TEXAS
Health and Human Services

Form PCS 121
07/15/2016

SOLICITATION ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Name/Title:	DSHS HIV Prevention Services	**Solicitation No:**	HHS0000778
Solicitation Due Date:	04/08/2019	**Solicitation Due Time:**	02 00 PM
Addendum No.	4	**Addendum Date:**	03/12/2019

PCS Contact Information

Purchasing Contact Phone:	512.406.2458	**Purchasing Contact Name:**	Valerie Griffin
Purchasing Contact Email:	valerie.griffin@hhsc.state.tx.us		

Description of Addendum

BE ADVISED THAT THE FOLLOWING CHANGES ARE APPLICABLE TO THE ABOVE REFERENCED SOLICITATION:

This addendum addresses questions that were received for the HIV Prevention RFA. The questions and answers are attached to the addendum form.

THIS ADDENDUM NOW BECOMES A PART OF THE ORIGINAL SOLICITATION

RETURN ADDENDUM ACKNOWLEDGMENT FORM AS INSTRUCTED, FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION ORESPONSE.

1. If respondent has submitted response prior to addendum, respondent may email the signed addendum to pcsbids@hhsc.state.tx.us prior to the solicitation due date and time.
2. Acknowledge receipt of this addendum on the face of your response, or
3. Sign and return this addendum to HHSC-PCS with the solicitation response to Procurement and Contracting Services, 1100 W. 49th Street, Austin, TX 78756; or

Respondent Name		**Authorized Signature**
Date (MM/DD/YYYY)	**Phone**	**Email**

No.	Page #	Section/Paragraph #	Associated Topic or Language	Response
1	N/A	N/A	A recent DSHS HIV Prevention Services RFA was released this week and we also received an email detailing an amendment that will extend our current contract until 12/2019. Do we need to apply to the RFA?	Current HIV Prevention, HIV Testlink and Routine Testing contracts expire 12/31/19. To be eligible to receive future funding, you **Must** apply to the HIV Prevention Services RFA.
2	N/A	N/A	Will Local Health Departments (LHDs) receive level funding?	Current HIV Prevention HIV Testlink and Routine Testing contracts expire 12/31/19. To be eligible to receive future funding, you **Must** apply to the HIV Prevention Services RFA.
3	N/A	N/A	Does the HIV Prevention grant come from HHSC?	The State of Texas by and through the Texas Department of State Health Services (**DSHS** or **System Agency**) announces the expected availability of state and federal funding for grants to provide human immunodeficiency virus (**HIV**) prevention services as set forth in this Request for Applications (**RFA**). "System Agency" means the Texas Health and Human Services Commission, its officers, employees or authorized agents.
4	N/A	N/A	Are we eligible to apply for it?	To be considered for award, Applicants must execute **Exhibit A, Applicant Affirmations and Acceptance, v 1.3,** and provide all other required information and documentation as set forth in this Solicitation. This RFA contains the requirements that all Applicants must meet to be considered for award.
5	N/A	N/A	Is this a grant that we will have to compete for, for continued funding for next year?	To be eligible to receive future funding, you **Must** apply to the HIV Prevention Services RFA.
6	N/A	N/A	I was wondering if there was more information regarding the Routine HIV Screening in Health Care Settings. In particular, I was wondering if this category means that ASOs and CBOs partner with let us say Metro Health to perform routine HIV screenings or if this category is built to increase the capacity of clinics housed within	The intention of the Routine HIV Screening in Health Care Settings funding opportunity is for the emergency center, community health center or jail to make internal and sustainable systematic changes in their practices order to perform routine, opt-out and sustainable HIV screening as a standard of care within their patient services.

			ASOs and CBOs to increase the linkage of newly diagnosed clients to supportive services (EIS).	This funding opportunity is not intended to support an outside agency coming into an established health care setting and perform the HIV testing.
7	N/A	Work Plan for Funding Opportunity 3: PrEP/PEP Services/Paragraph 4	The text of the work plan requires applicant to detail plans to increase number of clinical providers but the Evaluation tool states: "plan to reach area clinical service providers". The Objective Table states "reached" as well. Is it the intent for the RFA for applicants to propose increasing the number of PrEP service providers?	The intention is for Applicants to plan for outreach and education to local clinical providers in an effort to increase access and availability of PrEP and nPEP in their communities. Applicants are expected to conduct these activities to reach clinical providers who are not currently prescribing PrEP or nPEP, in collaboration with providers and organizations who conduct clinical education to facilitate adoption of the intervention. RFA Requirements, p. 32: F. Grantee must create or expand existing partnerships with CBOs, LGBT organizations, private health care providers, clinics and community health centers to increase access to PrEP and nPEP. Grantees must also encourage referrals from DIS and may use formal social networking strategies to increase referrals from clients to the program. I. Grantee must undertake activities to increase the number of clinical providers in the community who prescribe PrEP or nPEP. This includes assessing the availability of PrEP and nPEP from the local medical community, identifying and addressing barriers to prescribing PrEP and nPEP, and providing education and materials to support PrEP and nPEP use to the medical community. Grantee must coordinate their outreach and education to clinical providers with other providers of PrEP and nPEP services and with other organizations conducting clinical education on these interventions. Workplan, p 8:

