HIV Prevention Services Competitive Request for Proposals

Frequently Asked Questions

August 17, 2012

Re-Issue of RFP due to Errors: The RFP was re-issued on August 10, 2012 and can be accessed at www.michigan.gov/hivstd. Four main errors in the RFP were corrected:

- Page 7: Track D. Single Session Skills Building Workshop (based on a behavior change theory) has been added as an eligible intervention.
- Page 10: Clinical Supervision is not required for Personal Cognitive Counseling (PCC), it is only required for Prevention Case Management.
- Page 18: IX Review and Evaluation of Proposals. Under Section 1 Agency Capacity now reads:
    - Agency Description and Qualifications 5%
    - Linkage to Care 15%
    - Condom Distribution 10%
    - Application of Data 10%
- Page 3 Index. Appendices were updated to reflect new letter designations.

Questions

Questions Received in Writing Prior to the Technical Assistance Call on 08.10.12

Q1: Please clarify the statement on page 9 that reads, "Local health departments are **not** eligible to apply for funding to support HIV counseling, testing and referral (CTR) or partner services (PS), but may apply for other categories of prevention or community – based services". What exactly does this mean for LHD's in terms of funding, and is this different than from previous cycles.

A1: Local health departments receive separate funding for counseling and testing and partner services though CPBC funding. LHD can apply for highly-targeted community based testing programs that are distinct from their core testing and partner services. Local health departments are also eligible to apply for other prevention services in Tracks B – D. This is the same as the last funding cycle.

Q2: For Track D, are the only eligible interventions those which are listed, or are other evidence based interventions also acceptable?

A2: Only the interventions listed in the Request for Proposals are eligible for funding.

Q3: Are local health departments only receiving 3 months of funding for fiscal year 2013 and do we have to competitively bid for continued funding after December 31, 2012? Or is the competitive bid in addition to our CPBC allocation? Are we required by the Public

Health Code to provide HIV/AIDS services? If so, what happens if we are not awarded the grant?

A3: Per a letter sent to Health Officers from Tom Dunn dated July 25, 2012 high prevalence local health departments received a notice of intent to fund HIV prevention services (counseling, testing and referral and partner services) for the period of October 1, 2012- December 31, 2012. High prevalence local health departments will be funded for the remainder of fiscal year 2013 (January 1, 2013- September 30, 2013) for core services. The funds distributed through this Request for Proposal are separate from these core dollars. Yes, the public health code states that HIV services must be provided. If local health departments apply for funds through this Request for Proposals and are not successful it will have no impact on their core award.

Q4: Does Track C – Condom Distribution, replace the current condom allocations for the Condom Distribution Project that local public health have received in the past? If not, will we be seeing any funding for the Condom Distribution Project for this next year?

A4: No, Track C- Condom Distribution does not replace the current condom allocation for local public health. Local public health departments will receive funding through the Condom Distribution Project this year.

Q5: Can incentives (e.g., gift cards, etc.) be included in the budget to ensure program participation?

A5: Yes, incentives to ensure program participation and retention should be included in the budget, as appropriate. Incentives should be based on what the targeted community needs or values. Cash incentives are not allowable.

Q6: Does the budget need to reflect 1 year or 2 years 9 months of expenditures?

A6: Budgets are to reflect one year of funding. HAPIS will work with successful applicants to pro-rate awards to reflect the initial nine month contract year.

Q7: Was there a Work Plan Grid in the attachments?

A7: No, a Work Plan Grid is not required.

Q8: If a program will be applying for more than one track, does the budget need to reflect the program's core expenditures or just the costs of implementation of the proposed component?

A8: Applicants are to complete one Budget Summary (use Form F-1) that reflects the total agency request for funding. Applicants should use Form F-2 to provide detailed budgets for each proposed target population. Within each target population the budget should be broken out into intervention models.

For example: Form F-1 totals $80,000 which is the entire budget the applicant is proposing. Two (2) Form F-2 are filled out.

1. Form F-2 for men who have sex with men totals $60,000. And is broken down into Counseling, Testing and Referral services and Condom Distribution.
2. Form F-2 for injection drug users totals $20,000 and is broken down into Counseling, Testing and Referral services and Condom Distribution.

Q9: Understanding that 75% of granted funds will be allocated for Tracks A through C, should agencies infer that funding for Skill Building Workshops targeting MSM will be given only secondary consideration and may be difficult to secure funding for?

A9: All reasonable proposals targeting those at most risk will be given consideration.

Q10: Relative to Prevention with Positives, are other interventions from the list of *Diffusion of Effective Behavioral Interventions* (DEBIs) considered viable or is the State focusing on those listed?

A10: Only the Interventions listed in the proposal are eligible for funding.

