

I&E RFA Questions and Responses

RFA #16-10045

PROGRAM

1. **Q:** Pages 15 & 20 of 49 - Clinical Linkages: Refer, link, track. Besides making referrals, promoting awareness and assistance in accessing services, are we required to link?
A: **Agencies are required to refer to family planning services and they should have a mechanism in place to track referrals in an effort to link them to family planning or other health care services.**

2. **Q:** Because one of the I & E requirements is to provide participants with linkages/referrals to family planning services and because our agency is a Title X Family PACT provider, is there any conflict of interest in our agency being able to refer I & E participants internally to our own Title X Family PACT program for service?. We do provide clients with a full listing of other service providers who are available to serve them, but we do have our agency on that referral list.
A: **No, there would be no conflict of interest if you referred clients to your internal Family PACT clinic.**

3. **Q:** If the applicant is a FamPACT provider, is it OK to receive a letter of support from the (internal) health center location which we will partner with to support the I & E education program?
A: **Yes.**

4. **Q:** On page 10, the RFA states, "If the intervention chosen is not evidence-based, it must be evidence-informed. Evidence-informed interventions are used when service providers use the best available knowledge and research to guide program design and implementation." Can you specify what you will use to determine evidence-informed? We have been using a curriculum, under our current I&E grant, and wonder if the fact that we've collected data (pre-post design), and apply skills-based principles, as in those vigorously tested, could be instrumental in such criteria so that we could propose it again.
A: **Specific criteria will not be used to determine an evidence-informed intervention. As stated on Page 10 of the RFA, "Evidence-informed interventions are used when service providers use the best available knowledge and research to guide program design and implementation." Funded agencies are required to submit any curriculum or program intervention proposed prior to implementation to MCAH for approval. Each curriculum or intervention will be reviewed and approved on a case by case basis.**

I&E RFA Questions and Responses

RFA #16-10045

5. **Q:** Can you please provide a bit more direction on what evidence “informed” means?
- A:** Please refer to Page 10 of the RFA and see the response to question four above.
6. **Q:** Do all aspects of what we teach need to be in a single curriculum?
- A:** No, your intervention is not required to come from a single curriculum; however the curriculum(a) you choose must be submitted to MCAH for approval prior to implementation.
7. **Q:** Can you please provide an example of “tracking” youth accessing services that would not violate HIPAA?
- A:** Agencies would not need to collect public health information to track youth who are referred to services. For example, a referral card could be used, which may include a number or other unique identifier to track the youth.
8. **Q:** Is the Work Plan required for this submission or is it required after grant award?
- A:** No, the Work Plan (Scope of Work) is not required for submission with the application.
9. **Q:** Is Scope of Work (SOW) required to be included in the proposal?
- A:** No, the Scope of Work (SOW) is not required to be included in the proposal. The SOW will be finalized during contract negotiations.
10. **Q:** The RFA states that we should submit 3 to 5 letters of support. Can we submit more than five letters of support?
- A:** No, please do not submit more than five letters of support.
11. **Q:** How many letters of support should we have if we will be serving two counties?
- A:** Three to five letters of support are required for each county served.

ADMIN

12. **Q:** Is the total estimated funding amount of \$1.17M per year? (Are awards up to \$80,000 per year for three years?)
- A:** Yes
13. **Q:** Page 37 of 49- Subcontractor Agreements: Subcontractors are not permitted. How can sign language interpreter services be provided to deaf and hard of hearing youth during activities and I&E staff who are deaf work with Family PACT providers in collaboration for clinical linkage activities?

