

Michigan Department of Health and Human Services (MDHHS)
Division of Health, Wellness, and Disease Control (DHWDC)
HIV Care Section (HCS)
Ryan White-MAI Part B RFP Questions
Last updated: 5/22/2015

QUESTION:

I see that a Letter of Intent (LOI) should have been submitted no later than Monday May 11. Do you allow exceptions to the May 11 deadline?

Technical Assistance

ANSWER:

MDHHS-DHWDC-HCS has extended the deadline for the Letter of Intent until 5:00 p.m. on May 22, 2015. The MS Word version of the LOI form is available online at www.michigan.gov/hivstd.

QUESTION:

Are there any known required trainings or meetings that Ryan White B grantees are expected or required to participate? If so what are they, for what staff, and what are the anticipated locations so that the travel costs may be incorporated in the budget.

Technical Assistance
Added
5/20/2015

ANSWER:

Sub-recipient meetings are held every quarter and participation is a requirement. The sub-recipient meetings may be face-to-face or via conference call. Trainings are provided to ensure sub-recipients meet the federal, state and program requirements. The locations and number of trainings may vary as different trainings are tailored for different audiences, e.g., Case Managers, Data, Executive Directors, etc.

QUESTION:

It also says to answer under Core Service Model as well as Under Health Outcomes. The only place I see health outcomes is in #4 of the General questions. Do we list out all the service categories under this #4 and answer the health outcome question, or is there another place to do this?

Technical Assistance
Added
5/20/2015

ANSWER:

The "Core Services Model" questions are on the bottom of page 16 under the General (these questions must be answered) heading. The responses should be inclusive of all services proposed. Responses must also be provided for each specific service category for what funding is requested. For example, Agency X is requesting funding for MCM and Emergency Financial Assistance (EFA); Agency X would answer Core Services Model [General] describing their service delivery model for MCM and EFA, then answer each of the MCM and EFA service category questions, including the question about Health Outcomes.

QUESTION:

If our agency submitted an LOI before May 11 do we need to resubmit?

Technical Assistance
Added
5/15/2015

ANSWER:

No, you only need to submit the LOI once.

QUESTION:

Why was the Letter of Intent extended?

Technical Assistance
Added
5/15/2015

ANSWER:

Unfortunately, we were significantly delayed with a press release regarding this RFP. This delay did not allow ample time for agencies to respond to the Letter of Intent. We apologize for any inconvenience this may have caused.

QUESTION

I see the letter of intent deadline has been extended to May 22, 2015. Does this mean that the application date has been extended later than June 1, 2015?

Technical Assistance
Added
5/15/2015

ANSWER:

No. Proposals will be due on June 1, 2015 by 3:00 p.m. EST.

QUESTION:

When submitting the completed proposal, should the narrative, attachments and budget all be included in one PDF document (p. 24)

Technical Assistance
Added
5/15/2015

ANSWER

Yes, all documents should be included in one PDF document. The document may be submitted as a .ZIP file if file size necessitates it.

QUESTION:

If the agency is interested in submitting for MAI funding as part of Part B should that be indicated in some fashion on the Letter of Intent form?

Technical Assistance

ANSWER:

No, the Letter of Intent information does not require the applicant to list Service Categories.

QUESTION:

The RFP appears to indicate that ONLY Appendix I. Letter of Intent form is required by May 11. Is that correct? I see nowhere to indicate the amount of the projected request or the projected services. It appears that we provided only the agency name and the geographic area to be served.

Technical Assistance

ANSWER:

Information on the Letter of Intent form (MS Word version available online at www.michigan.gov/hivstd) is the only necessary information due by May 22, 2015 by 5:00 p.m. EST.

QUESTION:

Is there going to be a Q&A for the RFP before it's due? Is there going to be a TA call?

Technical Assistance

ANSWER:

There will be no TA call. All questions that have been submitted by May 20 will be answered and posted on the MDHHS-DHWDC-HCS website on Monday, May 22.

QUESTION:

Technical Assistance

It appears that Appendix II is to be completed and submitted with the actual Proposal and not as a part of the Letter of Intent. Is that correct?

