

**INDEPENDENT LIVING AND ASSISTIVE TECHNOLOGY SECTION  
TRAUMATIC BRAIN INJURY PROGRAM  
REQUEST FOR APPLICATIONS**

**RFA IL-21-01 ADDENDUM 1: QUESTIONS AND ANSWERS**

**QUESTION 1**

Page 8: Description of Services and Obligations - C

Question: Relating to 4357(c) - 'Service providers shall provide at least 51 percent of their services under the grant to individuals who are Medi-Cal eligible or who have no other identified third-party funding source':  
Question - how is Medi-Cal eligibility determined for consumers of the organization? Meaning, there are requirements to be Medi-Cal eligible, which requires obtaining a lot of personal information from the consumer to determine this. Can Medi-Cal eligibility be determined solely on income level for purposes of this grant, with income level of \$2k or less per month the appropriate amount? And how do we as the provider determine if the consumer has no other identified third-party funding source? Accept the consumer's answer on intake as accurate or does the provider have to do the leg work, gathering consumer information to then determine if they have 3rd payor sources they are unaware of?

Answer: Your narrative should explain how you will determine Medi-Cal eligibility as part of intake, assessment, and service delivery. To learn more about Medi-Cal eligibility visit - [Do You Qualify For Medi-Cal](#)

Typically, during consumer intake, information is obtained which includes income and insurance to determine what other services the consumer may be eligible for. Part of the applicant's Work Plan, Section 1, Item 2, narrative provides an opportunity to detail a plan for outreach and enrollment of participant's who are Medi-Cal eligible or have no other third-party funding sources.

**QUESTION 2**

Page 8: Description of Services and Obligations - D

Question: Relating to 4357(d)(1) - 'Service providers shall provide, directly or by arrangement, a coordinated service model to include all of the following (A-E2) - Supported living services, community reintegration services, vocational supportive services, etc.

Question - What does 'directly or 'by arrangement' mean, specifically, what does the provider need to be doing to meet the 'by arrangement' criteria? So, if our organization provides community reintegration services, but not vocational or supported living services, what would we need to do to provide these 'by arrangement'? More detail on what specifically is required of organizations to be providing in all these areas would be helpful.

Answer: All TBI services, as outlined in Section 5. Description of Services and Obligations, Part D, must be provided by the applicant's organization or by another service provider that the organization has a formal agreement with, such as another service provider that provides the services you do not. There are no requirements as to which services the organization must directly provide versus by arrangement.

**QUESTION 3**

Page 9: Description of Services and Obligations – D.6

Question: And for (d)(2) - what is the expectation for the provider to take into account the linguistic and cultural factors?

Answer: In Section 1 of the Work Plan, applicants should describe how they will outreach and communicate with racially, ethnically, and socioeconomically diverse and geographically underserved communities and provide services to individuals with disabilities and individuals who have limited English proficiency. The planned impact of program activities must be designed and modified with advice from consumers and their families, and must be accessible to the populations in need, considering disability, transportation, language, and cultural factors. You will define this in your narrative as part of the methodology and Work Plan. All services must be available, with accommodations, to anyone who qualifies under the terms and conditions of this grant.

**QUESTION 4**

Page 9: Description of Services and Obligations – F

Question: Relating to 4357(f) - 'Service providers shall seek all third-party reimbursement for which consumers are eligible and shall utilize all services otherwise available to consumers at no cost, including vocational rehabilitation services provided by the department.'

Question: Specifically, what is required of the provider to seek out the third-party reimbursement? Does the provider need to be vendorized or have contracts with third-parties such as Medi-Care, regional centers, Medi-Cal, other? And how does the provider 'purchase' non-reimbursed services? (offering them at no cost to the consumer?)

Answer: Third-party reimbursement could be done through the applicant organization if applicable or through referral and coordination of services with other entities. Applicants are not required to be vendorized, have contracts (with the exception of formal agreements to provide core services if applicable) or accept insurance but must utilize 'no cost' services provided by other entities before utilizing grant funds to provide the service. There are also services provided by other agencies, such as vocational services through DOR, that are to be utilized as well, at no cost to the organization, this helps off-set the expenses of the program to the organization. Applicants should include in their Work Plan narrative how services will be provided directly or through coordination.

**QUESTION 5**

Page 9: Description of Services and Obligations – G

Question: Relating to 4357(g) - Question: Is there a specific metric expectation for serving consumers from a race and ethnicity perspective? We are located in Marin with Hispanic and Caucasian populations being the most prevalent. Are there metrics required for percentage served from various ethnic and cultural backgrounds?

Answer: No, there are no requirements or percentage of consumers served from specific race and ethnicities. There is an expectation of planned outreach and communication with racially, ethnically and socioeconomically diverse and geographically underserved

communities. Your Work Plan should include how you will outreach and serve underserved populations.

## QUESTION 6

Page: N/A

Question: Can you please highlight the key differences between the current RFA and the previous RFA. Excluding dates.

Answer: Samples of the following are now part of the RFA – Proof of Insurance Coverage, Secretary of State Organization’s Annual Corporate Report, Entity Status Letter from the Franchise Tax Board and Non-Profit Status Letter from the Internal Revenue Service.  
Grant period is January 1, 2022 to June 30, 2024, with January 1, 2022 - June 30, 2022 funds of \$87,500 being split equally to up to six awards.

Workplan sections 1-3 must be in accessible format but not required to be searchable.

Applications without a Required Document Checklist will be disqualified.

