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**Adolescent Family Life Program
Request for Applications #20-10014**

Questions and Answers

Below are responses from the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division (MCAH) to the inquiries that were submitted following the process as described in the [Adolescent Family Life Program \(AFLP\) Request for Applications \(RFA\) #20-10014](#). CDPH/MCAH grouped similar inquiries and provided a single response. CDPH/MCAH removed all identifying information and made modifications to questions, if needed, for clarity. If questions were unclear and did not reference the corresponding section of the RFA, as specified in the instructions, CDPH/MCAH was unable to respond.

Program Staffing

- 1. In the RFA Part III. H, 1, Table 4 Minimum Staffing Pattern, can you confirm that the AFLP Coordinator position no longer needs to be on the budget? Can the Supervisor and Coordinator be combined (or Director and Coordinator)?**

The AFLP Coordinator (and data entry staff) are not required to be listed on the budget. Duties associated with the Coordinator (and data entry) role(s), as listed in the RFA and Scope of Work, are mandatory and need to be completed by other AFLP staff (e.g. Director, Case Manager) if the Coordinator (or data entry staff) is not on the budget.

Roles can be combined as described. Per RFA Part III. H, 1, one individual may carry multiple roles. If roles are combined, the minimum and maximum FTEs must be followed and can also be combined. All education and experience requirements must also be met.



- 2. As part of a Youth Advisor’s work responsibilities (RFA Part III. H, Table 4), could they go out with a case manager in the field with the consent of the client to help translate? Example – Mixteco Language translation. This could help determine whether to put this position on the budget.**

Youth Advisors, with the consent of the AFLP participant, may go out in the field with a Case Manager to help translate, provided that all local, state, and federal laws are followed regarding provision of language accessible services to Limited English Proficiency (LEP) individuals.

Awardees have the responsibility for ensuring their compliance with federal funding requirements (as recipients of federal financial assistance through Title V) and legislation, including but not limited to federal law (Title VI of the Civil Rights Act of 1964, Executive Order 13166, and Section 1557 of the Affordable Care Act) and State law (California Dymally-Alatorre Bilingual Services Act, Government Code Section 7290 et seq., The California Civil Rights Act). The Department of Health Care Services (DHCS) also developed a [general LEP policy](#) that is applicable to all counties. Awardees should consult with their legal counsel, as needed, to ensure compliance with all applicable federal, state, and county requirements.

- 3. We would like to include a Youth Advisor in our proposed services and anticipate the Supervisor to oversee the Youth Advisor. Given that for every 100% FTE Case Manager there is a 20-25% FTE Supervisor, how do we include the Youth Advisor in this ratio?**

The Youth Advisor is not included in the ratio or calculation of the Supervisor FTE. The Supervisor may still take on the supervision responsibilities of the Youth Advisor within the allotted minimum and maximum range for the Supervisor FTE.

- 4. Please clarify “academic capacity” as referenced in Minimum Education and Experience Requirements for Case Manager – Option B (RFA Part III. H, Table 5). Would volunteer work at a school with youth (teens) count for this?**

Experience working with youth in an “academic capacity” refers to experience obtained during the course of formal education (i.e., practicum, internship).

- 5. Can a grantee subcontract a staff position(s) to a partner organization? (RFA Part VIII. G)**

Yes, an Applicant may propose a subcontractor to fulfill program and Scope of Work requirements, following guidance in the RFA.

Per RFA Part VIII. G, in the application content, Applicants proposing to use a Subcontractor and/or an independent consultant to perform services are required to provide justification supporting the necessity of using each Subcontractor/consultant and to explain why the Applicant is unable to provide the services being acquired. Applicants will also be required to explain in the application how the Subcontractor/consultant’s services and expertise will benefit the delivery of program services.

Implementation and Targeting of Program Services

6. Is it allowable for clients to enter their responses in a PYD book or in a PYD form on a computer? (RFA Part II. C, 4-5)

The PYD Model booklets, *My Life Plan* and *My Life and Me Activities*, are not currently fillable forms but rather are shared with Awardees as Portable Document Format (PDF) files and provided to youth in a printed version.

There is flexibility on how to complete the PYD booklets based on the youth's needs and preferences. The essential component is the conversation between the youth and case manager.