ANSWER:

Yes, Appendix II should be submitted as part of the Proposal, and is not included in the page limit (see page 31) of the Proposal. Appendix II was added to the MDHHS-DHWDC-HCS website as a MS Word document for easy editing and is available online at www.michigan.gov/HIV.

QUESTION:

Technical Assistance

Is there availability for Form Appendix II to be a fillable form (Page 30 of the RFP)?

ANSWER:

Yes, Appendix II was added to the MDHHS-DHWDC-HCS website as a MS Word document for easy editing and is available online at www.michigan.gov/HIV.

QUESTION:

Technical Assistance

Our email system has a cap on the size of attachments we can send. Can I submit our proposal as a .ZIP file?

ANSWER:

Yes, you may submit your proposal as a .ZIP file.

QUESTION:

Technical Assistance

Are there page maximums for the separate areas of the narrative as there have been in the past? Ex:

- Agency Capacity: XX pages max
- Statement of Need: XX pages max
- Eligibility and Recertification Procedures: XX pages max

Or, can we simply create the narrative as we see fit ensuring that the page total is below 30 pages?

ANSWER:

There are no pre-determined page maximums for the individual components of the Proposal Narrative. The 30 page maximum, includes:

- Agency Capacity
 - Statement of Need
 - Eligibility and Recertification Procedures
 - Quality Assurance and Quality Management
 - RW Service Categories
 - Minority AIDS Initiative/MDOC Outreach (if applying)
-

QUESTION:

Budget/
Fiscal
Added
5/20/2015

For Continuing applicants, are we expected to only request our current award level, or may we request a different amount, given it is reasonable for the number of patients served?

ANSWER:

You may request a different amount with the appropriate justifications. Unmet

need must be taken into consideration when requesting funding for service(s) provision.

QUESTION:

Do I understand correctly that the admin cap is 10% but we can charge up to 15% to admin if we include activities for Quality Management and/or Program Evaluation?

Budget/
Fiscal
Added
5/20/2015

ANSWER:

While the 10% admin cap is applicable to the federal portion of your subaward, keep in mind that MDHHS-DHWDC-HCS will continue to supplement the subaward funding with private rebates. The amount of private rebate funding is so as to create an effective admin cap of 22% of the subaward if the private rebates are applied entirely to admin activities. Also, see RFP document for reference as well.

The administrative and planning & evaluation limitations are only explicit at the grantee level. The "HIV/AIDS Bureau, Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White B Grantees: Fiscal – Part B" specifies no sub-recipient limitations for planning & evaluation and quality management costs. However, sub-recipients should make sure that these costs are reasonable and consider 5-10% of total subaward for separate assessments of planning & evaluation and quality management costs.

QUESTION:

If the proposal includes plans to subcontract with a medical provider for outpatient ambulatory medical care services, is a Memorandum of Understanding (MOU) sufficient documentation for the proposal?

Budget/
Fiscal
Added
5/15/2015

ANSWER:

An MOU for subcontracted services is sufficient documentation for the proposal. However, if the applicant's proposal is successfully awarded, the agency would need a subcontract with the provider in place.

QUESTION:

When addressing the organization's previous audit results in the Program Management section (p. 15), does that refer to Part B audits conducted by MDHHS-DHWDC-HCS or does it refer to outside financial audits of the organization?

Budget/
Fiscal
Added
5/15/2015

ANSWER:

All types of audit results are relevant to program management – Part B audits (monitoring) conducted by MDHHS-DHWDC-HCS and outside financial audits of the organization.

QUESTION:

Is there a % limit of the funding request that can be used for planning and evaluation and quality management costs (p. 34)?

Budget/
Fiscal
Added
5/15/2015

ANSWER:

HRSA limitations on Planning and Evaluation and Quality Management are

directly applicable to Grantee (MDHHS-DHWDC-HCS) related costs only. These limitations are not applicable to the subrecipients. For reference, refer to Section A, "Subgrantee Responsibility," of HRSA's [National Monitoring Standards for Ryan White B Grantees: Fiscal – Part B](#).