I&E RFA Questions and Responses

RFA #16-10045

- A: Subcontractors acting in an interpreter capacity would be acceptable. Interpreters would not be considered a standard subcontracted service since they are not implementing the program. They are interpreting for I&E program employees that are implementing program activities.**
14. **Q: Page 38 of 49 #4 -Budget Section C. \$80,000 Base State General Fund (SGF): For those applicants who choose NOT elect to participate in the FFP, would the \$80,000 total funds be awarded without FFP Matching Title XIX? If we opt to do FFP, does it mean the FFP Medi-Cal amount be added to \$80,000 allotted?**
- A: Awarded programs will receive up to \$80,000 annually of State General Funds. For those awardees that opt out of the Federal Financial Participation Program (FFP), no Title XIX funds will be added. Awardees will be required to implement their I&E Program and invoice 100% of all expenditures to their \$80,000 in State General Funds for the entire agreement term.**
15. **Q: On page 5, the RFA states: "Awarded agencies have the opportunity to participate in the Title XIX Federal Financial Participation (FFP): a program that allows eligible entities to draw down federal reimbursement for activities which meet the following two objectives: 1) Assisting Medi-Cal eligible individuals to enroll in the Medi-Cal Program, and 2) Assisting individuals on Medi-Cal to access Medi-Cal/Family Planning, Access, Care and Treatment (Family PACT) services." Thus, if the organization is awarded, \$80,000 how much will it be able to match from Title XIX?**
- A: It depends upon how programs budget their awarded funding as not all costs are eligible for Title XIX FFP, (e.g., food, educational materials and incentives) are not FFP matchable expenditures. Keep in mind that budgets are only estimates. Time studies are the primary documentation source of actual FFP reimbursement. To claim Medi-Cal Title XIX funds, an agency must be able to document staff time spent in the program in which they are budgeted and that their time claimed is spent performing activities that meet the two main objectives: 1) Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program and/or 2) Assisting individuals on Medi-Cal to access Medi-Cal services.**
16. **Q: Appendix 5 (Title XIX, Federal Participation Program (optional). If our agency chooses to participate in this program, and assuming that our agency receives the maximum amount of the grant, will this be an additional 50% over the \$80,000 that the grant will provide? For example, will it be a total of \$120,000?**
- A: Please refer to the response for question number 15.**
17. **Q: Is the maximum grant award of \$80,000 dependent on the Federal Financial Participation Time Study Percentage Title XIX Funding formula?**
- A: No, the \$80,000 is the base State General Fund awarded annually for the three year term.**

I&E RFA Questions and Responses

RFA #16-10045

18. **Q:** The current I&E FFP Decision Tree as well as page 5 of the RFA define the narrow scope of what is matchable. However, the RFA budget template instructions (beginning on page 40) list the following things as matchable: all operating expenses such as travel, software, internet, and rent; capital expenses; indirect costs; etc. How can they be FFP matchable if they do not 1) assist with Medi-Cal enrollment, or 2) assist with accessing FPACT services?
- A:** **Medi-Cal will match a portion of operating costs as they pertain to employees performing Medi-Cal activities. This is expressed in the budget template as the % of Personnel Match (Column K and L). The rate is formulated using total FTE's and employee Medi-Cal Factors.**
19. **Q:** Pages 6 & 39 of 49- Health Educator at 100% FTE: these two pages show conflicting information. Page 6 indicates one full time health educator (1.0 FTE) and Project Coordinator (**minimum** of .25 FTE) and on page 39 says for health educator 1.0 FTE (no more than two staff) and Project Coordinator (**maximum** of .25 FTE). Will two health educators at 50% FTE each be allowable? For Project Coordinator .25 FTE, should it be minimum or maximum?
- A:** **Yes, two health educators at 0.5 FTE each would be allowable. The minimum staff required to implement the I&E Program is a 1.0 FTE health educator (no more than two staff) and a Project Coordinator (minimum of .25 FTE).**
20. **Q:** According to page 4 of the RFA, a full-time (1.0 FTE) is required to implement the I & E program. Because we are budgeting the Project Coordinator at 50%, can we then reduce the Health Educator to 75% and thereby retain a funded I & E staffing pattern of 1.25 FTE, which is equivalent to 1.0 FTE Health Educator + .25 minimum Project Coordinator? It is a bit unclear, because on page 6 and page 11 of the RFA it says at least .25 FTE Project Coordinator and on page 39 of the RFA is says a maximum of .25 FTE Project Coordinator.
- A:** **Yes, I&E awardees must meet the minimum staffing pattern of a 1.0 FTE who serves as the Health Educator, providing the program services, and at least a .25 FTE serving as the Project Coordinator.**
21. **Q:** Adequate staffing to meet program requirement as it relates to the 0.25 FTE (page 11 of 49). Due to the program coordinator's salary, in the past we have used in-kind money to absorb the cost, leaving most of the grant to cover the health educator portion. Will the in-kind option be available at this time?
- A:** **Applicants that wish to provide staffing on an in-kind basis should note the staff classification in the budget and add (in-kind) to the budget line. No funding information should be added to the budget for in-kind positions template.**
22. **Q:** For the past several years, our agency's Program Manager has functioned as a 50% Project Coordinator for the I & E and the other 50% of her position is devoted to other

