

HIV Prevention and Care RFA

FAQs

Q1. How will Prevention agencies working in TGA counties apply?

A. There will be a separate section in the application guidance that will inform Prevention providers on how to apply for activities in TGA counties.

Q2. Do the Prevention and Care providers have to be funded partners in order to be part of the Regional Network for Care and Prevention Network's application?

A. No, both funded and non-funded entities can be part of the Regional Network for Care and Prevention (RNCP) application.

Q3. How are the decisions to include an agency in the application made, who will actually write the applications, and will non-funded agencies have decision making powers and input?

A. The answer to the questions above will be determined by the Network providers in each region. Each RNCP should have a process for decision making which will guide the development of their applications but each Network should include all Network entities in the decision making process.

Q4. What should agencies who want to be funded for prevention activities do if their service areas cross RNCP regions?

A. They could do one of two things. They could 1) apply for prevention services in each region and try to get funded from more than one region or 2) cover the counties in more than one region but only be funded through one region. Other regions can note in their applications that they have certain areas covered by agencies not funded in the application.

Q5. Are Networks required to provide prevention services for all counties in the region?

A. Each region should develop and assure access to prevention services consistent with the needs identified in the region and the resources available. There is no mandate to provide prevention services in each county in each region as resources may not permit this.

Q6. Please provide more information about how many Prevention contracts or agreement addenda will be funded per region.

A. A maximum of three to seven Prevention contracts or agreement addenda will be funded per region. The maximum contract allowance per region is as follows:

- 7 contracts - Regions 3,4 and 6
- 5 contracts - Regions 1 and 5
- 3 contracts - Regions 2, 7, 8, 9 and 10

The allowances above were determined by the census of each region, with the regions having the highest census receiving the highest allowable number of contracts. These contracts can be a combination of ITTS and EBIS contracts, however SAC activities must be on a separate contract. If a region wants to include more than the maximum amount of agencies in their application, some agencies can sub-contract with others. There is no limit to the number of agencies providing Prevention services per region as long as they are incorporated into no more than the maximum number of contracts allowed per region.

Q7. How many Care contracts will be funded per region?

A. A maximum of four Care contracts will be funded per region (two Ryan White contracts plus 2 HOPWA contracts).

Q8. Will Prevention agency outcome data be available to the RNCs?

A. Yes. Outcome data for agencies currently funded for Prevention activities by the CD Branch is available upon request by the HIV/STD Prevention Program. Please submit requests to Pete Moore at pete.moore@dhhs.nc.gov.

Q9. Will Hepatitis C testing be funded?

A. Yes. Currently Prevention funded agencies can be supported by the State Lab to do HCV testing. The State Lab can process up to 20,000 tests a year, but that is split between Prevention and CAPUS, so agencies must have permission from the CD Branch to submit HCV samples to the State Lab. We are currently under this cap, so all agencies willing to conduct HCV testing are allowed to use the State Lab. HCV testing may be limited in the future if the cap is reached.

Q10. How will the regions know what agencies are providing HIV/STD prevention services in particular counties?

A. The CD Branch has provided each region a list of agencies that are supported for HIV/STD prevention activities in each region. This list is available for request from the

Prevention Program. Each region should include these resources in their assessment of resources available in their regions.

Q11. Does the joint RFA align with the National HIV/AIDS strategy for the United States?

- A. Yes. This RFA will be developed with the National HIV/AIDS Strategy for the United States recommendations as a guiding document. Having prevention and care work together helps clients know their status and get linked to care more effectively.

Q12. Will there be any new prevention agencies in the region?

- A. There may be. New prevention agencies may come to the regional meetings and express interest in being included in the region's application for Prevention services. The Networks should consider all agencies willing to provide prevention services and determine if they are capable of filling a need for prevention services in their region.

Q13. Are there any administrative caps for prevention?