Workplan sections 1 and 2 must not exceed 22 pages in length.

The minimum score to receive funding is 60.

Insurance must be maintained for a period of no less than three years after completion of the grant work.

Changes to acceptable insurers, endorsements and waiver of subrogation.

Description of the different insurance requirements was added.

Experience working with individuals with disabilities and/or TBI was added to the Organizational Information part of the work plan.

## **QUESTION 7**

Page: N/A

Question: Is it ok to add a Cover sheet with RFA # and name of the organization?

Answer: Please include only the documents requested listed in Attachment 1: Required Document Checklist. Also note that Attachment 2: Cover Sheet and Assurances is required and it includes the required applicant information.

## **QUESTION 8**

Page 27: Attachment 2: Cover Sheet and Assurances Page 2

Question: Licensing and Certification- Is the "Statement that licensing requirements have been met or are in process" just a written statement with a signature? Is there a specific form for this item?

Answer: By signing page 1 of Attachment 2: Cover Sheet and Assurances, you are confirming that you currently have the required applicable licensing or are in the process of obtaining them.

## **QUESTION 9**

Page 4: Background

Question: For the RFA IL-21-01 application, will this be for two and half years only? Or once awarded will this will be combined with the amendment?

Answer: The term of each grant will be two and one-half years with the option to renew for an additional two one-year extensions. The additional years will be considered on a case-by-case basis.

## **QUESTION 10**

Page 4: Background

Question: For page 19, Part 5, Endorsement and Waiver of Sub rogation – should our application already include the waiver in favor of the state, or do we do this if the grant is awarded? Does this pertain to our liability insurance as well?

Answer: Proof of General Liability insurance, Worker’s Compensation insurance and if applicable, Professional Liability insurance are required with the application. Endorsements and the waiver of subrogation will be required if you are awarded a grant.

## **QUESTION 11**

Page: N/A

Question: Will there be a forum for match making of organizations to broaden sources of services?

Answer: No, there are no plans and DOR encourages applicants to take note of others that are interested in applying for the grant.

## **QUESTION 12**

Page: N/A

Question: Is PDF or Word preferred for accessibility access?

Answer: Either is acceptable but PDF is preferred to ensure no documents are deleted or missed.

## **QUESTION 13**

Page: N/A

Question: Does the Table of Contents need to be in PDF and accessible?

Answer: No, the Table of Contents does not need to be hyperlinked. There is additional information in the RFA on page 10 on how to make

documents accessible. Word and PDF both have an accessibility checker.

## **QUESTION 14**

Page: N/A

Question: Who do we contact if we have questions in the next two weeks?

Answer: Questions will not be accepted after today's meeting as DOR cannot guarantee that additional questions and answers will be provided to all potential applicants timely before the due date.

## **QUESTION 15**

Page: N/A

Question: Can a provider serve more than one county in their proposal?

Answer: Yes, DOR encourages applicants to serve as many counties as possible.

## **QUESTION 16**

Page: N/A

Question: If we do not receive funding this round, when will funding open again for this RFA TBI grant?

Answer: This grant is for two and one-half years, from January 1, 2022 to June 30, 2024. DOR has the option to extend one or more grants for one year (up to two times), not to exceed four and one-half years. Therefore, DOR will solicit for new proposals for a new grant term that will begin July 1, 2024 or up to July 1, 2026.

## **QUESTION 17**

Page: N/A

Question: For marketing, what have organizations successfully done to market to a broad range of community members and consumers?

Answer: In the RFA and Work Plan, there is criteria for how you will assess your community's unmet needs and underserved communities and developing strategies to market and outreach to those underserved communities. If you are looking at a hybrid approach, you would want to include that in your narrative, also if there is a need to address the digital divide to ensure people can access core services virtually.



## QUESTION 18

Page: N/A

Question: Any tips on anything that organizations do that's disqualified them that would just be helpful?

Answer: Ensure all documents requested are provided, submit a quality narrative, and make sure your application is submitted on time.

## QUESTION 19

Page 8: Description of Services and Obligations - B

Question: What detail or information is required to prove the 20% match funding?

Answer: Additional information can be found on page 8 of the RFA, there is a broad range of what is allowable for the match, either cash or in-kind. Match could include county, state, or federal grants, foundations or donations. The application must describe how you will meet the 20% match.

## QUESTION 20

Page 9: Description of Services and Obligations - E

Question: We must develop and utilize an individual service plan which will allow consumers to move from intensive medical rehabilitation or highly structured living arrangement arrangements to increased levels of independence, what if that is our goal, but it's not something that the consumer is able to achieve. Because a lot of the clients that we work with have had very severe injury and increased levels of independence may not be a realistic goal, is that an issue for this particular grant?

Answer: DOR has a very broad definition of independence, people can live independently with lots of services and supports needed for activities of daily living whether it's caregiver support or whatever it is to help that person be independent. People typically want to feel like they

have control in their lives. That is why you want to do individualized service plans with individuals.

## QUESTION 21

Page: N/A

Question: If there are arrangements with other organizations to provide services, do they have to be in writing?

Answer: You will have to show you're going to provide, through this RFA, all of the core services that either will be provided directly by you or through a formal arrangement. You can decide to subcontract a certain amount of funding to do a particular service.

## QUESTION 22

Page: N/A

Question: Does DOR offer a sample of a successful grant that has been submitted from agencies in the past?

Answer: If available, could be obtained as part of a public records request, additional information can be found at [DOR Public Records Requests](#).