QUESTION:

The RFP states that, "If an employee will be working in more than one service category, they must be listed on new lines with the appropriated FTE for each specific category." Does this mean that if an employee is split between "admin" and "direct service," that I should list the same employee multiple times under wages?

Budget/
Fiscal
Added
5/15/2015

Example: Sue enters client service data and also writes the reports for the program. My understanding is the employee's name should be listed twice in the budget justification under wages. Is this correct?

Sue Smith 20 hours Admin .25 FTE Admin
Sue Smith 60 hours Quality Management .75 FTE QM

ANSWER:

Yes, your understanding is correct. The example provided is accurate.

QUESTION:

We are hiring a nurse practitioner (NP), so their services would fall under Outpatient Ambulatory/Medical Care (OAMC), but I'm confused about what to budget where...The NP salary will go in the Salaries budget line, but what does the money in OAMC pay for; our own medical services that we provide and don't get reimbursed for?

Fiscal/
Budget
Added
5/15/2015

ANSWER:

The applicant's budget must consist of allowable and reimbursable expenditures. Services provided for uninsured Ryan White clients are reimbursable. However, services provided for insured Ryan White clients are not reimbursable as they are billable to a third party (insurance provider); and services for non-Ryan White clients are not reimbursable to the Ryan White grant. Refer to Section B of the HRSA's [National Monitoring Standards for Ryan White Part B Grantees](#) for a list of allowable services under Outpatient and Ambulatory Medical Care.

QUESTION:

When I do the budget narrative, can I list the services that each staff is going to be focusing on instead of listing the funding for each of those service categories in another section of the budget?

Fiscal/
Budget
Added
5/15/2015

ANSWER

All applicants must explicitly specify the planned budget allocations across service categories by completing Service Description tab provided in the budget tool. On the "Budget Justification" tab, staff must be listed on separate lines to distinguish which budget category (Direct Services, Planning and Evaluation, Quality Management, and Administrative) their activity is associated with. You may also note the relevant service category, but the information on the "Service Description" tab must be fully provided.

QUESTION:

Fiscal/
Budget

There are a few formatting errors in the spreadsheets for the RFP

1. On the Funding Year 1 tab, calculations for row 16, columns E, F, G & H are rounded, losing \$1.00 from the total Fringes amount on the Budget Justification tab, cell N78.
2. On the Service Description tab, calculations for cost per client for all rows are being calculated from cell H13 data.
3. On the Budget Justification tab, there are not enough rows to list all other expenses if they need to be listed by Service Category

ANSWER:

The following have been addressed regarding this question and a new workbook is online at www.michigan.gov/hivstd. Note that on item #3, all expenses are captured by "Activity" Category – i.e., Direct Services, P&E, QM, ADMIN.

1. Any difference due to rounding has been eliminated on Fringe Benefits
 2. Cost per client calculation has been corrected.
 3. "Other" budget items on the "Budget Justification" tab can now accommodate up to 22 items. You can combine items where reasonable.
-

QUESTION:

Proposal
Narrative
Added
5/20/2015

Where does the following document/form go in the Summary Proposal Narrative?
Appendix 2 document: Applicant Agency Profile & Service Delivery Outline?

ANSWER:

See the Application Checklist on page 31 for the order of documents for submission.

QUESTION:

Proposal
Narrative
Added
5/20/2015

It says to answer the questions under the Core Service Model section. I don't see anything labeled Core Service Model. I'm assuming this is the next page (pg 17) Where is it starting listing the models.

ANSWER:

For each core medical service category for which the agency is applying, answer each of the questions under the "Core Services Model" [General] section for all proposed core services. The responses should be inclusive of all services proposed. Responses must also be provided for each specific service category for what funding is requested. For example, Agency X is requesting funding for MCM and Emergency Financial Assistance (EFA); Agency X would answer Core Services Model [General] describing their service delivery model for MCM and EFA, then answer each of the MCM and EFA service category questions, including the question about Health Outcomes.

The "Core Services Model" questions are on the bottom of page 16 under the General (these questions must be answered) heading.