- A. No. Agencies can use prevention funds to support administrative services with no preset maximum. Administrative costs may not exceed 10% of the total budget for RW contracts and 7% for HOPWA contracts (Note: Final administrative costs cannot exceed 10% of the total expenditures for RW and 7% for HOPWA). Administrative costs are funds provided to enable an agency to manage the contract to ensure that all funded activities are conducted. These costs can include salaries of administrators, executive directors etc. Indirect costs are not allowed in Ryan White or HOPWA contracts and are only allowed in prevention contracts if the agency is a university.

Q14. Can agencies subcontract with others for HIV/STD Prevention services, and what are the requirements?

- A. Yes, in a few cases this is already happening. Agencies that contract with the state must hold their subcontracted agencies to the same standards that the state holds for their contracted agencies. It is up to the contracting agencies to decide how specific monitoring activities will look and how they will be written into their subcontracts. The subcontract monitoring procedures will not be submitted to the state for approval, but the state will look for policies in place to insure the subcontracting agencies are being held accountable. The contracts agencies have with their subcontracted agencies must spell out these specific processes and subcontracting agencies should be held to those contracts. Networks are NOT required to administer HIV/STD Prevention contracts.

Q15. Will Care providers be expected to monitor Prevention agencies?

A. This is up to the Network, though we do not recommend this. However, a Network could choose to have all contracts come directly from the state or the Network could choose to have some or all of the Network's prevention contracts subcontracted through another agency. Any agency intending to monitor HIV/STD prevention services should have the background, experience and capability to do so. Application reviewers will look for evidence that agencies monitoring HIV/STD prevention services have qualified staff with experience in effectively monitoring HIV/STD prevention services.

Q16. Are there any products or activities that prevention agencies will be required to do as part of the Network? And will there be more network deliverables?

A. Prevention agencies will be expected to participate in many of the Network deliverables. There may be a few additional Network outcomes that may be added to address prevention issues. These will be identified and discussed with the regions at a later date.

Q17. Will PrEP be part of the Prevention model? Will there be funds for it since Ryan White funds do not cover PrEP?

A. As of now, PrEP will be a part of the prevention model in that prevention agencies must identify clients who are good candidates for PrEP and make appropriate referrals for PrEP. No funds have been specifically designated for PrEP at this time. More information about PrEP referrals is forthcoming.

Q18. Are there any products or activities that prevention agencies will be required to do as part of the Network?

A. Yes. Many of the deliverables that are required of the network will necessitate input or collaboration with the prevention agencies. These will be detailed at a later date.

Q19. Can you give us some examples of some ways that Prevention contracts can be structured?

A. Yes. See below for three different examples of how Prevention contracts can be structured. Please note that in the examples below **EBIS and ITTS activities can be on the same contract but SAC activities must be in a separate contract.**

Diagram 1

In the following structure, there are 8 agencies providing prevention services in the region that are included in the Region’s application, but only 5 State funded prevention contracts. They will be fiscally and programmatically monitored by the State HIV/STD Prevention Program for prevention activities. Agency A has the knowledge, infrastructure and capability to subcontract with Agency F, and Agency D has the experience, knowledge infrastructure and capability to subcontract with Agencies G and H for HIV/STD prevention services. Agency F will be fiscally and programmatically monitored by Agency A, and Agency G and Agency H will be fiscally and programmatically monitored by Agency D. Each agency will produce its own budget although Agency A and Agency D will account for their subcontractor’s budgets in their request for funds.