				4. Describe your approaches to outreach and education of area clinical service providers and plans to increase the number of clinical providers in the community who prescribe PrEP and nPEP. 6. Describe your plans to coordinate outreach and education to clinical providers with other providers of PrEP and nPEP services and with other organizations conducting clinical education on these interventions. Attach letters/memoranda of agreement with collaborating partners.
8	N/A	Work Plan for Funding Opportunity 3: PrEP/PEP Services/Paragraph 5	The work plan requires applicant to address barriers but the evaluation tool only requires "assess the availability". Are applicants required to indicate how they will address or assess barriers?	Applicants are expected to describe their plans to assess/identify AND address barriers to prescribing PrEP and nPEP among local providers. Evaluation Tool, p. 7: 5.1 To what extent does the respondent describe a plan to assess the availability of PrEP/nPEP and barriers to prescribing PrEP and nPEP in the local medical community? Workplan, p 8: 5. Describe your plans to assess the availability of PrEP and nPEP from the local medical community, identify and address barriers and provide education and resources to the medical community.
9	N/A	Work Plan for Funding Opportunity 3: PrEP/PEP Services/Paragraph 8	Are applicants required to operate PrEP/PEP programs in strict adherence to CDC guidelines for prep initiation? Example: Would funded applicants be able to prescribe PrEP to an MSM who is proactively seeking PrEP because of planned risk behavior (ie: dating someone who is HIV positive), but reports not having had condomless anal sex or an STI in the past six months?	Applicants are required to follow the 2017 update to the Clinical Practice Guidelines. Clinicians, however, are not restricted in acting upon their best judgement with the intent to assist a patient so that they do not acquire HIV.
10	N/A	Work Plan for Funding Opportunity 3:	The CDC guidelines allow for the use of rapid HIV immunoassays for clinical determination of	Although, the 2017 update to the Clinical Practice Guidelines state a preference for lab-based

		PrEP/PEP Services/Paragraph 8	HIV status at initiation (pg 41 of guidelines) and for all subsequent HIV testing (pg 38 of guidelines). Are applicants funded under this RFA permitted to use rapid HIV testing solely for determination of HIV status?	antigen/antibody testing, DSHS requires that grantees funded for PrEP and nPEP provision must include a lab based antigen/antibody test for confirming HIV negative results. If a point of care rapid test is preliminary positive then, per DSHS Policy Number 2013.02, funded programs must acquire a blood specimen via venipuncture and submit it for the full HIV diagnostic algorithm which includes lab-based antigen/antibody HIV assay and supplemental testing to confirm HIV status. Clinical Practice Guidelines, p. 40: Laboratory antigen/antibody tests (option 1) are preferred because they have the highest sensitivity for detecting acute HIV infection which is associated with high viral loads. While viral load testing is sensitive (option 2), healthcare providers should be aware that available assays might yield false positive low viral load results (e.g., <3,000 copies/mL) among persons without HIV infection. Without confirmatory tests, such false-positive results can lead to misdiagnosis of HIV infection. Repeat antibody testing (option 3) is least preferred because it delays determination of true HIV status and uninfected patients may have additional exposures and become infected without PrEP while waiting to retest. When clinicians prescribe PrEP based solely on the results of antibody-only or rapid tests ordering a laboratory antigen/antibody test at the time baseline labs are drawn is recommended. This will increase the likelihood of detecting unrecognized acute infection so that PrEP can be stopped and the patient started on antiretroviral treatment in a timely manner. DSHS Policy:

