

**Community-Based HIV/STD/Hepatitis Services
RFGA-FY2022-HV-205
Questions in regard to the Request for Grant Applications (RFGA)
Submitted as of 5:00 PM, September 15, 2021**

1	Q	Are applicants from a particular region allowed to apply for Components B, C, and D or are we only allowed to apply for Component A? We were a little confused about <i>if</i> we were allowed to do so.
	A	Any applicant, regardless of region, may apply for Components B and C if in-house and outreach testing inclusive of linkage to medical care, partner services, and essential support services are performed under Component A, and the organization is able to provide services listed under each component’s scope of services. Component D is a stand-alone funding category, meaning applicants do not have to apply for Category A, B, or C to be eligible to apply. However, applicants must be able to fulfill the scope of services and must still submit eligibility documentation, cover letter, and complete Application Narrative sections C-F if applying for Component D.
2	Q	Is it possible for someone to elaborate on Letter “O” located on page 9 of the RFGA? We’re confused about what is meant by status neutral service options.
	A	In reference to “O”, DHEC encourages applicants to examine status neutral service options to provide comprehensive support and care to address social determinants of health that create disparities. The National Strategic Plan: A Roadmap to the Epidemic for the United States, 2021-2025, addresses the status neutral approach. The link to this document can be found on Page 5 of the RFGA. Expansion of the status neutral approach to HIV services allows for ongoing engagement in HIV prevention, care, and treatment regardless of a person’s HIV status. HIV testing can serve as an entry point to services and people can be assessed for needs and engaged in care and supportive services. DHEC is encouraging applicants to examine how testing can assess other needs that an individual may have and ensure referrals and linkage to such services regardless of a person’s HIV status.
3	Q	Number 2 on page 16 refers to only conducting social marketing and media activities when they relate directly to recruiting participants into the planned priority interventions. Does this mean we are only able to do these certain times of the year for the stated events in the RFGA? We just wanted to ensure we understood the plan for social media and marketing.
	A	Social marketing and media activities can be conducted if they support recruiting of EHE priority populations’ participants for planned priority interventions, as well as national observances. The national observances recognized on Page 16 relate directly to events that DHEC supports with its HIV prevention funding. DHEC encourages applicants to utilize funds to support activities related to noted observances.
4	Q	Can an organization apply to serve select counties within a service area or is it required to serve the entire pre-determined region (defined by the DHEC region map)? For example, would the organization be <i>required</i> to serve other counties in the region, outside of the county in which the organization has its physical office?
	A	Applicants can apply to serve select counties within a service area. The applicant should identify proposed service areas in the application package, under Application Section E: HIV/STD/Hepatitis Prevention Program Description, Question 2.

5	Q	In the past, our organization has submitted one prevention application which covered our multiple ASO locations. With this new RFGA, it looks like we would need to submit separate applications, one for each of the multiple regions. Is this correct?				
	A	An applicant with multiple locations may submit one application but proposed services areas will need to be identified. The budget and budget narrative should identify the total funds requested and provide a detailed breakdown of each service area with proposed funding in accordance with regional alignment. Intervention services worksheets would also need to provide an overall total and a breakdown by service area.				
6	Q	On Page 2, Under Component B in the Chart the Total Funds Available Statewide states “Up to \$54,000, up to 4 awards - \$13,500 per award”. On page 34 in the Chart Under Component B “Total Funds Available Statewide” it states, “Up to \$48,000, up to 4 awards - \$12,000 per award”. Please clarify which is correct.				
	A	The amount listed on Page 2 is the correct amount. “Up to 4 awards, up to \$54,000 total” is available for Component B for applicants applying to implement Targeted MSM Syphilis Screening and Linkage to Medical Care.				
7	Q	<p>Page 31 #6 and page 36 in the chart “Component C Intervention Mobile HIV Testing and Linkage to Care including opioid assessment. See Chart below. Has the Opioid Assessment been developed by DHEC and available for review or will the organization be responsible for developing the assessment? If DHEC is responsible for developing the Opioid Assessment when will it be available?</p> <p style="text-align: center;">Fundable Program under Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan COMPONENT C</p> <table border="1" data-bbox="310 1037 1318 1297"> <thead> <tr> <th data-bbox="310 1037 787 1115">Intervention</th> <th data-bbox="787 1037 1318 1115">Approximate Unit Cost Per Intervention Cycle</th> </tr> </thead> <tbody> <tr> <td data-bbox="310 1115 787 1297">Mobile HIV testing & linkage to care including opioid assessment</td> <td data-bbox="787 1115 1318 1297">\$100/test, all populations except AAMSM and PWIDs; \$110/test/AAMSM/PWIDs 600 tests required annually</td> </tr> </tbody> </table>	Intervention	Approximate Unit Cost Per Intervention Cycle	Mobile HIV testing & linkage to care including opioid assessment	\$100/test, all populations except AAMSM and PWIDs; \$110/test/AAMSM/PWIDs 600 tests required annually
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	A	The Opioid Assessment has been developed by DHEC after discussions with the SC Department of Alcohol and Other Drug Abuse Services. It is a brief assessment; it contains four questions. Currently, DHEC is working with CDC and Luther Consulting to determine the approval of questions and if questions can be added into EvaluationWeb (the CDC required reporting system). DHEC has a meeting scheduled with CDC and Luther Consulting in late September. The goal is to have questions added to EvaluationWeb by January 2022 if approved. The timeframe will be dependent upon Luther Consulting’s timeframe. Since questions have not been approved by CDC yet, DHEC cannot share these questions at this time. If approved by CDC, DHEC can share the assessment questions with funded organizations once the notice of awards has been posted.				

