

Iowa Department of Public Health
Division of Behavioral Health
Integrated HIV and Viral Hepatitis
Counseling, Testing, and Referral (CTR) Services
Request for Proposal # 58813005

Interim Written Question and Response Document

September 6, 2012

Round 1: Written Questions and Responses for questions submitted through
(September 5, 2012)

Posted September 11, 2012

Q1. For the table on attachment C –**Data Table 1: Total Tests/Immunizations, Percent to Goal, and Services to High-Risk Persons (HR) or Disproportionately Impacted Populations (DIP)** - we are asked to break down our percentages of our HIV testing goals – we are asked to give one percentage. I want to show three separate percentages – one percentage for HR and one for DIP (HISPANICS) and one for DIP (Blacks/African Americans). What is the recommendation? Can we only use one?

A1. Agencies should report only one percentage, which demonstrates the overall percentage of HIV testing clients who qualified as high-risk and/or disproportionately impacted. If you are a current contractor, please refer to the instructions for calculating this percentage in the quarterly narrative report templates and the monthly Data Quality Assurance (DQA) reports.

Q2. Can an agency apply to service their county and an adjacent county? If yes, would the amount of funds awarded be on a per county basis or would the total population of the two counties be added together to determine the funding level? For example, if county X and county Y each have a population of 150K, would the agency apply for a total of \$56K (\$28K for each county with a population of 120-250K) or \$33K (combining the county populations to equal 300K)? (section 1.05, page 9)

A2. Please refer to the RFP, Section 1.05, Available Funds on page 8. An agency can apply to service counties outside of their county. However, funding is based upon the population of the county in which the agency's main testing site is located.

Q3. Will IDUs who have ever used injection drugs (regardless of sharing needles/works) still qualify as high risk for HIV, or will they have to disclose needle sharing to be considered high risk? The language of the last bullet point under “Individuals at high-risk of HIV infection are defined as:” would suggest that IDUs would have to have shared needles/works to be considered at high risk for HIV. (section 1.01, page 5)

A3. When calculating high-risk and disproportionately-impacted populations, injection drug users who have ever injected drugs qualify as high risk, regardless of whether they disclose needle sharing.

Q4. Will acts of vaginal and/or anal sex with an HIV+ person need to have been unprotected in order for the client to be deemed high risk? Currently, we consider anyone who has had sex with an HIV+ individual at high risk for HIV regardless of whether a barrier method was used. The language of the first bullet point under ” Individuals at high-risk of HIV infection are defined as:” would suggest that the sex act would have had to have been unprotected in order for the client to qualify as high risk. (section 1.01, page 5)

A4. When calculating high-risk and disproportionately-impacted populations, clients who have had vaginal and/or anal sex with an HIV-positive person are considered high risk, regardless of whether a barrier method was used.

Q5. Will agencies be allowed to offer testing to individuals who have traveled from out of state or only to lowans? How will this apply to university students who have a permanent address in another state? Our county is near the state line and has medical resources that attracted out-of-state visitors (section 1.04, page 8).

A5. Agencies are allowed to offer testing to individuals from out of state if they traveled to the testing site.