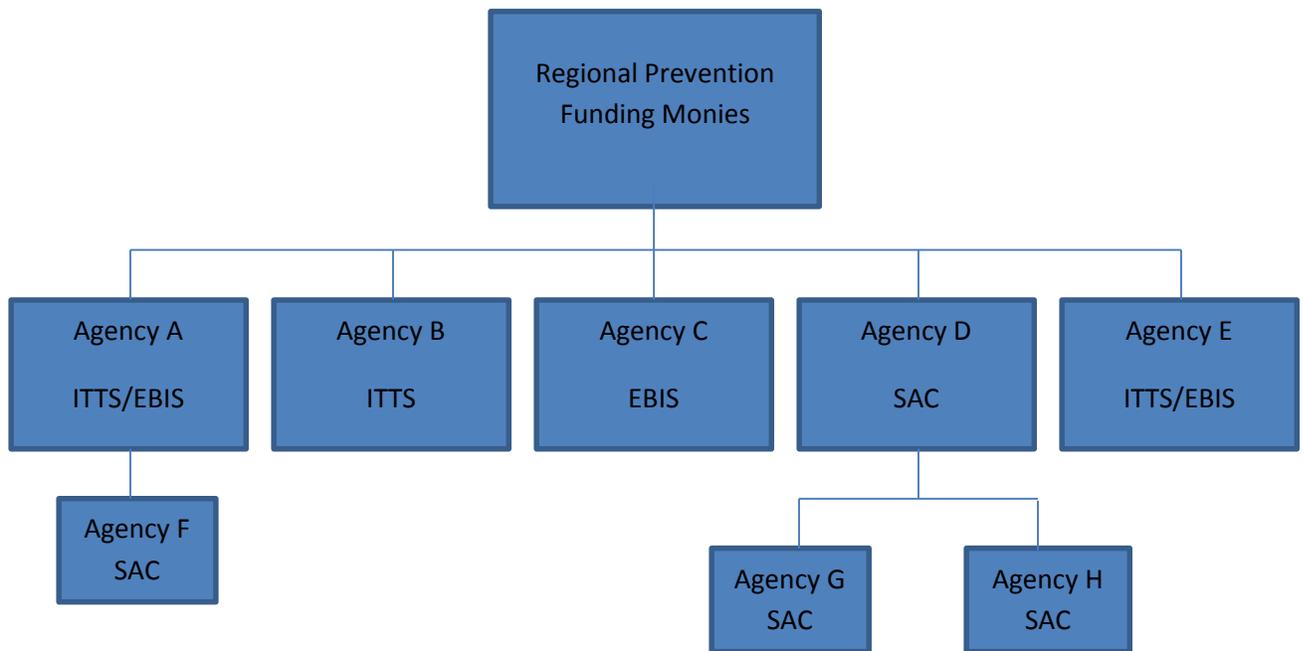


Diagram 2

In the following structure, there are still 8 agencies providing prevention services that are included in the region's application, but only 2 State funded prevention contracts. **Agency A has agreed to be the sole agency that directly receives prevention funding from the RFA.**

Agency A is the only agency that will be fiscally and programmatically monitored by the State HIV Prevention Program. Agency A has the experience, knowledge, infrastructure, and capability to subcontract with Agencies B through H. Each agency will produce its own budget, and Agency A will account for the budgets of the subcontractors in their request for funds. There is no cap in how many agencies can subcontract with another agency. Agency A is solely responsible for all funded prevention activities in this region, although many or all of the prevention activities for which Agency A is responsible are carried out by Agency A's subcontractors.

