listed on page 6, section 2.4 ?

Public entity as mentioned on page 6, 3.1 (no mention in 2.4) Eligible Applicants, is any state or local government; any department, agency, special purpose district, or other instrumentality of a State or States or local government. For additional information please see: <http://www.irs.gov/Government-Entities/Federal,-State-&-Local-Governments/Is-My-Entity-a-Government-Entity%3F>

37Q. In the appendices section – Appendix B as for: agreement with care providers and B2 letters of agreement from integrated partner services. Appendix D asks for letters of agreement on collaboration and then letters of support. Please define and give examples of each and the difference between these/

Appendix B specifically pertains to existing (current) agreements with HIV/AIDS service providers. Appendix D is broader, it includes both agreements (which may be existing, previously implemented, or yet to be implemented) and letters of support with other collaborative partners which may or may not be HIV/AIDS related but should relate in some way to the applicant's ability to perform the functions outlined in the RFA. In example, Appendix B may be a current MOA/MOU, or contract with a clinic providing HIV/AIDS services. An example for Appendix D could be a letter of support from an organization that the applicant has partnered with in the past.