Q11: Track A states "applicants should propose a program to implement and/or coordinate HIV testing in non-healthcare settings…" Please define what is considered to be a "non-healthcare setting" specifically, is an Emergency Room setting based in an inner city hospital considered a healthcare setting?

A11: Non-healthcare settings include community-based organizations, non-governmental organizations, community centers, bars and public areas among others. An Emergency Room would be considered a "healthcare setting" and therefore is not eligible for funding under Track A; but would be eligible to propose other prevention programing such as prevention with positives.

Q12: Would a <u>seasonal</u> program directed at HIV education, testing and condom distribution to migrant farmworkers in their camps be considered for a grant?

A12: A seasonal program would be considered if the budget was reflective of the proposed objectives and the applicant provided a clear, detailed Program Plan.

Q13: If you are applying for funds for condom distribution, do you write a separate program plan for that? Or is it included in your other work like testing certain populations? If we are planning a social media campaign, does that get written separately?

A13: Plans are based on the target population. For example an applicant may write a program plan for HIV-positive persons that includes condom distribution and Healthy

Relationships. The applicant may have a second program plan for MSM that includes counseling, testing and referral services and a social media campaign.

Questions Received on the Technical Assistance Call on 08.10.12

Q14: Will MDCH/HAPIS be extending the deadline due since a corrected Request for Proposals was posted on August 10, 2012?
A14: No, the deadline for applications has not changed.

Q15: So an agency doesn't need to have clinical supervision for Personal Cognitive Counseling?
A15: Clinical Supervision is only required for Prevention Case Management.

Q16: Is Provider Education being funded?
A16: No, we are not funding provider education or capacity building activities through this RFP, nor do we have any plans currently to do so in the near future.

Q17: Is testing in Infectious Disease Clinics being funded? Or do we have to go out into the community to provide these services?
A17: Testing in Emergency Departments and clinic-based testing are not eligible under this RFP.

Q18: Would a mobile unit be considered under this RFP, even if run by a clinic?
A18: Yes, mobile units providing testing in a community would be eligible under Track A.

Q19: So you won't be funding any testing for medical centers?
A19: Medical Centers will be funded through other funding sources.

Q20: When will Clinical sites be notified of funding?
A20: We do not have an answer at this time.

Q21: Do you recommend specific interventions for Skills Building Workshops, such as those listed as Diffusion of Effective Behavioral Interventions (DEBIs)? Or can we propose one that is based in theory or an adaption of existing interventions?

A21: For Track D, applicants are free to propose a single session skills building session that meets the needs of their population and can use an existing intervention or adapt one, as long as it is based on a behavioral change theory. Any adaptation made to an intervention must have rationale to support it.

Q22: Can an intervention targeting religious leaders be proposed?

A22: No. Only the populations listed in the Request for Proposals are eligible for funding.

Q23: Can an agency submit two different proposals?

A23: Yes, if the agency is large (e.g., hospital, universities) and two applications are easier to do. Examples of this might include two separate entities within an organization. If the entities are working together, you can write one application as long as it follows the rules in Request for Proposals. If your agency is a community based organization or a non-profit our expectation is that you submit one application with as many program plans as needed, regardless of how many tracks you're applying for.

Q24: Can an agency submit two (2) letters of intent?

A24: No. Only one Letter of Intent (LOI) should be submitted per applicant. LOIs are used internally to plan for the amount of reviewers needed for proposals.

Q25: Since the RFP states that "all agencies should make condoms available", should we include these in our program plan or apply for Track C?

A25: Each applicant should answer the three (3) questions regarding condom distribution activities as requested on page 14 and should write an objective for those activities. If you are proposing a regional or statewide Condom Distribution program you also must include Condom Distribution as an intervention in your Program Plan(s).

Q26: What is the definition of "regions" when proposing a condom distribution program? Can it be broader than where you normally provide services?

A26: We don't have a set definition for the term "region"; it could be several cities or counties and we are leaving it up to applicant to define.

Q27: Do we need a separate program plan for each population? And separate budget?

A27: Yes, program plans are based on target populations. All of your interventions for a particular population will be listed in that program plan. Applicants will provide one full budget for every single intervention they are proposing. Appendix F, Form F-1 will include the entire proposed budget. Form F-2 needs to be submitted for each target population and needs to be broken down by interventions (as proposed in the Program Plan). See Question #8 for an example.

Q28: Define "collaboration". Are MOAs and MOU's optional documents? Please clarify what distinguishes these.

A28: Collaborations are formal agreements between two or more agencies to provide services together. Collaborations include resource sharing (e.g., staff, funding, materials, etc.). Collaborations require memorandums of agreements. Coordination is an arrangement between two or more agencies that does not include a direct sharing of resources (e.g., Applicant A will be referring HIV-positive individuals into Applicant B's Healthy Relationship Program). Memorandums of agreement and letters of support are not mandatory for Coordination, but are encouraged.