8	Q	Mobile HIV testing program is expected to perform at least 50 HIV tests per month which is 600 test per year. Is this number included in the total number of test required for Core HIV/STD/VH Prevention Programs annually? Or are these 600 tests per year in addition to the number of required test provided in the Core HIV/STD/Viral Hepatitis Prevention Programs?
	A	For applicants applying for mobile testing under Component C, “Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan”: Funding supports 600 HIV tests for mobile testing specifically; the amount is in addition to the number of required tests provided in the Core HIV/STD/Viral Hepatitis program.
9	Q	Under Scope of Services Component A, number 3, on page 10 “For risk reduction effective interventions for persons with HIV (PWH) – see below. Optional - For risk reduction effective interventions for persons with HIV (PWH), applicants must: a. Propose to implement one or more of the following risk reduction effective interventions for persons with HIV: Healthy Relationships, HIV Navigation Services, and/or Transgender Women Involved in Strategies for Transformation (TWIST)”. There are interventions that address disclosure (Healthy Relationships), intervention that address successful navigation of medical services (HIV Navigation Services – Steps to Care) and an intervention that address Transgender Women (Transgender Women Involved in Strategies for Transformation - TWIST). There is no intervention listed in RFGA Number: FY2022-RFGA-HV-205 that is specifically for HIV+ Women (example WILLOW). Is this an oversight? If so, what interventions will be allowable for implementation? If this is not an oversight, will there be future funding to support implementation of interventions for HIV+ Women?
	A	This is not an oversight. DHEC plans to support Healthy Relationships, HIV Navigation Services, and TWIST through RFGA FY2022 - HV-205. Within DHEC’s last five-year grant award period, a very limited number of organizations implemented WILLOW which is specific to women living with HIV. It was decided Healthy Relationships would be funded because it is an intervention for any person living with HIV. Also, DHEC has opted to fund less group-level interventions and instead support more individual-level interventions and public health strategies.
10	Q	Regarding Component B, syphilis, and linkage to care, are you referring to treatment services?
	A	Yes, Component B is specific to targeted MSM syphilis screening and linkage to medical care for treatment if the client receives a reactive result.
11	Q	On Page 9 of RFGA – it references “G”. Maintain at least 1% positivity rate. I saw a reference to 1.5% positivity rate in another section on the RFGA.
	A	In reference to G. on Page 9 of the RFGA, for HIV testing the expected positivity rate is 1%. DHEC was unable to find any reference in the posted RFGA to 1.5%.
12	Q	In reference to Hepatitis B vaccinations for individuals that tested positive for Hepatitis C and the referral process. Is there a referral process for Hepatitis B immunizations? Is cost considered in the referral process?
	A	DHEC does not have a definitive answer on that question at this moment. More discussion will be had between DHEC and funded subrecipients after the Notice of Awards are posted.
13	Q	Does DHEC consider a hospital as eligible to apply for the funds in this RFGA process?
	A	If the hospital meets the eligibility requirements listed on Page 3 of the RFGA, then it may apply. There is nothing stated in the RFGA that would prohibit a hospital from applying.