QUESTION:

Proposal
Narrative
Added
5/20/2015

The List of Attachment asks to attach a brief description of other programs within the agency and sources of support. This attachment should describe total agency

budget by program. HIV services must be described by type of service. Forms available in the List of Attachments section.

Our RW Program is run through a Health Department. So I don't have to list all Health Dept programs and the budget for them, but just those that relate to other HIV services like HOPWA or HIV tobacco?

ANSWER:

Ryan White funds must be used to supplement, but not supplant, existing funds for services. The applicant agency should describe, briefly, other programs that support, complement, or otherwise conflict with providing RW services. To describe other funding the applicant agency receives, please use the RW Sources of Funds form posted on the MDHHS-DHWDC-HCS website at www.michigan.gov/hivstd.

QUESTION:

When providing "a brief description of other programs in the agency and total agency budget" can we limit this to HIV programming and budget? Total agency budget would actually include the entire hospital system and multiple hospital locations.

Proposal
Narrative
Added
5/20/2015

ANSWER:

Ryan White funds must be used to supplement, but not supplant, existing funds for services. The applicant agency should describe, briefly, other programs that support, complement, or otherwise conflict with providing RW services. To describe other funding the applicant agency receives, please use the RW Sources of Funds form posted on the MDHHS-DHWDC-HCS website at www.michigan.gov/hivstd.

QUESTION:

The RFP states that the amount requested must correlate with the number of underserved PLWH who will be enrolled in and receiving services (p. 3). Can you give more detail about an expected ratio of funding to number of clients?

Proposal
Narrative
Added
5/15/2015

ANSWER:

The ratio of funding to number of clients depends upon the services requested. MDHHS-DHWDC-HCS would expect the amount requested to be proportional to the number of clients served and the specific service(s) proposed.

QUESTION:

If an applicant is applying for Part B and MAI funds, does it require two separate proposals?

Proposal
Narrative
Added
5/15/2015

ANSWER:

No, if applying as a multi-service funded project (e.g., for Part B and MAI funds), applicant agencies should respond to the MAI questions in the Service Category portion of the Proposal Narrative.

QUESTION:

Our agency currently receives Part D funding, but were told it would not be available to us next year. We want to keep our program serving the Women,

Proposal
Narrative
Added
5/15/2015

Infant, Children, and Youth (WICY) populations. How do we ensure we receive funding for this population/program?

ANSWER:

Ryan White Part B requires that a proportionate amount of the grant dollars be used to provide services to the WICY population. If your organization would like to continue a program previously funded by Part D monies, submit it with the Part B proposal with the applicable service categories and justification.

QUESTION:

The List of Attachment references a Ryan White (RW) Service Category Table, but there isn't anything in the RFP that is listed as such. What is this Table and where can I find it?

Proposal
Narrative

ANSWER:

The RW Service Category Table should be completed for each service category for which you are applying. The RW Service Category Table was omitted from the final RFP and may be downloaded as a MS Word Document from www.michigan.gov/hivstd.

QUESTION:

Are HIV services included in the List of Attachments, the service description form or RW Service Category Table?

Proposal
Narrative

ANSWER:

HIV Service Categories should be addressed in both the Proposal Narrative and on the RW Service Category Table. The RW Service Category Table was omitted from the final RFP and may be downloaded as a MS Word Document from www.michigan.gov/hivstd.

QUESTION:

Relative to the Statement of Need, are we to use the 2009 data supplanted with any local data that we may have retrieved? Is there an expectation that we do a local needs assessment prior to the proposal? Any suggestions?

Proposal
Narrative

ANSWER:

The Statement of Needs data should be completed with the most current local and state data available. The data should:

- 1. Describe the needs/gaps in services for your target population(s). Provide support for identified HIV care needs, preferably through the use of local or agency data. Although the agency may refer to information from the statewide Epidemiological Profile, statewide Needs Assessment, or statewide HIV care Comprehensive Plan, it is not necessary to restate this information in detail.*
 - 2. Describe specific barriers to providing services within the counties served by the agency.*
 - 3. What role will the agency play in the changing environment of ACA? How will the services provided by the agency fill the gaps left by ACA for PLWH?*
-

QUESTION:

Agency Mission: Do they want the mission of the whole agency - or the HIV program?

