

CUYAHOGA COUNTY
BOARD OF HEALTH
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RFP #2024-05

**Ending the HIV Epidemic- A Plan for America- Ryan White HIV/AIDS Program Parts A and B
Pre-Bid Webinar Meeting Notes
& Questions and Answers
December 04, 2024 at 9:30 A.M.**

The Pre-bid conference PowerPoint presentation may be viewed at the Board website at www.ccbh.net by clicking on the “Business” tab on the home page.

Presentation

Judy Wirsching presented and reviewed the power point presentation for administrative requirements.

Erin Lark Turcoliveri was present to answer questions related to the project/services and provide the program overview.

The presentation can be found on the Board of Health website at www.ccbh.net under the “Business” tab.

Questions & Answers:

Q1. How many proposal copies are required to be submitted?

A1. We require one (1) original proposal copy and five (5) copies, in addition to one (1) electronic copy, to be submitted with all required information.

Q2. I have a question regarding the submission of the financial audit. Is it required for each of the copies (these can be very, very page heavy), or can we just include it in the original and the electronic copy?

A2. The financial audit is not required to be submitted with each copy. If the financial audit is in the HINKLE System, feel free to include a statement stating this and we can refer to that. Otherwise, include the financial statement only in the original copy or only in the electronic copy. Again, please be sure to include a statement detailing where this can be found.

Q3. Receive services in Cuyahoga County or reside in Cuyahoga County?

A3. If clients live in an outlying county but come to Cuyahoga County to receive services, they are considered eligible for EHE services.

Q4. For the mobile health clinic – is it a requirement to provide services on a mobile unit/vehicle?

A4. No, it is not a requirement to provide services on a mobile unit/vehicle. Medical staff themselves can be mobile and traveling to different sites outside of the fixed hospital systems to provide HIV care services to patients.

Q5. Is it preferred that we focus on a single grant rather than applying for both, especially with the Medical Transportation category being included in both grants?

A5. We cannot recommend for which grant an agency should apply. If your agency is planning to provide services that are funded through EHE, apply directly to the EHE RFP. If your agency is planning to provide services that are funded through Ryan White Part A, apply directly to the Ryan White Part A RFP. Please keep in mind that there are different jurisdictions and eligibility

requirements for each of the two programs, and may be differing Standards of Care between the two programs for the same service category. Your agency should carefully review both RFPs and consider your current and projected needs to determine if applying for EHE or Part A, or applying to both RFPs would best suit your agency and community. If you'd like to be considered for alternative funding (Part A) please state that in your application in the Project Narrative and Budget sections.

Q6. We currently have some Part A services funded supplementally by EHE funds. Should those services be included in the EHE or Part A application? Thanks!

A6. We cannot recommend for which grant an agency should apply. If your agency is planning to provide services that are funded through EHE, apply directly to the EHE RFP. If your agency is planning to provide services that are funded through Ryan White Part A, apply directly to the Ryan White Part A RFP. Please keep in mind that there are different jurisdictions and eligibility requirements for each of the two programs, and may be differing Standards of Care between the two programs for the same service category. Your agency should carefully review both RFPs and consider your current and projected needs to determine if applying for EHE or Part A, or applying to both RFPs would best suit your agency and community. If you'd like to be considered for alternative funding (Part A) please state that in your application in the Project Narrative and Budget sections.

Q7. If the financial audit is filed with the Federal Clearinghouse, would the link suffice?

A7. Yes, if the financial audit is filed with the Federal Clearinghouse, the link and a statement detailing this would suffice.

Q8. When will financial attachments be available?

A8. The financial attachments will be posted along with the Q&A by 12/20/24.

Q9. For MHCs do we need to be a HRSA designated mobile clinic or can it be extension of existing standing sites and offered as street/home visits?

A9. No, MHCs do not need to be a HRSA designate mobile clinic. Medical staff themselves can be mobile and traveling to different sites outside of the fixed hospital systems to provide HIV care services to patients as an extension of standing sites, as street/home visits, etc.

Q10. For CHWs, is this for training new workers or existing workers?

A10. This is for training new CHW workers, with the goal to then create a pipeline for employment for these CHWs in HIV spaces Cuyahoga County.

Q11. For CHWs, would they have to work through the HUB? HUB is the care coordination model.

A11. CHWs working through the HUB is not something that is required through this program.

Q12. For itemized budget narratives, can those be electronic copies or just hard copies?

A12. Itemized budget narratives need to be submitted both with the hard copies and the electronic copy. Forms will be provided along with Q&A answers by 12/20/24.

