

## FAQ – Bidders Conference

1. When will we receive access to GMIS?

Answer: After all of the NOIF forms are received on November 9, they will be submitted to GSU and your GMIS account will be created.

2. Where can I get all the attachments in Word format?

Answer: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/reproductive-health-and-wellness-program/grant-information>

3. If two counties combined to apply as one, will the funding amount be total of the two counties? Also, how will the distribution of funds between two agencies work?

Answer: The funding amount would potentially be the sum of the amounts of the maximum amount of funding for the two counties. The distribution of funds would be based on the funding band and optional deliverables awarded.

4. What happens when we don't meet our projected visits in the funding band? Do we lose funding?

Answer: If an agency is not meeting the project number visits, it is possible the amount of funding in Deliverable 1 will be reduced. Funding in Deliverable 1 is paid per visit. If an agency is not reporting enough visits, the money in Deliverable 1 will not be spent by the end of the grant year, so it may be reallocated to agencies who are seeing more than the projected number of visits. This midyear reallocation process allows the agencies that are serving more clients than expected to receive more funding to help cover the cost of the visits.

5. As a multiple county site, can two counties collaborate to provide outreach in both the areas? Can they bill ODH \$2,000 outreach each for the same event?

Answer: If the costs incurred by each agency/county was greater or equal to \$2,000, then yes, both agencies/counties could claim the event.

6. As a multiple county site, can we pick which county(ies) we want to provide RHW services to special populations? This question is specific to deliverable #5.

Answer: Yes, in regard to Deliverable 5, in a multiple county subrecipient, the special population deliverable can be applied for with the intention of serving one through all of the sites/counties/agencies.

7. **UPDATED response:** As a multiple county site, do we have to see a total of ~~400~~ 200 client visits extra for special populations or does it have to be broken down by the county?

Answer: For Deliverable 5, the agency as a whole will have to report at least ~~400~~ 200 special population visits. These visits are separate from the ones reported for Deliverable 1.

8. Can you give us some examples of Quality Improvement Project you want us to conduct? Does expediting the process of ordering RHW supplies be considered as a QI project?

Answer: Ideas for project include, but are not limited to;

- improving clinic flow
- increasing the number of adolescent or male visits
- increasing chlamydia screening
- increasing or improving telehealth
- incorporating technology into the adolescent visit
- Schedule postpartum visits with all positive pregnancy test. Design a follow up system to help track and schedule appointments
- Provide education and/or training to ERs/pediatrician's office/PCP to collaborate / have a partnership to make referrals to RH clinic

Yes, expediting the process of ordering RHW supplies could be considered as a QI project.

9. Will you be sharing the PowerPoint presentation with us?

Answer: Yes, the PowerPoint presentation will be emailed to the Bidder's Conference participants.

10. For Goal 1, hours of each individual provider or as a whole for reporting?

Answer: For Goal 1, the agency must have a physician or NP/CNM/PA working on Title X at least 16 hours per month, combined.

11. Will ODH consider funding more than one subrecipient per county?

Answer: Yes

12. QI project is listed under the Outreach Deliverable. Does it need to address outreach only?

Answer: No, the QI project is of your choice

13. I bring this up every time a funding formula is discussed. I think it's unfortunate you don't also take into account what other options for care there are in a county. Some counties have a wealth of options for vulnerable populations; others do not, and I think that should be a consideration as well.

Answer: You are heard. Indirectly, there is some account of that taken into consideration with the need rank. If there were more services available, then the rates of some of the data elements might be lower.

14. If applying for multiple counties, does the itemized budget need to be submitted for each county, or for the project as a whole?

Answer: It can be submitted for the project as a whole.

15. Can the NOIAF be sent to GSU earlier than 11/9?

Answer: The NOAIF can be submitted before Nov. 9. It should be emailed to Michelle.Clark@odh.ohio.gov

16. If you are a new applicant, how would you determine the projected program income?

Answer: Projected income is the amount of money brought in from client fees, self-pays, donations, Medicaid, managed plans, Medicare, State CHIP, private insurance, and other sources like BCCP. Project income does not include Title X grant funds. If you are new to providing reproductive health services, question 4 on the fee management form may be useful for helping to determine charges for services.

