Frequently Asked Questions (FAQs)

Telehealth Strategies to Maximize HIV Care Project

Last Updated: March 24, 2023

General RFP Questions, including Submission and Site Selection

- **Will the RFP webinar recording be available after the webinar is over?**
  - Yes. The RFP webinar recording is currently available on our Target HIV webpage at: https://targethiv.org/hiv-telehealth.

- **Will sites that submit a letter of intent be considered above sites who do not submit one?**
  - No. The letter of intent is not a required component of the application, and sites will not be given preferential selection consideration if they submit a letter of intent over sites that choose not to submit one. Letters of intent are requested as a courtesy so JSI can get a sense of how many sites may be applying. This helps us determine how much time we and the selection committee will need to allocate for application review and site selection activities.

- **Does the 1-page abstract count towards the 15-page narrative limit?**
  - Yes, the 1-page abstract counts toward the 15 page narrative limit. Note that the attachments do not count toward the page limit.

- **How do we document prior use of video telehealth Outpatient/Ambulatory Health Service visits for patients?**
  - Looking at the language on page 11 of the RFP, we want you to describe your organization's experience providing telehealth services, including demographic and clinical data on the telehealth services you have provided. The type and level of detail is up to the applicant to demonstrate to JSI that you have a history of providing telehealth over the past couple of years.

- **What are the demographics of the site selection committee?**
  - JSI plans to pull together a selection committee of project staff and subject matter experts in HIV, telehealth, and implementation science, and people with lived experience.

- **Can a site apply if they are eligible for Ryan White funding, but not currently funded?**
  - All applicants must be <u>currently funded</u> Ryan White HIV/AIDS Program (RWHAP) recipients or subrecipients. Sites that are RWHAP-funding eligible but not currently funded are not eligible for this project.

- **It seems this RFP would be better suited to a Ryan White Recipient providing**

direct services as opposed to funding Outpatient/Ambulatory Health Services programs?

- ○ JSI recognizes that across jurisdictions, Ryan White programs look differently, are funded differently, and operate differently. Though telehealth coordination services most often happen where HIV care services are provided, JSI doesn't want to bar anyone not directly providing services from applying if your Ryan White system functions differently. If a site is considering partnering with another organization or agency in such a way that telehealth navigation is provided as described in the RFP on pages 4-6, they are welcome to apply.

- **Will there be an extension to apply?**
  - ○ JSI and HRSA do not anticipate needing to give an extension for applications past the May 1, 2023 deadline. Unless announced otherwise, any applications submitted after the deadline will not be considered.

- **How can our organization get funding from Ryan White?**
  - ○ This RFP is directed at entities already receiving funding through the Ryan White Program. For more information about general grant opportunities for Ryan White funding, please visit the following website: https://ryanwhite.hrsa.gov/grants.

- **Emailed Question:**
  - ○ An agency started the provision of telehealth services at the advent of the COVID-19 crisis. This opportunity increased the agency's capacity to offer virtual visits to clients throughout all agency service programs. This was for both individual HIV Navigation services and group level support groups, training workshops, webinars etc. Most of the services have been provided via telephone, Zoom, MS Teams, and secure texting. They also have experience using the MEND telehealth platform for two-way video visits, along with Zoom and Doxy – however, these have been used to provide behavioral health care services (mental health counseling) through another funding source. They also recently started new partnerships with Avita Pharmacy & a Telehealth medical service called Q-Care Plus. The program includes opportunities for clients to receive direct, private telehealth consultations in virtual visit areas for same-day PrEP, PEP, and HIV treatment while clients are at home. Their telehealth and pharmacy delivery partnerships allow clients to receive prescription deliveries to their apartments wherever they may live in the jurisdiction, including PrEP, PEP, and soon HIV and HCV medication as well.

  - ○ **Does this form of telehealth experience make us sufficiently eligible to apply?**

  - ○ Thank you for your question and for the detail you provided. There are three main applicant eligibility requirements for this funding opportunity:

    1. Be a RWHAP-funded recipient or subrecipient;
    2. Provide HIV outpatient/ambulatory health services; and
    3. Have routinely conducted telehealth video visits for HIV outpatient/ambulatory health services during the last year.

    If your organization does not directly provide HIV outpatient/ambulatory health

services, you will need to clearly explain any partnerships with organizations that do provide this service and how you plan to work with them on this project, including an MOA or similar document as one of the attachments in your application. Additionally, you could consider reaching out to a RWHAP outpatient/ambulatory health services provider in your area to see if they are interested in or planning to apply, and how you might partner with them.

If your organization does directly provide HIV outpatient/ambulatory health services and meets the other two requirements, you are eligible to apply without showing proof of a partnership with another organization. If this is the case, ensure your application clearly states that your organization provides these services.