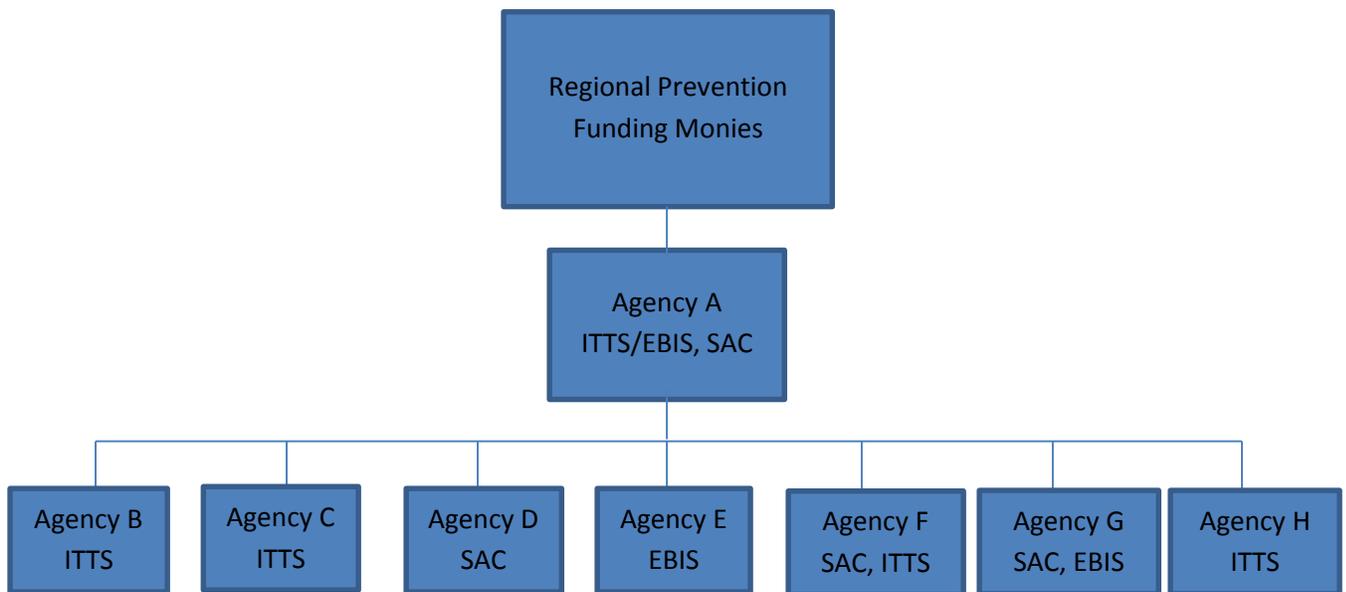
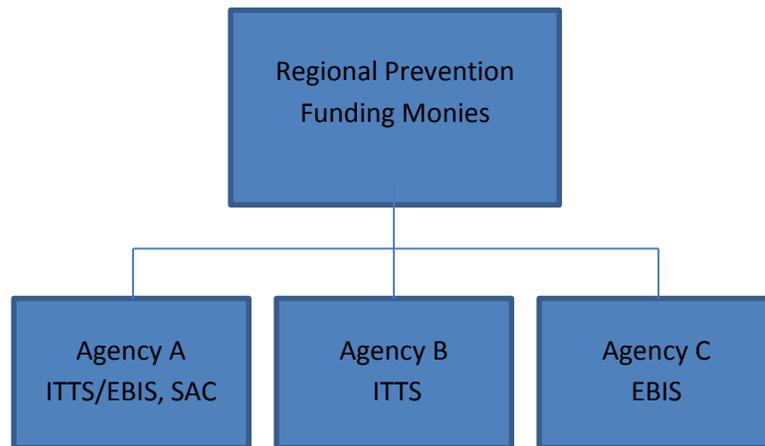


Diagram 3

In this structure, there are 3 agencies that are included in the region's application, but there are 4 State funded prevention contracts. In this example, Agency A, B and C will be programmatically and fiscally monitored by the State HIV Prevention Branch for HIV/STD prevention activities. Agency A will be responsible for two contracts – one for their ITTS and EBIS projects, and one for their SAC project. Each agency will produce its own budget.



Q20. Will the CD Branch review proposed Prevention and Care Network structures from the regions?

A. Yes. The CD Branch will review any proposed service structures from the regions and will provide feedback on them. See below for examples of contractual structuring. These are based on the above Prevention diagrams, with Ryan White and HOPWA funding added.