I&E RFA Questions and Responses

RFA #16-10045

agency programs and invoiced to other funding sources. Can our agency still request her 50% salary/benefits from this funding source since page 11 of the RFA seems to indicate that "at least .25 FTE can be allocated to the Project Coordinator."

A: Yes.

23. **Q:** On page 6, it states, "This increase in funding is required in order to support an adequate staffing pattern to implement the program. A full-time health educator (1.0 FTE) and part-time Project Coordinator (minimum of 0.25 FTE) are necessary to implement the program as intended in this Request for Application. More information can be found on page 10." And on page 11, it states, "CDPH/MCAH will fund all awardees at levels sufficient to support, at a minimum, one health educator (100% FTE) and one project coordinator (at least 25% FTE)." I would like to confirm that the FTE is the *minimum* required staffing and that we could request for more FTE? More FTE is needed, particularly in high need counties.

A: Yes, the staffing requirement in the RFA is a "minimum" requirement. Additional staffing may be hired based on the need in your county.

24. **Q:** In sharing a proposed staffing plan, would it be possible to include a staff member who would manage program evaluation?

A: Yes, as long as the minimum staffing requirements are met. Any additional staff to implement the program may be included in the budget.

25. **Q:** How many state/local conferences or trainings should be budgeted? We know from the RFA that -- at a minimum -- there will be one (1) two-day in-person meeting required each year and one (1) webinar meeting in year one.

A: Follow the requirements listed in the RFA on page 41, number 3, "Training."

26. **Q:** Why is the I&E funding amount reduced in this new I&E funding cycle, from current \$100,000 max to \$80,000 max?

A: The 2011 RFA funding awards identified the State General Fund with Title XIX funds matched at 100%. This funding was identified in error and the actual matched funding was clarified with all grantees and budgets amended once the program transitioned to Maternal, Child and Adolescent Health. Therefore, the base State General Fund available this contract term is actually an increase over the last term.

27. **Q:** If we are serving more than one county, can we request a larger grant?

A: No, the maximum award amount is \$80,000 in state general fund.

I&E RFA Questions and Responses

RFA #16-10045

28. **Q:** Can we reserve the use of an incentive for clinical linkages aspects of the program?

A: **Yes, you may budget for incentives to serve program participants for any program component.**

29. **Q:** On pg. 42, the RFA says the audit is an *optional* sub-line item, yet is mandatory and “shall” be included. Please explain.

A: **Awardees may budget up to \$3,000 for audit expenses annually. Independent audits are required annually from all awarded agencies. Funding these costs may come from this contract or the agency may elect to use other agency funds to cover these costs.**

30. **Q:** When you request letters of support with "blue ink" does that mean you need to have the original or a color scan?

A: **Original signatures are required**

EPI

31. **Q:** Page 10 of 49 –Priority Youth Populations: The RFA describes the Rural MSSA from pages 7-10, does that mean there is an option NOT to serve in the Rural MSSA areas and that the remaining criteria listed can be served outside of the Rural MSSA areas identified?

A: **Yes, agencies may choose to implement I&E in non-rural MSSAs as long as they serve one or more of the priority youth populations listed on Page 10, D. Program Requirements, 1. “I&E Awardees must serve priority youth populations.”**

32. **Q:** Counties with combined CASHNI scores above 400 (Page 9 of 49) are eligible for the grant. Appendix 2 provides the list of the CASHNI scores by MSSA. When choosing the MSSA area to provide services, will the agency be able to choose more than one MSSA location?