Q29: Can the proposal differ from our letter of intent if we happen to change our mind about whom we are going to target?

A29: Yes, proposals do not need to match the letter of intent (LOI). The LOI is for us to determine how many reviewers we may need to review applications. An agency cannot submit an application unless they submit an LOI.

Q30: Can an agency propose a hybrid of Diffusion of Effective Behavioral Interventions (DEBI)?

A30: Yes, you may propose a hybrid DEBI. **However** for Track B you can **only** propose adaptations that are based on the eligible interventions listed on page 6. For Track D you can propose adaptations of the eligible interventions listed on page 7. A single-session skills building workshop must be based on behavior change theory which includes all DEBIs. If you propose an adaptation you must explain the changes and the rational for the changes.

Q31: The sample on the Letter of Intent form (Appendix C) lists "multi-session skills building workshops" for high-risk negatives; can we propose those?

A31: No, no multi-session interventions are eligible under Track D.

Q32: Will a separate Request for Proposals be released for Provider Education?

A32: No, at this time we have no plans to put out a Request for Proposals for Provider Education.

Q33: Will the HAPIS Quality Assurance Standards referenced in the RFP be uploaded onto the MDCH website?

A33: Yes they will be put on the website under the "HIV Prevention RFP 2012 Forms" tab at www.michigan.gov/hivstd.

Q34: Will the Frequently Asked Questions document be posted on the MDCH website?

A34: Yes it will be put on the website under the "HIV Prevention RFP 2012 Forms" tab at www.michigan.gov/hivstd. It will also be e-mailed to anyone who sends in a letter of intent.

Q35: Will the Condom Distribution Project for local health departments be funded at the same level or decreased for fiscal year 2013?

A35: Local Health Departments can expect level funding for their condom allocation. However, if you think you will need more than your current allotment you can apply for Track C.

Questions Received in Writing After the Technical Assistance Call and Prior to the 08.13.12 Deadline

Q36: If we are not applying for Track C, where should we include our objectives for condom distribution to high-risk negative and HIV+ positive individuals? Should they be separate under Part I of the application or included under each of the individual prevention plans in Part II?

A36: All applicants must answer the three condom distribution questions listed on page 14 (questions 3.1., 3.2 and 3.3). If you are not applying for Track C you should include an objective for condom distribution in your Program Plan(s). Applicants proposing regional or statewide condom distribution interventions must include a full description of their intervention, including objectives, in their Program Plan(s).

Q37: Track A: If we apply for CTR targeting MSM using the Michigan model and PCC only for those who are eligible for this intervention should we write separate objectives for each model of counseling or just a set of objectives for CTR regardless of which counseling model is used?

A37: One objective for CTR with MSM is acceptable if you are proposing to use the Michigan Model and PCC. For example an objective could read: *By September 30, 2013, provide counseling, testing and referral services using the Michigan Model and PCC to 100 MSM.*

Q38: What is the difference between ILPC and PCM/CRCS?

A38: Prevention Case Management (PCM) is an intervention with inclusion criteria that includes mental illness or ongoing substance ab/use AND sex or needle sharing risks. Individual Level Prevention Counseling (ILPC) is typically of shorter duration and clients may not have complex, multiple needs.

Q39: Does our agency have to have specific job titles for the intervention? For example, I am an HIV educator; do I have to be titled HIV Prevention Specialist?

A39: No, applicants should identify which staff will be assigned to the proposed interventions and what their job roles will be.

Q40: Do PCM counselors have to be licensed counselors or case managers?

A40: No, PCM counselors do not need to be licensed counselors or case managers, but they are required to complete Modules 1 and 2 to be certified HIV Specialists. We would recommend that anyone conducting prevention case management NOT be conducting RW Care case management, due to conflicting roles.

Q41: Will Prevention Case Management (PCM) and Individual Level Prevention Counseling (ILPC) both be funded in this RFP? Will there be information detailing the difference between ILPC and PCM made available?

A41: Yes both are eligible. Information on both interventions is on the MDCH website under the "HIV Prevention RFP 2012 Forms" tab at www.michigan.gov/hivstd.

Q42: Where can agencies secure information, curriculum, protocol, etc. for the following Michigan specific interventions?

Prevention Case Management (PCM)-Michigan Model
Individual Level Prevention Counseling-Michigan Model
Prevention Options for Positives (POP)

A42: Information on these interventions are available on the MDCH website under the "HIV Prevention RFP 2012 Forms" tab at www.michigan.gov/hivstd.

Q43: Are there "Healthy Relationship" manuals available for review?

A43: Materials for this intervention can be found at: http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions/HealthyRelationships.aspx.