Proposal
Narrative

ANSWER:

Generally, the program mission and entire agency/organization's mission are complementary. The applicant agency may address the mission statement(s) that best suit the services proposed.

QUESTION:

The List of Attachment asks to attach, "A brief description of other programs within the agency and sources of support. This attachment should describe total agency budget, by program. HIV services must be described by type of service. Forms available in the List of Attachments section." Where is the form? Should I describe ALL agency programs?

Proposal
Narrative

ANSWER:

Ryan White funds must be used to supplement, but not supplant, existing funds for services. The applicant agency should describe, briefly, other programs that support, complement, or otherwise conflict with providing RW services. To describe other funding the applicant agency receives, please use the RW Sources of Funds form posted on the MDHHS-DHWDC-HCS website at www.michigan.gov/hivstd.

QUESTION:

What does Name of Agencies in the Network mean? That would be other HIV Case Management providers?

Proposal
Narrative

ANSWER:

Sub-recipients exist within a network of services that include HIV prevention providers, local health departments, medical clinics, community-based organizations, etc. MDHHS-DHWDC-HCS expects agencies to collaborate across the HIV continuum of care to provide quality services for PLWH. This may include formalized coordination of service delivery, effective referral and communication mechanisms, out-posting of program staff, multidisciplinary case conferencing, and/or other practices that ensure effective and efficient service delivery. Due to the array of services provided by RW, MDHHS-DHWDC-HCS encourages such partnerships in order to improve health outcomes, achieve and sustain viral load suppression, and to minimize duplication of services.

QUESTION:

I see Outreach is not listed as an eligible support service on pg 5/6 of the RFP, however it is an eligible RW Part B Service. Is Outreach excluded from this RFP specifically?

Service
Category
Added
5/20/2015

ANSWER:

Outreach is excluded from this RFP.

QUESTION:

Can the support service Food Bank and Home Delivered Meals pay for the following:

- Space costs for food bank (rent)
- Purchase of food storage equipment (freezer, shelving, refrigerator).
- Purchase of actual food items and allowable toiletries for distribution (through Feeding America etc...)
- FTE for staff to manage food bank

Service
Category
Added
5/20/2015

OR would rent/FTE just be included in Space Costs/Salary sections of the budget and for Salary do we break it down by category.

Example: Sally Sue is .75 FTE Non-Medical Case Mgt. and .25FTE Food Bank Mgt.

Vs. 1FTE Non-MCM which encompasses mgt. of the food bank

ANSWER:

Space costs (rent) for a food bank that has Ryan White clients is allowed. Per [HRSA Policy Change Notification 1501](#), if all or part of the space is directly traceable to Ryan White clients, then the appropriate proportion is considered as a program expense, otherwise it is an indirect administrative cost.

Articles priced at \$5,000 per unit or more and have a useful life greater than one year are considered to be equipment and require prior approval by MDHHS-DHWDC-HCS.

Funding for Food Bank/Home-delivered meals may include provision for actual food items and allowable toiletries. To determine what is allowable under Food Bank/Home Delivered Meals, please review the [Ryan White Program Monitoring Standards](#) as well [as HRSA/HAB Policy Notice 10-02](#).

The employee activity described would be two service categories – Non-Medical Case Management (0.75 FTE) and Food Bank (0.25 FTE).

QUESTION:

I was seeking a little bit of clarity on this...I know that if we were only seeking to provide our current EIS services under Ryan White Part B Supplemental, we would not have to apply for these under the current RFP. However, if we were seeking to also offer additional services under Ryan White Part B, would we need to include the EIS services we are currently providing under B Supplemental in our grant application for B, even if we are not seeking a change or increase in funding for the current EIS services?

Service
Category
Added
5/20/2015

ANSWER:

No, you would not need to include EIS services in your B application if you're not seeking a change or increase for current EIS services.

QUESTION:

So we are in the middle writing our RFP for Ryan White B, we are looking at the services we are currently providing and we were wondering if we could add Early Intervention Services to our Core Medical Services, or should we stick to what we are currently doing? I thought I read somewhere that if we receive part B funding we have to have special permission to do the EIS services. Can you please help and let me know your take on this?

