

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

Final 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, and 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 is 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 infections 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.

Round 2: Written Questions and Responses for questions submitted through (September 12, 2012)

Posted September 18, 2012

Q6. In Section 2.02 of the referenced RFP, under the heading HEPATITIS A & B IMMUNIZATIONS, the applicant must demonstrate that 90% of clients who are at risk for hepatitis A and B... are offered hep A and B vaccination or are referred to a provider of this service.

In Attachment D under ADULT HEPATITIS A AND B IMMUNIZATION SERVICES, Goal 3: applications will demonstrate that 90% of vaccinations given will be to clients at risk for hep A and B according to definitions explained in Section 2.01.

These two statements are referring to the same objective, but they are asking two different questions. The first one is saying that you will make sure to offer vaccine to those at risk. The second one is saying that you must make sure that everyone who gets the vaccine will meet at risk criteria.

Which one is the correct objective?

- A6.** The language under Page 22, Section 2.02 Objectives is amended to reflect Attachment D, Goal 3, Objective 1.

HEPATITIS A & B IMMUNIZATIONS

1. Demonstrate that 90 percent of vaccinations administered (or referred to a provider of this service) will be to clients at risk for Hepatitis A and /or B (as defined in Section 1.01) and who have not already received a complete vaccination series.

Q7. On Attachment E Table 4, it indicates that the applicant must have an outreach plan for at minimum the MSM population. Are extended clinic hours mandatory as a part of the outreach plan?

- A7.** Extended clinic hours are not mandatory as part of the outreach plan. Please refer to the explanation on Page 16, Attachment E, "Reaching Priority Populations".

Q8. Can HIV-CTR supply funds be used for website maintenance/hosting fees as part of a social media campaign to encourage HIV testing under this proposal?

- A8.** Yes, HIV CTR funds may be used for website maintenance/hosting fees as part of a social media campaign to encourage HIV testing under this proposal.

**Round 3: Written Questions and Responses for questions submitted through
(September 19, 2012)**

Posted September 25, 2012

Q9. Refer to Attachment E. In the first paragraph, the bold writing states, "Note that in addition to describing strategies for at least one other priority population, each agency must present at least two specific strategies to increase testing for MSM in 2013."

The wording, "at least one other priority population" makes me think that we need to have plans for two populations.

However, on table 4 it says that "If the agency does not have plans for a population, indicate NONE in the spaces provided. However, each agency must include strategies for reaching MSM.

This wording makes me think that a plan is only REQUIRED for reaching MSM.

To clarify, do we need to write a plan for at least two populations with one being MSM?

A9. Yes. Agencies must describe specific strategies for reaching MSM and at least one additional population.

Q10. The RFP states in various places that this grant must include targeting MSM. Page 4 of the Appendices states there must be a special emphasis on MSM. It is further stated in Table 4 and in 3.02 for marketing strategies. If the organization requesting funding is collaborating under another grant to target MSM, is it a requirement to also target MSM with this funding or is it acceptable to document in this proposal the collaboration we have with the other funding and how the two grants will fit together so as not to duplicate services.

A10. All agencies must include strategies for serving MSM communities, regardless of additional projects or funding streams. If an organization has other similar testing projects that are funded separately, you should briefly describe these in your proposal. In particular, describe how the projects--within the scope of comprehensive CTR services (e.g., linkage-to-care services, condom distribution, etc.)--may overlap, complement one another, or differ in reach.

Q11. Attachment D, Goal 1, Objective 4 focuses on Partner Services. Is this specifically referring to partner notification services?

A11. Partner Services are offered to HIV-infected persons and their partners to inform current and past partners that a person who is HIV-infected has identified them as a sex or injection-drug-paraphernalia-sharing partner and to offer them HIV counseling and testing. Funded projects are being asked to document whether the client was interviewed after the referral to partner services was made. This will entail checking in with the state or county Disease Prevention Specialists to be able to document whether the client was interviewed for Partner Services.

Q12. Do typed in or physically signed & scanned signatures count as electronic signatures?

A12. All these options will work as electronic signatures.