				In accordance with **DSHS Policy Number** *2013.02* supplemental testing must be collected by venipuncture on-site immediately after a point of care (e.g., rapid) preliminary positive test result. All indeterminate and non-reactive supplemental tests must be automatically referred for Nucleic Acid Amplification Testing (NAAT) to determine if a client has an acute HIV transmission. Blood specimens allow access to the newest and most sensitive technology that can detect acute infections and also provide an opportunity to test for syphilis. Confirmatory testing using another protocol must be pre-approved by DSHS in writing.
11	38	2.6 Allowable Costs and Prohibited Uses of Funds/Paragraph D	Is the 10% amount noted above, inclusive of the 10% amount allowed for administrative costs (Section 2.6, paragraph C), or is the above in addition to the 10% administrative costs?	Paragraph C, states, "Administrative/indirect costs must be limited to 10% of the total contract amount'" Paragraph D, states, "<u>In addition</u>, a minimum of the total contract amount must be dedicated to planning, reporting and evaluation of the proposed activities."
12	43	Article III- "Administrative Information", Section Number 3.5.2- "Submission in Separate Parts"	(Apologies for the long text but this is the most confusing part of the RFA.) It is unclear how many applications we would need to submit depending on the number of opportunities and number of areas. Based on the explanation in the Evaluation Section 4.2, it sounds like it is one application for everything regardless of number of opportunities or locations but with a separate Work Plan for each opportunity. Yet as one read the RFA, the following questions arise: Example 1: If we are applying for opportunity B only in Area 1A and Area 1B, do we submit <u>two</u> separate sets of applications? Example 2: If we are applying for opportunity B and opportunity C, in Area 1B only, do we submit <u>two</u> separate sets of applications?	One application per HIV Service Delivery Area is required. In addition, only one budget is required regardless of Areas or Funding Opportunities; however, the Form I and Form- I-1, Budget Summary must be included. Example 1: Yes, if you are applying for two Areas within one Funding Opportunity two sets of applications are required. Example 2: One application is required if respondent is applying for multiple Funding Opportunities but the same Area; however, separate Work Plans and Performance Measures would be completed by Funding Opportunity. Example 3: Based on this example since respondent would be applying for two HIV Service Delivery Areas then two separate applications are required.

			Example 3: If we are applying for opportunity B AND opportunity C, in Area 1A AND Area 1B, do we submit four separate applications? In essence, the answer would most likely be for one of the following questions: Is it one whole application set regardless of the number of opportunities and number of areas (with a separate Work Plan included per opportunity)? **OR** Is it one application set per opportunity which includes all the areas for the specific opportunity? **OR** Is it one application set per opportunity, per area (as in if someone was applying for all 5 opportunities in 4 areas, they would submit 20 separate application sets)?	
13	43	3.5 Solicitation Response Composition	Do you mean to say you want the RFA number and the deadline on the outside of the box (already addressed on page 44) **OR** do you want the RFA number and the deadline on each page of the proposal?	RFA number and deadline should be included in the address on the outside of the box.
14	44	3.5.2 Submission in Separate Parts	Let us assume we are submitting one application. Are you asking for ONE flash drive with the documents separated by parts/folders." instead since that's what it implies on the bottom of page 54?	Refer to Section 3.5.2 - Submission in Separate Parts
15	44	3.6 Solicitation Response Submission and Delivery	It sounds like you are asking for 3 items. Should this read: "Applicant must submit one (1) hard copy and one (1) electronic copy of all required documents as scanned versions (.pdf) on one (1) flash drive." instead since that's what it implies on the bottom of page 54?	One application per HIV Service Delivery Area is required. Applicant must submit one (1) hard copy and one (1) flash drive for each Area.
16	22	Section 2.5/Paragraph K	Condom Distribution is listed a required program component – is this a requirement of all components of the application or just the Core HIV Prevention Program component?	Page 21, 22; 2.5 PROGRAM REQUIREMENTS K. Grantee must make free condoms readily available to its clients. Grantee can request condoms from DSHS.
17	22	Section 2.5/Paragraph K	Does a Routine HIV testing applicant provide free condoms as a part of this contract	Page 21, 22; 2.5 PROGRAM REQUIREMENTS K. Grantee must make free condoms readily