Q13. What is the difference between EHE and Part A clients?

A13. EHE and Part A have differing eligibility requirements. Part A has household/income requirements, while EHE does not. EHE focuses on clients living or receiving services in Cuyahoga County, while Part A encompasses a larger 6-county Region. EHE is intended to be an extension of Ryan White services.

Q14. The Letter of Intent to Apply – can that be emailed in?

A14. Yes, the Letter of Intent to Apply is optional (due 12/4/24) and can be sent via email.

Q15. Can we ask additional questions via email until 12/20/24?

A15. No, additional questions cannot be asked until 12/20/24. Whatever questions asked until the close the pre-bid conference on 12/4/24 are all the questions that we can take.

Q16. Is the Notice of Intent to apply for funding binding? Is it a requirement of all those who wish to apply to submit the Notice of Intent?

A16. Notice of Intent was optional and not binding.

Q17. With Strategy #1 (Peer navigation), is this limited to new CHWs, such as those obtaining certification through Strategy #2 (Community Health Worker Certification Program), or can it support existing certified CHWs who are working with persons living with HIV/AIDS?

A17. Strategy #1 is not limited to CHWs certified through strategy #2. However, keep in mind that the goal of strategy #1 and #2 is to build a stronger peer lead HIV workforce with lived experience.

Q18. With Strategy #6 (Emergency financial assistance), could this financial assistance be limited to assistance with accessing permanent housing, such as assistance with first month's rent, security deposits, utilities, etc.?

A18. Emergency financial assistance (EFA) provides limited one-time or short-term payments to assist a client with an urgent need for essential items or services necessary to improve health outcomes. These payments are to only occur a limited number of times and for limited periods of time.

EFA activities are composed of the following eligible services:

1. Emergency rental assistance (first month's rent, past due rent)
2. Emergency utility payments (gas, electric, and water)
3. Emergency telephone services payments
4. Emergency food vouchers
5. Emergency moving assistance
6. Emergency medication (HIV/AIDS medications only)

Q19. With Strategy #9 (Housing for Substance Use Rehabilitation), we provide short-term/emergency housing. All referrals to our organization must go through Cuyahoga County Coordinated Intake of the local homeless continuum of care and must meet the HUD definition of homelessness. Would these limitations be in conflict with Strategy #9?

A19. Strategy #9 focus on residential Substance Use Disorder services (inpatient treatment). Strategy #6 Emergency financial assistance (EFA) provides limited one-time or short-term payments to assist a client with an urgent need for essential items or services necessary to improve health outcomes; including short-term and emergency housing. Eligibly for EHE funds is the client must have an HIV diagnoses, receive services in Cuyahoga County and the purpose of rental assistance reside in Cuyahoga County.

Q20. With Strategy #9 (Housing for Substance Use Rehabilitation), are the costs of the short-term/emergency housing (e.g., utilities, food, staffing) eligible for program funding?

A20. Strategy #9 focus on residential Substance Use Disorder services (inpatient treatment). Strategy #6 Emergency financial assistance (EFA) provides limited one-time or short-term payments to assist a client with an urgent need for essential items or services necessary to improve health outcomes; including utilities and food vouchers. EFA does not cover the cost of administrative or indirect cost.

Q21. Our organization does not require people to attain or maintain sobriety; we assess and connect people to the services they need, including treatment, and can support them while they participate in treatment services, but we do not require it. Under Strategy #9, if we are providing short-term/emergency housing to a person living with HIV/AIDS, and they are not interested in substance use treatment services, do they remain eligible to be served and provided with other support to improve their health outcomes?

A21. Strategy #9 focus on residential Substance Use Disorder services (inpatient treatment). Strategy #6 Emergency financial assistance (EFA) provides limited one-time or short-term payments to assist a client with an urgent need for essential items or services necessary to improve health outcomes; including short-term and emergency housing.

Q22. As an organization who has never previously received Ryan White funding, could you please provide additional details on CAREWare?

A22. CAREWare is a free, electronic health and social support services information system for HRSA's Ryan White HIV/AIDS Program recipients and providers. Training and technical assistance will be provided to funded agencies.

Q23. Do you encourage partnerships between organizations/providers to best serve the target populations? Is so, how should potential partnerships be structured from an application perspective? A lead applicant and a subrecipient? Signed MOUs? Please describe.

A.23 We do encourage collaboration among agencies, please include all signed MOUs. All interested agencies are encouraged to apply directly.