17. Are you asking on the site & service form if we're providing extended hours only on the weekend, or extended hours (early or late during the week) and/or weekend hours?

Answer: The box asking about weekend hours is yes/no. Any weekend hours would count as "Yes."

18. For FBO goal, are we required to provide all services like STD testing, paps, etc. How does ODH see this collaboration and expectations?

Answer: For D6 (faith-based organizations), you are to provide RH clinical services. Every single service does not have to be provided off-site. Referrals can be made back to your clinic.

19. Goal 7 - is it \$5,000 per sub-grantee or \$5,000 per county?

Answer: The funding for Deliverable 7 is per subrecipient, so it would be \$5,000 total.

20. Is FPAR 2.0 going to happen in December?

Answer: The data collection for FPAR 2.0 will begin on January 1, 2022. There will be new CVRs developed.

21. Is there a checklist with all documents that need to be submitted?

Answer: Not exactly. Appendix D, the FY23 RHWP Applicant Review form is the tool that will be used to review and score applications. Have someone review your application using the tool. While it is not a checklist, it does cover what needs to be submitted.

22. Deliverables 5-7 budgets are to be included in the original budget narrative?

Answer: If you are applying for them, they need to be included in the original budget narrative.

23. Is the max funding for a new agency \$45,000?

Answer: For new agencies, the max funding for the first year is \$45,000. There may be a midyear reallocation, with the potential for a Deliverable 1 increase if the agency is on track to see more than 200 visits. After the first year of the grant, funding amounts will be re-evaluated and based on the funding band and need rank.

24. We are interested in purchasing some logo and QR code condom wrappers and coasters to give out to local bars to increase public awareness of our services. Are these items allowed to be purchased with grant funds?

Answer: These costs would be considered outreach/Deliverable 3.

25. Do we have the templates for the work plans and CLAS for the RHWP23?

Answer: Yes, Word/Excel versions of all the attachments are located on the RHWP webpage at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/reproductive-health-and-wellness-program/grant-information>

26. I'm struggling with what to put under projected visits. We will obviously see well over 5,000. With the addition of the sexual health patients and that clinic re-opening, it's tough to say but could be over 10,000.

Answer: Agencies want to *realistically* predict high enough to ensure they receive appropriate funding, but agencies do not want to overestimate the number of projected visits because they will not collect all of the funding and may lose funding in a midyear reallocation. So, the agency should project realistically what they think they will see. It is often a fine line. Be careful to not "over" project and risk not receiving all the funding.

27. Question: Can I remove the 2019 Final rule info from the program plan or should I keep the exact language but put a note on there that we will follow 2021 final rule? I was concerned if I leave it, it will come back as a special condition, but might be overthinking it! J

Answer: The Final Rule went into place on Nov. 8 and agencies should be following the final rule. We suggest writing the application and program plan with the new rule in place. Otherwise, there will be special conditions.

28. I am working on the Appendix D for the RHWP grant. I am looking at the columns but they already seem completed. is there something I am supposed to fill in?

Answer: You will actually type on Attachment 5, which is the blank program plan. Use the RHWP Goals & Objectives Grid (Appendix E) to guide you while completing the program plan. You will need to fill in the goals, strategies, activities, timelines, person responsible, and how you will measure/evaluate each activity. With the midyear and end of year program reports, you will complete and/or update the accomplishments column. Be sure to add things your program is doing/plans to do.

29. On the Site & Service form, in the column that asks, "Does this site have teen clinic hours available? (Y/N)" do you intend it to mean that the clinic offers a specific teen clinic that is advertised and/or only open to teens?

Answer: All Title X clinics are required to see adolescent clients as per the grant. This question is asking if your clinic hosts specific teen clinic hours during the week/month. Ex. Adolescent clinic hosted every Wednesdays 4-6pm.