				available to its clients. Grantee can request condoms from DSHS.
18	23	Section 2.5.1/Paragraph F	Is it a programmatic requirement that routine HIV screening be conducted under a standing delegation order? Or is this something an organization can work toward?	Routine Screening does not require a standing delegation order.
19	32	Section 2.5.3/Paragraph B	What is meant by community? Could this be within a small community like outreach and education within an organization? Is community education in reference to education targeting the target populations across the HSDA or can it refer to internal community education (i.e., education within an organization or institution)?	"Community" refers to the broader community comprised of focus population(s) within the given HSDA. The expectation of applicants is that any staff or peers involved in PrEP/nPEP clinical and nonclinical services and outreach and education are equipped with a baseline knowledge of the intervention and a basic understanding of the process for initiating/reinitiating PrEP/nPEP. RFP, p. 32: A. Grantee must implement PrEP/nPEP services in HSDAs in Areas 1A, 1B, 1C, 1D, 1E and/or 2. Grantee must tailor engagement and recruitment services for at least one core priority populations in the eligible-HSDA and may include one or more of the additional populations listed for the HSDA. Grantees may provide services to more than one HSDA but must be physically located in one of those HSDAs. Grantee must provide PrEP services. nPEP services are optional. D. Grantee must tailor education and recruitment efforts to the priority populations identified in the Application. Grantee must assess awareness of PrEP/nPEP and barriers to use in their priority population(s) including other life circumstances or structural issues that might block use of PrEP/nPEP, and incorporate their findings into the planned education and awareness activities.
20	32	Section 2.5.3/Paragraph I	Does promotion of PrEP/nPEP among clinical providers be focused on one care system/organization or does it have to reach out to	Promotion for adoption of PrEP/nPEP among clinical providers is intended for the broader local medical community in the HSDA. While applicants are not

			all clinical providers in a community as a whole (i.e., not a part of the funded organization)?	expected to reach every clinical provider in the HSDA/local community, they are expected to have a plan to increase the number of clinical providers who can prescribe PrEP/nPEP. Coordination with clinical providers and organizations who conduct clinical education in the area will help facilitate reaching as many clinical providers as possible. RFP, p. 32: I. Grantee must undertake activities to increase the number of clinical providers in the community who prescribe PrEP or nPEP. This includes assessing the availability of PrEP and nPEP from the local medical community, identifying and addressing barriers to prescribing PrEP and nPEP, and providing education and materials to support PrEP and nPEP use to the medical community. Grantee must coordinate their outreach and education to clinical providers with other providers of PrEP and nPEP services and with other organizations conducting clinical education on these interventions. Workplan, p. 8: 1. Describe your approaches to outreach and education of area clinical service providers and plans to increase the number of clinical providers in the community who prescribe PrEP and nPEP. 2. Describe your plans to assess the availability of PrEP and nPEP from the local medical community, identify and address barriers and provide education and resources to the medical community.
21	32	Section 2.5.3/Paragraph G	Must the community advisory board requirement be filled by a consumer driven board (i.e., made up of people who use services)? Also, is this requirement only for Core Prevention activities?	The Community Advisory Board(s) outlined in the RFP must include consumers. Community Advisory Boards are required for PrEP/nPEP, Core Prevention, Client-Level Interventions and Structural Interventions activities. RFP, p. 27: Core Prevention

				I. Grantee must maintain a Community Advisory Board to assist with programmatic decision making. RFP, p. 32: G. Grantee must use continuous community assessments to evaluate and improve recruitment and outreach strategies and maintain a Community Advisory Board to assist with programmatic decision making. Grantees are encouraged, but not required, to maintain a CAB specifically for the PrEP/nPEP program in addition to any other advisory groups that may be maintained by the Applicant. RFP, p. 35: Client-Level Interventions H. Grantee must submit to DSHS data on program activities and client contacts using systems and formats specified by DSHS. Grantee must demonstrate that they are using such information together with input from clients and stakeholders to improve the intervention and assure it meets emerging needs of the priority population and is achieving its intended outcomes. Grantee must use continuous community assessments to evaluate and improve recruitment and outreach strategies and maintain a Community Advisory Board to assist with programmatic decision making. RFP, p. 37: Structural Interventions J. Grantee must submit to DSHS data on program activities and client contacts using systems and formats specified by DSHS. Grantee must demonstrate that they are using such information together with input from clients and stakeholders to improve the intervention and assure it meets emerging needs of the priority population and is achieving its intended outcomes. Grantee must use continuous community assessments to evaluate

