

# CUYAHOGA COUNTY

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# BOARD OF HEALTH

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**Ryan White HIV/AIDS Treatment Extension Act Part A Program and Minority AIDS Initiative Direct Services Pre-Bid Meeting**  
**November 21, 2016**

**Grantee Notations:**

- Electronic Copies = CD or flash drive
- On page 38, Letter G - Performance bond requirement is not applicable for this project.
- Financial Statements and Annual Reports can be very lengthy, for those two required documents you may submit an electronic copy only or one printed copy. Please make sure to reference in each of the additional proposal packets that the documents are included in the original and/or electronic copy.

**Questions from attendees:**

1. Could you define certified unit cost?
  - A certified unit rate has been verified by an accountant.
2. Do Medicare/Medicaid rates need to be certified?
  - Medicaid and Medicare are automatically certified, you would not need the additional certification.
3. The Medicare and Medicaid unit rates are changing July 1<sup>st</sup>, how do we account for that in our application?
  - You should write to your current approved rates. You will not be locked into those rates. If the rate changes after awards are posted then you will adjust as needed through the budget process.
4. If a program has a certified unit cost/rate, would you need to show how the unit was verified in a full budget write up?
  - No, you would not need to include the entire budget break out, only the certified rate total.
5. If we write to cost reimbursement, we do not need a certified rate?
  - Correct, if you go cost reimbursement no certified rate is required.
6. If using a certified unit cost, do you still need to submit resumes?
  - Yes

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7. Do we need to submit resumes for all employees?
  - Yes, you will need to submit resumes for all individuals listed on the budget.
8. Any other requirements other than resumes for cost reimbursement?
  - Requirements are listed in RFP on page 40 and 41.
9. If applying for multiple service categories, should we write separate proposals?
  - The RFP outlined which parts of the proposal are service category specific and which are agency level specific. Applicants should submit only one proposal but may have multiple sections and attachments for each service category that they are applying for.
10. On page 15, under Substance Abuse, do we have to provide all of the listed activities?
  - No, you can customize your own program to include components of the allowable activities. You do not need to provide every item listed.
11. Non-Medical Case Management - Is it only Housing Case Managers?
  - You may request housing coordinators and/or benefit coordinators in your proposal. Both will need to be justified by projected caseload totals. The funding split will depend on our final award from HRSA.
12. Outpatient Ambulatory Health Services (formerly OAMC) used to include split budgets for labs and medical services. Is that still the case?
  - No, requests should include just one OAHS budget and plan no longer separating out the costs of labs or the projected service totals separately.
13. Do they want copies of our agency specific forms (PSA, releases, etc)?
  - Agency specific forms like these are not required but may be submitted under “additional supporting attachments” if desired.

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