7. On rare occasions when a client is unable to attend a scheduled appointment with a Case Manager due to emergency circumstances, is videoconferencing an allowable means of conducting the appointment? (RFA Part II. A)

The PYD Model visits are intended to take place in person. Videoconferencing or phone check-ins can occur to support the youth in emergency circumstances or between in-person visits. These must be documented as such and do not count towards the twice monthly target for face-to-face visits.

8. If a participant turns 22 while enrolled in the program, are they terminated, or do they continue until program completion?

Participants are not terminated from the program when they turn 22 years old. Youth may enroll in AFLP up until their 22nd birthday and fully participate in the program. The PYD Model is designed to be completed in 12 months, but participants can remain in the program for up to 24 months, if needed.

9. We are an entity with a service area that includes parts of three (3) contiguous CA counties. Can we target multiple MSSAs across our service area for AFLP services, in one application?

One application may target multiple MSSAs in the proposed service area if the application complies with the guidance as set forth in the RFA.

Per RFA Part III. A, Applicants are required to propose a program service area (defined geographical area for program recruitment and service provision) and associated program reach numbers for each fiscal year. Service areas proposed may be: a single county, multiple counties, or a sub-county region (one or more Medical Service Study Areas [MSSAs]). Proposed service areas must meet eligibility requirements as set forth in RFA Part I. H. The approved service area and program reach will be determined in consultation with CDPH/MCAH after award.

Program Funding and Applicant Budgets

10. Can you confirm the maximum funding for this opportunity? Is the project period 3 years with 800K for each budget period (1 year) for potentially \$2.4 million in funding?

The estimated maximum award based on caseload and corresponding case manager full time equivalency is \$800,000 per State Fiscal Year for each of the three (3) years in the project period (July 1, 2020-June 30, 2023). The maximum total award for the three years combined is \$2.4 million. For more information on anticipated Awardee funding levels, please refer to RFA Part I. F, 1.

11. Who is mandatorily required to attend the Adolescent Sexual Health (ASH) Conference in FY 20-21? (RFA Part IX. C, Table 14 CDPH/MCAH Sponsored Meetings and Trainings). RFA Part IX. C, 2, c states this conference “is planned annually in Sacramento” and there is \$150.00 per person registration fee. Will the conference take place annually?

Per Addendum #3, which will be posted, RFA Part IX. C, Table 14 and SOW will be updated with the required participants, timeline and frequency for the ASH Conference. Required participants include the Coordinator, Supervisor, and Case Managers. Directors are encouraged but not required to attend. The ASH Conference will be held in Year 1, not annually.

12. What trainings and meetings are required for previously trained on-going Directors, Coordinators, Supervisors, and Case Managers? E.g. Spring Training 2021? Spring Training 2022? This information will assist with the budgets. (See RFA Part IX. C, Table 14 CDPH/MCAH Sponsored Meetings and Trainings)

CDPH/MCAH requires that previously trained Directors, Coordinators, Supervisors, and Case Managers attend trainings as listed in RFA Part IX. C, Table 14, if their role is listed as a required participant. Exception: Only staff hired after the Fall 2020 Basic Training has passed are required to attend Make Up Basic Training.

13. Can gift cards be included as participant incentives? (RFA Part VIII. B)

Per the Budget Development Guide tab in Attachment 8, gift cards can be included as participant incentives under “other charges - concrete supports”. Please note that gift cards must not be used for alcohol or tobacco products and an agreement with the vendor must be made indicating that any unredeemed value will be returned to the funded agency within an agreed upon and reasonable timeframe. Please see RFA Part VII. B, 1b, for additional information about allowable use of funds pertaining to concrete supports.

14. Please clarify what is meant by the statement “utilizing the allowable cost payment system may be proposed by the contractor in writing?” (Exhibit A SOW, 6.a.) This was located within the SOW changes section; however, we are unaware of this term or its possible implications.

A cost is allowable to a project if:

- The costs are reasonable;
- The costs are allocable to the specific project;
- The costs are treated consistently in like circumstances; and
- The costs conform to any limitations of the cost principles or the sponsored agreement.

For further information see [2 CFR 200, Subpart E](#).

15. Will CDPH/MCAH be providing a Medi-Cal Factor table for the counties that will be using Federal Title XIX in their budgets?