Administrative Questions

- **Are the outlined staff to be full FTE or is partial acceptable?**
  - During the webinar, JSI staff mistakenly answered this question incorrectly. Applicants may include any single position for up to 1 FTE, so a full-time position is acceptable. The Budget Workbook has been revised to give a warning (pink shading) in the FTE cell if any one position is listed at over 1 FTE.

- **What is the expected time commitment of working with JSI (in terms of meetings, training, etc.)?**
  - Each site will participate in a monthly call with JSI staff to discuss the implementation, evaluation, and administrative components of the project. Monthly calls will last approximately an hour to 90 minutes. JSI will conduct virtual quarterly learning collaborative sessions with participation across all funded sites; these sessions will likely last for a couple of hours maximum. JSI will also convene an annual multi-site meeting, estimated to last one to two days. Additional time may be required for training, especially at the start of the project or when new staff join after project startup.

- **What are eligible expenses for this project?**
  - In general, this project has the same eligible expenses as other Ryan White funding, which is explained in depth in HRSA's HIV/AIDS Bureau's Policy Clarification Notice 16-02, available here: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf.

  - Special Projects of National Significance (SPNS) initiatives also include an evaluation component, which is not normally an eligible expense for Ryan White projects. Note that sites are expected to include evaluation components as requested in this RFP and that those costs are eligible expenses.

- **What if we are unable to spend the $50,000 for Year 1? Can we ask for carry over?**
  - It is expected that JSI will request carryover for Year 1 of the project, which would include site funding. However, carryover is never guaranteed on federal grants.

- **Are there limits on indirect costs as with RW grants?**
  - The details on this question are included in the Budget Workbook. While there is not a specific limit stated in the workbook, what you will need to do is provide either your IDCRA (Indirect Cost Rate Agreement) in the budget and attach that letter to your application. If you do not have an IDCRA, there is a max of 10% for the indirect rate costs for this funding.

  - If that question was related to what you can pay for with indirect rate costs funds, we refer you to the eligible expenses for Ryan White administrative costs in Policy Clarification Notice 15-01: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-1501.pdf.

Implementation Questions

- **What are the priority populations for this project?**
  - JSI has not defined specific priority populations for this project, with an understanding that the priority populations will likely vary depending on the particular circumstances each funded site is functioning within. As part of your response to the Project Narrative, JSI has asked that you identify your site's priority population(s). JSI will work further with each funded site to define its particular priority populations as part of the startup needs assessment process.

  - The RFP speaks to priority populations, including:
    - There is limited information available regarding which strategies are most effective for improving HIV outcomes and the telehealth experience for the patient. This is especially critical given the recognized limitations to telehealth, in particular, the impact of social determinants of health on benefiting from telehealth innovations, thereby worsening health disparities and inequities.
    - A concern about worsening equities through the implementation of telehealth where some populations fall behind in care due to not having equal access to and engagement in telehealth services.

- **Does mobile health qualify as "telehealth" in this RFP?**
  - No, mobile health in itself does not qualify as "telehealth" under this project. There is ample literature supporting the use of mHealth for HIV care in the Ryan White Program. Because this project focuses on emerging strategies, we are committed to granting to programs that are committed to a robust telehealth strategy that could include mHealth but must include telehealth coordination, in addition to video visits. Please refer to pages 3-6 of the RFP for further information.

- **Would a network-level application fall within the scope of this RFP, i.e. where network coordinator(s) support digital health implementation/evaluation at more than one agency or Ryan White Part A program?**
  - Yes. If the proposed scope of work that would be funded by the grant meets the requirements listed in the RFP (e.g. video visits, not being telehealth naive), then a network-level application can be considered and funded under this RFP.

Evaluation Questions

- **How did JSI determine the number of patients that will need to be enrolled in the evaluation component of the project?**
  - JSI completed a number of power calculations to determine how many patients are needed in the study to address the outcomes listed in the RFP. The result was 110 patients.

- **Must patients be enrolled in the Ryan White program? For example, we are sub-recipient under Ryan White Part A for a care coordination program, but not all patients with HIV in our primary care program are enrolled in the care coordination program. Would these clients count towards the 110?**
  - Preliminarily, JSI thinks that all of the patients should be enrolled in the Ryan White program, so that at the end of the project the evaluation can point to results being related to all the patients as being "Ryan White" patients. However, JSI is willing to consider various situations where patients at least initially may not be enrolled in Ryan White.

- **Please explain the evaluation budget.**
  - The evaluation portion of the budget must represent at least 25% of the total budget requested, per year. This should include staff dedicated to the evaluation component of the project and any other evaluation costs, including but not limited to, analytical software, IRB costs, materials, sub-contracts, and incentives.