Diagram 1-A

In this model, built on Diagram 1 above, the Prevention funding remains the same. There are 2 State funded care contracts. Agency A is funded for Ryan White services (green line) and Agency B is funded for HOPWA services (red line) by the AIDS Care Program. Agency A subcontracts some Ryan White funds to Agency J. Agencies A and B are fiscally and programmatically monitored by the AIDS Care Program. Agency J, as a subcontractor of Agency A, is fiscally and programmatically monitored for care services by Agency A.

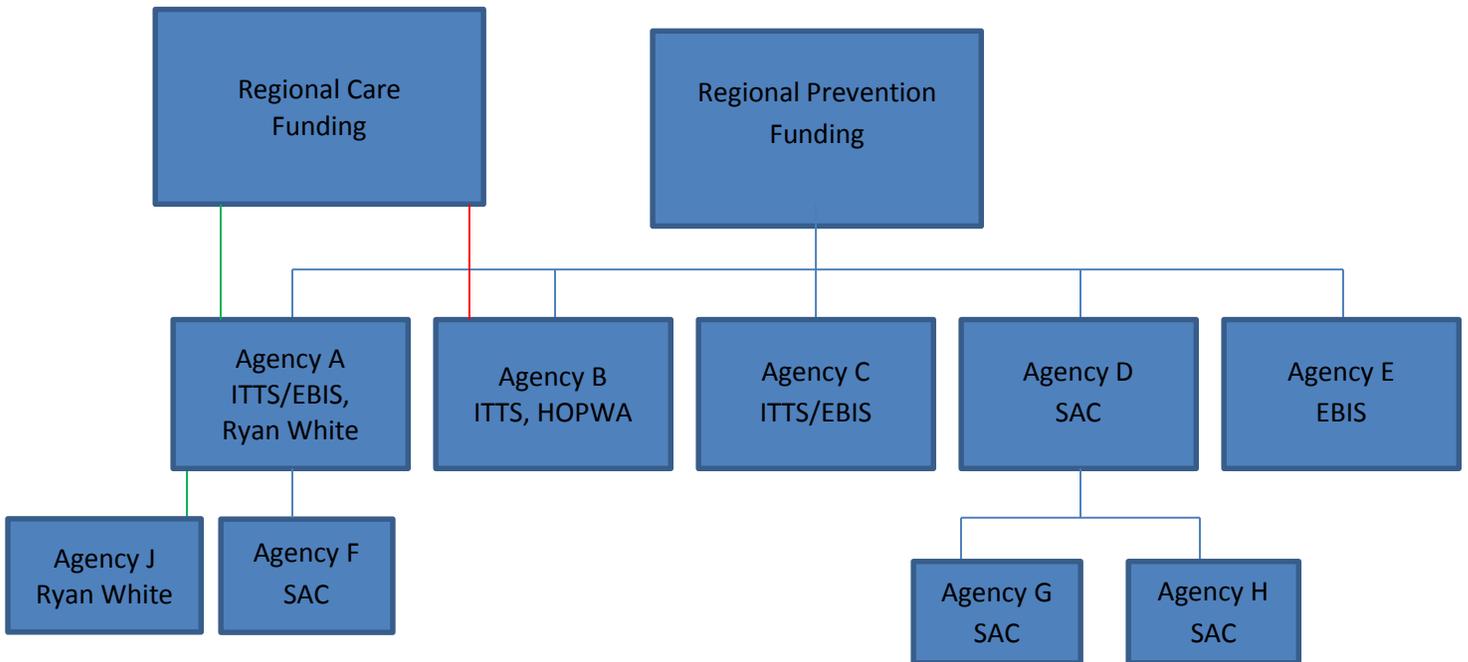


Diagram 2-A

In this model, built on Diagram 2 above, the prevention funding remains the same. There are 3 State funded care contracts. Agencies A and B are funded for Ryan White services (green lines) and Agency A is also funded for HOPWA services (red line) by the AIDS Care Program. Agency A also subcontracts some of its HOPWA funds to Agency C. Agencies A and B are fiscally and programmatically monitored by the AIDS Care Program for Ryan White. Agency A is fiscally and programmatically monitored by the AIDS Care Program for HOPWA. Agency C is fiscally and programmatically monitored by Agency A for HOPWA services.