A: **Yes, an agency may choose more than one MSSA location to implement the I&E Program.**

32a. **Q:** Should the CASHNI score for a particular MSSA be 400 or higher?

A: **No, the 400 or higher CASHNI score applies to the county, not the MSSA. The CASHNI score for each MSSA chosen to implement the program is not required to be 400 or higher as long as the MSSA is included in an eligible county (see Page 9, Table 1: Eligible Counties).**

33. **Q:** Page 7-9 of 49 & Appendix 3 – MSSAs: Where can I find the ABR (adolescent birth rate) information for each MSSA area? I couldn't locate the ABR information in the American Fact Finder Website nor Statewide Health Planning and Development in its website.

I&E RFA Questions and Responses

RFA #16-10045

A: The most recent county-level data tables and maps for the ABR and Percentage of Repeat Births by MSSA can be found at:
<http://www.cdph.ca.gov/data/statistics/Pages/CountyABRPRBMSSARports.aspx>

34. **Q:** In the RFA, page 16, it states: “Awardees will be required to administer surveys to a sample (a subset) of participants. Program surveys and methodology will be reviewed by the Committee for the Protection of Human Subjects and other appropriate institutional review boards prior to distributing to awardees by CDPH/MCAH.” Will CDPH/MCAH provide the surveys? Will the organization need to create, test, and submit the survey for Institutional Review Board (IRB), approval?

A: Agencies will be provided with the surveys by CDPH/MCAH, and any IRB review needed will be through CDPH/MCAH. Agencies will not need to request IRB approval.

35. **Q:** If we serve two counties, would the 100 - 300 people served be across those two counties or per county?

A: The 100-350 youth served per year is a general guideline and may vary depending on where youth are served (setting, geography, etc.). Page 11 of the RFA states:

“In the RFA, applicants will not be provided with set numbers of youth to serve. CDPH/MCAH acknowledges that number of youth served will vary greatly by geography, setting, curriculum length, group size, and other factors. As a general guideline, applicants should aim to serve approximately 100-350 youth per year, and should plan to justify their proposed number of youth to serve in the program implementation plan (please see page 19 for further details).”

GENERAL

36. **Q:** Are organizations permitted to apply for two different counties?

A: Yes, an agency may apply to serve two counties.

37. **Q:** May there be more than one application granted per county? Per agency?

A: CDPH/MCAH will review and consider all applications meeting the minimum requirements located on page 7 of the RFA, “Eligibility for Funding.” It is recommended that one application be submitted per agency.

I&E RFA Questions and Responses

RFA #16-10045

38. **Q:** Page 9 of 49 – Eligible Counties: An agency has affiliated regional offices in its surrounding counties. Can this agency provide I&E program services to other counties besides its own county?
- A:** **Yes, an agency may provide I&E program services to other counties in addition to the county where the agency is located.**
39. **Q:** Can an organization apply to serve more than one county listed on Table 1?
- A:** **Yes, an organization may apply to serve more than one county.**
40. **Q:** Attachment 1, cover page, where can we find a Word document version?
- A:** **The fillable version is posted on the I&E RFA web site.**
41. **Q:** In Section III, page 25, regarding the Voluntary Letter of Intent, where can we find that document to submit?
- A:** **The Voluntary Letter of Intent is Attachment 8. Please see Addendum #1 on the I&E RFA website for more information.**
42. **Q:** In Attachment 2, checklist, it states to submit (1) original application and a CD with all documents electronically but in Section III-B, page 27 under “3. Submission Content”, it states to submit (1) original application, (1) duplicate copy of application and a CD. Which is correct? Do we need to submit a duplicate copy or not?
- A:** **Applicants are required to submit one original application, one duplicate copy of the application and a CD. Please see Addendum #1 on the I&E RFA web site for more information.**
43. **Q:** Regarding the Attachments, they are currently all in PDF format, is there any way to provide them in Word format so that we can fill in the answers on a Word format?
- A:** **The attachments are in a fillable PDF format. Information can be typed into the PDF documents.**
44. **Q:** On pg. 26, the RFA says to use single line spacing and 1.5 line spacing. Which is correct?
- A:** **1.5 line spacing is correct.**