CDPH/MCAH will post Appendix 4 that has a Medi-Cal Factor (MCF) table based on the principal source of payment for births to moms age 21 and younger in eligible counties. This table is a resource for Applicants that will be proposing Title XIX in their budgets.

AFLP will post Addendum #3, which includes the following update to RFA Part IX. B: Agencies may propose a MCF (*and may use Appendix 4, Medi-Cal Factor Table: Adolescents, as a resource*), which will be verified by CDPH/MCAH upon award.

An applicant from a county not independently eligible but applying to serve multiple counties can request relevant MCF data by emailing AFLP_RFA@cdph.ca.gov. Allow two business days for response.

Application Content (Program Narrative, Attachments, etc.)

16. Regarding Agency Experience or Organizational Capacity, Applicant Resources and Challenges, RFA Part V. B, 4c:

- **Does this apply to the entire county government, department and / or bureau?**
- **Is the list of all state and federal programs and the corresponding awarding agency part of the four pages or can it be an attachment?**
- **Is the list of instances of out-of-compliance, resolution status, and description of corrective actions to be counted in the 4 page limit?**
- **Do you want to know what other programs we have applied for?**

Agency Experience or Organizational Capacity, Applicant Resources and Challenges, RFA Part V. B, 4c, applies to the department, division and/or bureau of the applying entity. Per Addendum #3, which will be posted, the RFA narrative question was updated to provide more specificity. CDPH/MCAH will accept some information for this response to be included as an attachment and not count towards the page limit. Applicants do not need to list other programs that they have applied for but have not been awarded.

RFA, Part V. B, 4c, will be replaced with the following:

For state or federally-funded case management, home visiting or other adolescent-serving programs implemented by the Applicant, provide a list of the programs and the corresponding awarding agency. Applicants may include this information in the narrative or as a clearly labeled supplemental attachment at the end of the application. If included as a supplemental attachment, it will not count towards the page limit for this section but will be considered in the reviewer scoring.

In the narrative, report any instances where the Applicant has been out of program or fiscal compliance for state or federal case management, home visiting or other adolescent-serving programs in the past three years. If this has not occurred, please state this has not occurred.

If this has occurred, provide a description of the context (by whom, when, and why) and explain any corrective action and/or changes that the organization made as a result. This information can be included in the narrative or as a supplemental attachment clearly labeled at the end of the application. If included as a supplemental attachment, it will not count towards the page limit for this section but will be considered in the reviewer scoring.

CDPH reserves the right to verify any contradictory information obtained by CDPH, which may result in the elimination of points for this question and/or disqualification from the application process.

17. For Attachment 3 (Organization Chart), should the organization chart reflect the entire public health agency or just the public health division? Is it recommended to submit a second organization chart for subcontractors? Can you provide an example of what you are looking for regarding Agency Structure and labeling positions?

Provide an organization chart for the proposed AFLP within the agency structure, such as the department, division or bureau of the applying entity. Per the instructions on Attachment 3, provide an organization chart for subcontracts, if applicable. Label each position using the AFLP staffing classification and add the position number as it appears in the proposed budget. A sample organization chart will not be provided.

18. Can CDPH/MCAH please provide clarity on how to complete Attachment 4 (Program Reach Worksheet)? Is there an incorrect reference in the instructions for projected number of expectant and parenting females? Can you provide an example of the completed Program Reach Worksheet or additional instructions?

For the State Method and if completing the optional column, Local Method, applicants are to enter the projected number of expectant and parenting females (EPF) in proposed service area in 2020. The Program Reach Worksheet Instructions originally referenced the wrong tables. For EPF data, refer to Appendix 2: Table 1, column 3 for counties, and Table 3, column 3 for MSSAs. CDPH/MCAH will post an updated Attachment 4 Program Reach Worksheet with more

guidance on populating the Program Reach Worksheet. A sample program reach worksheet will not be provided.

19. Letter of Intent (LOI): Can the LOI, if signed by the agency's official signatory and approved by the Board of Directors, meet the requirement in Attachment 7 of providing a letter of support from the Board of Directors? (RFA Part V. D, 3 / Attachment 7)?

The LOI, if signed by the agency's official signatory and approved by the Board of Directors, does not meet the requirement of providing a Board letter of support. Attachment 7 outlines the requirements for the letters of support and Attachment A outlines the instructions for the voluntary non-binding LOI.