				and improve recruitment and outreach strategies and maintain a Community Advisory Board to assist with programmatic decision making.
22	44	Section 3.6.3 Delivery/Paragraph 3	For submission it is noted that an applicant must submit one hard copy and one electronic copy. I would like to confirm if the electronic copy is only referring to that version saved on the flash drive and that electronic submission is not required.	One application per HIV Service Delivery Area is required. Applicant must submit one (1) hard copy and one (1) flash drive for each Area.
23	44	Section 3.6.3 Delivery/Paragraph 3	With the submission instructions it states that the flash drive should include Pdfs of documents. Can this be pdfs created on a computer (i.e., a file converted from word to pdf using Adobe) or must they be scanned pdfs?	Create the PDF however you would like; just as long as they are PDF's and compatible with Microsoft Office 2010.
24	20	Section 2.4 Eligible Applicants/Paragraph I	Does the outlined provision apply to entities organized outside of Texas given that AIDS Healthcare Foundation is not a Texas entity and there are no restrictions in California prohibiting a member, including the Executive Director, to be a voting member on the governing board? Also, does this mean that the President of a nonprofit corporation cannot be a voting member of the board of directors of that nonprofit?	Refer to Section 2.4 – Eligible Applicants: to be awarded a contract under this RFA; an Applicant must meet the following minimum qualifications.
25	41	Section 3.1/Paragraph 1 (table)	Tarrant County Public Health (TCPH) is a department of the Tarrant County Organization which is governed by a Commissioners Court. The Tarrant County Commissioners Court requires TCPH to submit all RFAs for approval TWO weeks ahead of the pending approval date. Not including a review from internal Tarrant County Contract Specialist. Example: An RFA submitted 2/5/2019 will not be considered for approval to proceed until 2/19/2019.	Refer to Section 3.1 – Schedule of Events Deadline for submitting questions is – March 1, 2019.

			Can TCPH submit questions and receive direct feedback before the March 11, 2019 Answers to Question Posted Deadline? The March 11, 2019 date will limit our RFA preparations and TCPH internal approvals to one day as we are required to submit this RFA to the Commissioners Court for approval March 12, 2019.	
26	10	Section 2.1.2/Paragraph 1	TCPH - Adult Health Services (TCPH-AHS) as a community health organization serves the under and uninsured populations by providing STD treatment, testing and education. Does our clinic qualify for this funding opportunity? More specifically, could we do this in our current clinics or does this only apply to the locations listed (ER, Community Health Centers, etc.)? Are we allowed to partner/subcontract with a jail or ER medical services provider?	DSHS funded STD clinics are required to perform opt out routine HIV screening for all their STD patients. Please refer to the HIV/STD Program and Operating Procedures Chapter 4. https://www.dshs.texas.gov/hivstd/pops/chap04.shtm The intention of the Routine HIV Screening in Health Care Settings funding opportunity is for the emergency center, community health center or jail health programs make internal and sustainable systematic changes in their operations and practices order to perform routine, opt-out and sustainable HIV screening as a standard of care within their patient services. This funding opportunity is not intended to support an outside agency coming into an established health care setting to perform the HIV testing.
27	Form G	N/A	Should the projected numbers to be served reflect 12 month totals (the first year) or the total for five years?	Form G. All Performance Standards projected numbers to be served should reflect 12 month totals.
28	N/A	N/A	I wanted to ask if you know if extragenital testing will be a requirement for the HIV Prevention funding as this is not a requirement for CDC? I think it is a great recommendation, just wanted to ask? Let me know if you may answer this question or not? In working on this, the STD	Refer to 2.5.2 Funding Opportunity 2 - Core HIV Prevention Programs Program Requirements Grantee must ensure that syphilis testing is provided to all individuals testing for HIV unless the client refuses. Grantee must collect specimens for syphilis and other Sexually Transmitted Infection (STI) testing

			Staff has advised that this is great; however, the funding may be an issue.	concurrent with HIV testing, if appropriate. This includes collecting specimen for extra genital screening for chlamydia and gonorrhea and for hepatitis C antibody testing for at-risk populations.
29	N/A	N/A	In prior RFA's respondents were asked to develop a budget intervention summary as part of the application (ie testing, condom distribution, total request etc). I did not see this requirement included in the current RFA. Will a budget intervention summary not be required as part of the submission?	Addendum posted on 3/4/2019 adding Budget Summary form.
30	N/A	N/A	We received a notification of a funding opportunity from the Health Department and after reviewed it we would like to know if we should apply for the 2020 period under that? We qualify for the group on Routine HIV Screening in Healthcare Settings Routine HIV Screening in Healthcare Settings which is our current RFA funding. We would like to double check if we should apply or current funding will be extended it on 2020.	Current HIV Prevention, HIV Testlink and Routine Testing contracts expire 12/31/19. To be eligible to receive future funding, you **Must** apply to the HIV Prevention Services RFA.
31	N/A	N/A	We are P.A.L.M. Center, Project Aids Land Manor Inc. We have a serious track record in HIV/HEI Intervention/Prevention/Education/Outreach in region 5. We want to begin this Grant request immediately. Thanks for any assistance available.	To be eligible to receive future funding, you **Must** apply to the HIV Prevention Services RFA.
32	N/A	N/A	I would like to apply for this grant. We have a center and it would be grant for community outreach for this program targeting ages 13-45.	To be eligible to receive future funding, you **Must** apply to the HIV Prevention Services RFA.
33	31	2.5.2 DD	"Grantee will use enhanced linkage and engagement programs."" and Form H. Workplan Linkage and Engagement in HIV-Related Medical Care #2. c.	No. Enhanced linkage and engagement interventions are not required; however, Applicants may propose enhanced linkage and engagement interventions. These programs go beyond active referral activities and use formal, structured activities to assure secure linkage or engagement.