Service
Category
Added
5/20/2015

ANSWER:

Agencies may apply for any of the service categories listed in the RFP and do not need to only apply for what they are currently funded. EIS services under Part B have multiple components (see [Ryan White Program Monitoring Standards](#) or EIS (#5) information in [HRSA/HAB Policy Notice 12-01](#)).

QUESTION:

Could nutrition therapy be used to provide nutritional services to clients struggling with obesity vs. clients struggling with wasting? Obesity is far more likely to be an issue for our clients and it significantly affects their overall health.

Service
Category
Added
5/20/2015

ANSWER:

To determine what is allowable under nutrition therapy, please review the [Ryan White Program Monitoring Standards](#) as well as [HRSA/HAB Policy Notice 10-02](#).

QUESTION:

Can emergency financial assistance be used to help pay for mental health or substance abuse treatment services for uninsured or underinsured PLWH (p. 8)?

Service
Category
Added
5/15/2015

ANSWER:

HRSA's [National Monitoring Standards for Ryan White Part B Grantees: Program-Part B](#) defines the use of Emergency Financial Assistance (EFA) for essential services including utilities, housing, food (including groceries, food vouchers, and food stamps), or medications, provided to clients with limited frequency and for limited periods of time, through either a) short-term payments to agencies or b) establishment of voucher programs. For more information about service category definitions, allowable services, and restrictions, please refer to the HRSA website <http://hab.hrsa.gov/manageyourgrant/granteebasics.html> or the [National Monitoring Standards](#).

QUESTION:

In the past we have used the Outpatient/Ambulatory Medical Care as a category to put money in that pays co-pays and other client related medical costs. There is a new category called Health Insurance Premium and Cost-Sharing Assistance, so should we budget money in this category for client bills?

Service
Category
Updated
5/15/2015

ANSWER:

The service category that helps clients pay for medical care related costs (deductibles, co-insurances, and co-pays) is Health Insurance Premium and Cost-Sharing Assistance. For definitions, standards, and data requirements for these service categories, please refer to the [HRSA National Monitoring Standards](#) and the [MDHHS Ryan White Programs Standards of Care](#)

QUESTION:

Do you know if we are able to apply for ONLY Support Services and NOT Core Medical Services? Or do we have to apply for a Core Medical Service in order to also apply for any Support Services?

Service
Category

ANSWER:

MDHHS-DHWDC-HCS will fund RW service categories outlined in RFP. Agencies are encouraged to request funds for multiple service categories and to develop a coordinated continuum of core medical and support services that meet the needs of the clients served. The actual configuration and categorization of services are up to the applicant agency.

QUESTION:

On the RFP there are a LOT of Core and Support Service categories, are we expected to budget for and address EVERY one or only the ones we want to seek funding for?

Service
Category

ANSWER:

In the RFP response, agencies are only expected to budget for and address the core medical and support services for which they are requesting funding.

QUESTION:

Under Core Medical and Support Services, there look like new services (e.g., Home Health Care, Home and Community-Based Health Services, Child Care, and Substance Abuse Residential). Are these new?

Service
Category

ANSWER:

All services listed in the RFP are not new RW service categories and they are part of the full array of service categories listed in the HRSA National Monitoring Standards for Ryan White programs. For definitions, standards, and data requirements for these service categories, please refer to the [HRSA National Monitoring Standards](#) and the [MDHHS Ryan White Programs Standards of Care](#).

QUESTION:

If interested in applying for MAI money, do we simply incorporate that as a service category within the Part B Narrative (as part of the 30 page maximum) or do we speak to it separately in additional pages?

Service
Category

ANSWER:

If applying as a single-funded project, MAI applicant agencies should ensure that all elements of the proposal - Letter of Intent, Agency Profile, and Proposal Narrative Outline - are included in their MAI proposal; responding to the MAI questions located in the RW Service Categories section of this RFP. If applying as a multi-service funded project, MAI applicant agencies should include MAI in the Service Category portion of the Proposal Narrative.