30. Please advise regarding this new form – Attachment #3 Itemized budget, we only track amount received and disbursed never tracked itemized items. Is this a requirement now?

Answer: As per Title X grant, all clinic sites need to maintain financial record of itemized budget of all Title X funds received and disbursed. To make this consistent across all clinic sites, ODH-RHWP has created an itemized budget form to report your Title X funds budget to us.

31. Previously when I would enter amounts into GMIS I only entered numbers into the “Other Direct Costs” section and not the other tabs such as personnel. Since things are different this year, which tabs are required to complete?

Answer: Itemized budget is only a program requirement. Which means you will list your itemized budget with your application (Attachment#3). You are **not required** to break down your budget in GMIS.

32. I have completed the Budget section. However, it still says not submitted under status. Can someone please advised me how to switch this status to Subgrantee Completed?

Answer: The Status of the Application Budget will change to ‘Subgrantee Completed’ once the Application is marked Approve (submitted)

33. Also, I have completed the Health Equity for Projects section. However, it still says not submitted under status. Can someone please advised me how to switch this status to Subgrantee Completed?

Answer: This is an on-going viewing issue of which ODH is aware. As long as you have completed the HE section of the Application you will be able to Approve (submit) the Application

34. Do we need to upload and attached a copy our W-9 Form to our GMIS ODH RHWP application?

Answer No, there is no need to submit a copy of the W-9. If there are any changes it is the responsibility of the subrecipient to make the changes in the Supplier portal.

35. Part of Appendix E is missing. On Goal 5 in Activities, the text ends with separate from? The next page continues with select an FBO (Faith Based Organization). Also, are these forms available in Word so we are able to type in them?

Answer: The updated solicitation with missing page and word doc can be found on our website below:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/reproductive-health-and-wellness-program/resources/rh23-competitive-deliverable-solicitation>

Just click on the download link and the word document of the solicitation will download for you.

36. For agencies funded at \$30,000, what is the minimum client visit projection.

Answer: Existing agency award amounts will be based on a minimum required client visit projection of 200.

37. On the “Appendix D - Attachment 7: Fee Management” criteria table, what is the definition of a fee schedule?

Answer: A fee schedule is a list of services that you provide in the reproductive health clinic and the prices that clients are charged

38. For the RHWP CLAS plan do we leave the accomplishment section for mid-year and final report blank for the application but fill them in when the time is due?

Answer: Yes. With the application, you will list what you plan to do. At the midyear and end of year report, you will add what you have done in the appropriate column.

39. Can we go into another county one day a month and provide services?

Answer: You would need to apply for YYY county. The money that is given to XXX county has to be spent in XXX County because funding designated for a county must be spent for services in that county.

If you apply for YYY county, there needs to be a provider available at least 16 hours per month. Telehealth availability can also count as hours available.

It is possible for a person to go to YYY county (or be at home) and have a telehealth consult/visit with the XXX county provider. Everything could be billed and completed by XXX county. YYY county would be there as a point of internet service / equipment while still being close to home for the patient.

Also, keep in mind there is no residency requirement. So, people who live in YYY county can be seen in XXX county.

40. In Goal 5, we are to identify the special population, complete a CVR and RLP and enter into Ahler's. How will we get our visit number for this group of individuals from Ahler's to report when the CVR is not set up to pull those individuals (LGBTQ, PrEP) by a certain group?

Answer: Ahlers is set up to collect the data. Current subrecipients with the SP and/or FBO funding are already using it. It is not on the paper version of the CVR.

While in Ahlers web-based/online version, there is PROGRAM TYPE which is either Special Populations or Faith-Based. There is POPULATION which breaks down the various categories.

41. In order to enter our current CVR forms would we need to contact Ahlers to give us access to enter that data or is this something that you are required to use Ahlers as an EHR to access? As of right now all we are able to do from the web-based version is send and pull reports.

Answer: You would be able to continue to use the software to enter the visits and then go to the website to enter the data for the FBO and SP data.

Ahlers would just need to give you access since you already have a user ID and password.