			pages not numbered "If you propose to use an enhanced linkage intervention..." Question: these two statements seem contradictory. Must an applicant use an enhanced linkage intervention?	
34	N/A	Form B	If a Governmental Entity Complete Form B-1 Question: Where can Form B-1 be found?	Addendum posted on 2/27/2019 adding Form B-1 & B-2.
35	18	2.3 Grant Award and Term; 2.3.1 Available Funding/Paragraph 1	Is there a total application ceiling amount that may be requested?	Review Section 2.3 – Table 7.
36	32	2.5 Program Requirements; 2.5.3 Funding Opportunity 3 - PrEP and nPEP Program Requirements; I/Paragraph 6	What are eligible and ineligible activities for educating providers?	Activities should be tailored to fit the educational needs of the participants to assist in building knowledge, capacity, and ability to assess and provide appropriate PrEP services for the community and their patients.
37	32	2.5 Program Requirements; 2.5.3 Funding Opportunity 3 - PrEP and nPEP Program Requirements; I/Paragraph 6	Is food an allowable expense as part of provider engagement?	Review page 39. Grant funds also may not be used to support the following services, activities, and costs: 8. Food, meals, beverages or other refreshments, <u>except for eligible per diem associated with grant-related travel or when pre-approved for training and community engagement events;</u>
38	32	2.5 Program Requirements; 2.5.3 Funding Opportunity 3 - PrEP and nPEP Program Requirements; I/Paragraph 6	What if multiple organizations apply for this service category? How is coordination and collaboration addressed?	DSHS anticipates that multiple organizations will be applying for this service category. Applicants must describe their plans to collaborate and coordinate with local providers and organizations, including identification of existing entities in their HSDA/ local medical community, establishment of MOAs/MOUs and coordination for outreach to clinical providers. RFP, p. 32: I. Grantee must undertake activities to increase the number of clinical providers in the community who

				prescribe PrEP or nPEP. This includes assessing the availability of PrEP and nPEP from the local medical community, identifying and addressing barriers to prescribing PrEP and nPEP, and providing education and materials to support PrEP and nPEP use to the medical community. Grantee must coordinate their outreach and education to clinical providers with other providers of PrEP and nPEP services and with other organizations conducting clinical education on these interventions. Work Plan, p. 8: 1. Describe your plans to coordinate outreach and education to clinical providers with other providers of PrEP and nPEP services and with other organizations conducting clinical education on these interventions. Attach letters/memoranda of agreement with collaborating partners. Evaluation Tool, p. 7: 6. To what extent does the respondent identify other PrEP/nPEP providers and organizations that conduct clinical education on PrEP /nPEP in their service area(s) and provide a clear description of how clinical outreach will be coordinated?
39	37	2.6 Allowable Costs and Prohibited Uses Of Funds; A/Paragraph 1	What is definition of "payment of last resort?"	The program (DSHS) is the **payer of last resort**. If another insurer or program has the responsibility to pay for costs incurred by a Medicaid-eligible individual, that entity is generally required to pay all or part of the cost of the claim prior to Medicaid making any payment.
40	39	2.6 Allowable Costs and Prohibited Uses Of Funds; K; 7/Paragraph 7	What is definition of "promotional gifts?"	Promotional gifts include items that do not benefit the program and are not used for client recruitment or to increase community awareness. Promotional gifts promote the agency but not the program.