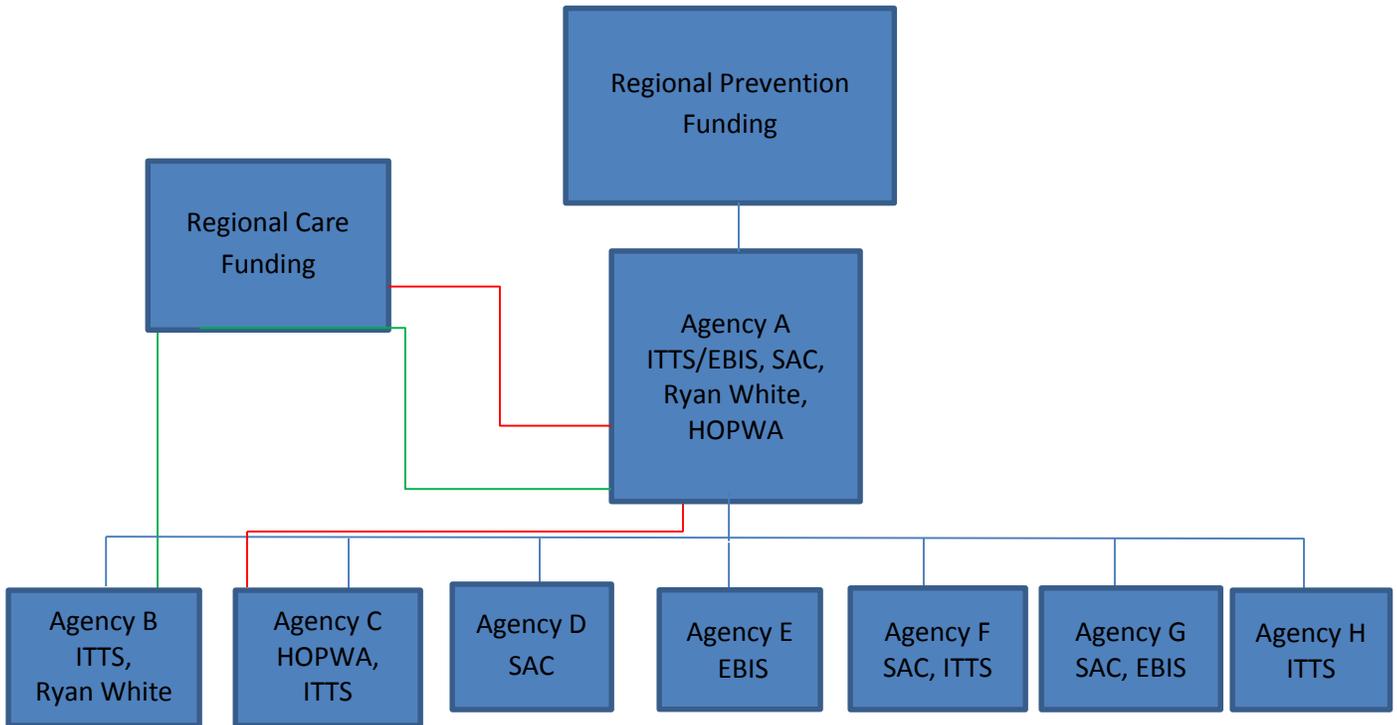


Diagram 3-A

In this model built upon Diagram 3 above, the Prevention funding structure remains the same. Ryan White funding (green line) and HOPWA funding (red lines) have been added. In this model, the AIDS Care Program funds Agency E for HOPWA services and Agency F and G for Ryan White services, Agencies E, F and G are fiscally and programmatically monitored for Ryan White and HOPWA funding respectively by the AIDS Care Program.