41	54	Article IX. Submission Checklist; Copies of Application Package/Paragraph 3	Are multiple hard-copies needed? Or only 1 hard-copy and 1 electronic copy on 1 flash drive? Are we required to email the electronic copy to the point of contact?	One application per HIV Service Delivery Area is required. Applicant must submit one (1) hard copy and one (1) flash drive for each Area.
42	54	Article IX. Submission Checklist	Are references to be listed as: 1) Footnotes 2) End notes for each form 3) A separate attachment for the complete RFA	References should be listed in a footnote format.
43	19	2.3.1 Available Funding	What does that mean exactly? What is the award cap and what is the typical award for the City of Houston?	Review Section 2.3 – Table 7.
44	18	2.3.1 Available Funding/Table 7	Is Area 1C Houston referring to all of Harris County?	Area 1C Houston refers to the Houston HIV Service Delivery Area. Counties in this HSDA are listed in Appendix 1.
45	19	2.4 Eligible Applicants/Paragraph D	Does Community Health Centers refer only to Federally Qualified Community Health Centers? Can you clarify what is your definition of a Community Health Center?	See page 22; 2.5.1, paragraphs A and B. Preventive Task Force Grade A. The term does <u>not</u> refer only to Federally Qualified Community Health Centers. Community Health Centers generally refers to health facilities that provide primary care and public health services for low-income and uninsured populations. The intention for the funding is to support emergency centers, jail health centers, and **primary care offices** within Community Health Centers in implementing sustainable opt-out routine HIV screening as described in the CDC's recommendations for routine HIV screening in health care settings and the United States
46	31	2.5.3/Paragraph A	Is it a requirement to include nPEP in the RFA response, or can we exclusively write to PrEP for Funding Opportunity 3?	Review Section 2.5.3 Paragraph A. nPEP services are optional.
47	2	Exhibit C Attachment 2/Paragraphs 6-7-8	Do questions 6, 7 and 8 pertain to the overall organization or just the proposed project operation?	Overall organization.
48	54	Article IX. Submission Checklist/Paragraph 1	Does an applicant submit one proposal response inclusive of all required sections, attachments and documents for each funding opportunity or a	Yes, one proposal is submitted for multiple Funding Opportunities; however, separate Work Plans and Performance Measures would be completed by Funding Opportunity.

			consolidated proposal with multiple funding opportunities embedded within it?	Please note separate application are only required when submitting proposals or multiple HIV Service Delivery Areas.
49	54	Article IX. Submission Checklist/Paragraph 1	Given the RFA is interactive, are responses required to be inserted into the actual RFA document by section with the final submission inclusive of the instructional RFA language or in a separate document without the instructional language of the RFA?	Responses are not required to be inserted into the actual RFA document. Instructional language does not need to be included in the response. Responses must be numbered to match the items being addressed.
50	N/A	Form E/Paragraph 4	Does the organizational chart attachment required in Form E count toward the 8 page limit?	No.
51	N/A	Form H – Work Plan for Funding Opportunity 2: Core HIV Prevention Programs – Linkage and Engagement in HIV-Related Medical Care	Do the letters/memoranda of agreement requested in the work plan count toward the 6 page limit? Will this be true for all work plans requesting letters/memoranda of agreements?	No. Page limits do not include attachments.
52	N/A	Form H – Work Plan for Funding Opportunity 2: Core HIV Prevention Programs – Linkage and Engagement in HIV-Related Medical Care	Are the letters/memoranda of agreement requested to be placed immediately following the work plan or as appendices at the end of the proposal? Will this be the same format for all requested letters of memoranda within the work plan sections?	Letters/memoranda of agreement should be included as appendices at the end of the proposal. Yes, the same format applies to all requested letters/memoranda of agreements within the work plan section.
53	27	2.5.2 – J/Paragraph 7	1. Does the Community Advisory Board (CAB) mentioned, need to be a new entity or can it be an already existing body? 2. Who needs to be on this CAB?	It can be an already existing body. Relevant community members, including members of the program's core priority populations, who are capable of informing programmatic decision should be on the Community Advisory Board.
54	2	Form H - Work Plan for Funding Opportunity 4: Client Level Programs	Please clarify what "reach" means. Is this reach inclusive of agency collaborations and/or with priority populations?	In this context, reach is related to impact. DSHS expects Applicants to describe how they will ensure that their efforts impact the largest number of people in the priority population. Agency collaborations is an acceptable method to increase reach.
55	4	Form H -Work Plan for Funding Opportunity 2:	Many of our memoranda of agreements contain items that cross all scope of work, thus where	Multiple copies are not necessary. A single letter/memoranda or agreement with one entity that

		Core HIV Prevention Programs	MOAs are required to be attached, should multiple copies of MOA's be submitted for each area where MOA's are requested in the (each) work plan?	demonstrates a working relationship across multiple funding opportunities is sufficient.
56	1	From H- Work Plan for Funding Opportunity 5: Structural Interventions	Can we write to a "one time" funding for FY21 with in this section for a mobile outreach van which will support mobile PrEP services.?	Applications including one time purchases that are reasonable and related to carrying out the scope are allowable. Please note that respondents must remain within the funding caps outlined in Section 2.3 on page 18.
57	N/A	N/A	Are Local Health Departments eligible to apply for one or more of the funding opportunities?	To be eligible to receive future funding, you **Must** apply to the HIV Prevention Services RFA.
58	N/A	N/A	We do not see Wichita Falls listed at all and are a little concerned. Was this just an oversight?	Review Section 2.2.1 – Wichita Falls is listed in Area 4, which is ineligible for funded prevention services under this RFA.
59	N/A	N/A	Managed Care Center is applying for funding in two areas, Do I submit a completed RFP for each funding area or do I submit one RFP with two budgets?	Application per HIV Service Delivery Area is required. In addition, only one budget is required regardless of areas or funding opportunities; however, the Form I and Form- I-1, Budget Summary must be included.
60	N/A	N/A	Baptist Hospitals of Southeast Texas is a currently funded Routine Testing partner with DSHS. We would like to apply for funding from the enclosed RFP to extend our Routine Screening services to our external partners. Please let us know if this would cause a conflict of interest with our current Routine Screening funding.	Current HIV Prevention, HIV Testlink and Routine Testing contracts expire 12/31/19. To be eligible to receive future funding, you **Must** apply to the HIV Prevention Services RFA.
61	19	2.3.1 Available Funding/Paragraph 1	What is your definition of "providers in the City of Houston"?	Providers include those organizations that primarily provide HIV prevention services within the geographic boundaries of the City of Houston.

62	33	2.5.3 Funding Opportunity 3 – PrEP and nPEP Program Requirements/Paragraph N	Will grantees be able to utilize the DSHS lab for any of the medical testing associated with PrEP and/or nPEP? Would DSHS' standard lab charges apply?	Testing provided by the DSHS lab includes: Creatinine; HIV; Syphilis; Hepatitis; and Urine based chlamydia and gonorrhea. As of March 11, 2019, the DSHS lab is unable to process extra-genital chlamydia and gonorrhea samples. Costs associated with submitting specimens to the DSHS lab (with the exception of shipping and specimen collection supplies) should <u>not</u> be included in the proposed budget.
63	N/A	Form G/ Funding Opportunity 2: Core Prevention Performance Standards and Objectives	#1- Can the number of tests for your selected priority population(s) equal less than the total number of projected tests established for Objective A? #2- Can we select more than two priority populations for testing? Example, Hispanic MSM, Black MSM and White MSM and establish number of tests for each priority population?	#1 - Yes. #2 – No. Efforts are better focused with only two priority populations. This does <u>not</u> mean that other populations outside of the two priority populations will not receive HIV testing. They simply will not be the priority.
64	N/A	Form H: Work Plan/ Work Plan for Funding Opportunity 2: Core HIV Prevention Programs	What is your definition of "media platform" and "private platform"?	Media platform is a general term used to describe any type of media. This can include print, radio, television, websites, blogs, dating sites/apps, social media, podcasts, etc. Disregard the term private platform.
65	N/A	Appendix 2: Setting HIV Morbidity Areas	Does the exclusion of the City of Houston from the determination of the locally relevant populations in the Houston HSDA impact an applicant's proposed activities in Harris County?	The exclusion of city of Houston information does not change the listed focus populations and optional focus populations for applicants proposing to serve the Houston HSDA or any of the counties in the HSDA.

66	N/A	Appendix 3: Selecting Locally-Relevant Focus Populations/ Table 2	#1- For table 2, Houston HSDA, how many PLWH 2016 and new dx 2012-2016 for each population are from Harris County (excluding City of Houston)? #2- Could you provide the zip codes in Harris County included in determining the locally relevant populations in the Houston HSDA?	1 – Submit a data request to @TBHIVSTDdata@dsh.texas.gov 2 - Zip codes were not used to determine locally relevant populations in the Houston HSDA.
67	N/A	Work plan for funding opportunity 2: Core HIV Prevention Programs/Paragraph C	Is there an expectation of applicants to get letters or MOAs from Facebook, Snapchat, Instagram, Twitter, Tinder, Grindr, etc? Please explain definition of "private platform".	There is no such expectation. Disregard the term private platform.
68	54	Article IX. Submission Checklist/Paragraph 1	Are additional attachments/appendices allowed to be included, such as a poster presentation overview of clients served or other pertinent, related information not previously asked for within the work plans or RFA? If so, is there a page limitation?	Applicants should not include additional information not specifically requested in the RFA.
69	54	Article IX. Submission Checklist/Paragraph 1	If references are to be added as footnotes or end notes for each form, do they count toward the page count limitation?	Yes.