20. Letters of Support: Does a letter from the Board of Directors or highest governing body count as one of the maximum 5 letters of support? (RFA Part V. D, 3 / Attachment 7)?

Yes, it counts as one of the maximum five (5) letters of support.

21. Letters of Support: Does a signature from the Board Secretary on the letter of support suffice as Board approval or does it have to be signed by the Board President? (RFA Part V. D, 3 / Attachment 7)

Per Attachment 7, if the Applicant is not a local MCAH jurisdiction, they must have a letter from their Board of Directors or highest governing body. For this letter, a signature from an individual with signing authority, such as the Board President or Designee, will be accepted.

If the Applicant is not a local MCAH jurisdiction, they must also have a letter from the local MCAH Director. Applicants should follow county processes to secure signatures from the MCAH Director or the person in the local health jurisdiction with authority to sign. CDPH/MCAH reserves the right to verify local MCAH Director support.

22. With regards to the Policy Compliance and Certification Section, Agency Information Form (Attachment 9), what should the agency contract number be? The form has two different places for the AFLP contract or agreement number (line 8 and line 20) and different methods for determining the contract number. What is the correct method, and could you please state how the number is determined?

Please leave blank lines 8 and 20 in Attachment 9. AFLP numbers will be provided to final Awardees upon completion of the RFA process.

23. Does the Attestation of Compliance with the Sexual Health Accountability Act (Attachment 10) need to be signed by the MCAH Director AND the AFLP Director or the MCAH Director OR the AFLP Director? Does the form require two signatures or is one sufficient?

Only one signature is required for Attachment 10.

If a local MCAH program is applying, the MCAH Director or their designee must sign. For all other entities, the proposed AFLP Director or their designee must sign.

- 24. Can we submit a generic copy of our Certificate of Insurance (COI) now, and then add the additional insured endorsement language upon award? Is it possible to submit a copy of the COI for our current program and if we are funded submit an updated COI?**

Applicants may provide a current program or generic copy of their certificate of insurance. If awarded, the Applicant must submit updated insurance certificates with the required additional information per RFA Part IV. E, 3 within a timeline to be provided by CDPH/MCAH.

- 25. Did you want the single audit or the comprehensive audit? (RFA Part IV. E, 3, I)**

Either audit type is acceptable.

Application Formatting and Submission Process

- 26. Would CDPH/MCAH consider an extension date for the final submission of the RFA packet? This consideration is being requested due to three major holidays occurring between the release date and final submission date of January 10.**

CDPH/MCAH is unable to extend the final submission deadline.

- 27. In the RFA Part IV. E, 4, with regards to the Application Assembly – how/where do you mark “Original” and “Duplicate”?**

Applicants may use their discretion to determine how (e.g., handwritten or typed) and where (e.g. cover, header, right or left margin) to indicate “Original” or “Duplicate” as long as it can be easily identified.

- 28. Pagination and Compiling Application Components: Attachment 2 (Application Checklist) and RFA Part IV. E, 4a and Part V. have instructions about pagination and the order of the application components that are confusing.**

- **Is it necessary to paginate the attachments?**
- **Do we just paginate the narrative section?**
- **In reviewing Attachment 2, it states that the narrative is to be included and then the attachments are to follow. However, the narrative section lists the attachments to be completed with each section. Should the attachments be inserted as described in Attachment 2 or with the narrative section as is in the RFA?**

The application must be assembled in the order shown on page 3 of Attachment 2. Attachments 1- 2, the Program Narrative, Attachments 3-10, and 11 (if applicable), proof of insurance, and proof of status or tax-free transactions (if applicable) should be sequentially paginated. In other words, start with Attachment 1 as page 1 of the application, followed by Attachment 2, followed next by the Program Narrative, followed by the remainder of the items on the checklist. As instructed in Attachment 2, in the *Page Number* column, enter the page number upon which each application document begins. In the *Page Number* column indicate “N/A” if the component is not applicable. For the last row of the checklist, please indicate “N/A”.

It is *not required* that applicants sequentially paginate the following documents in the application: Audited Financial Statements or additional supplemental attachments.

Addendum #3, which will be posted, indicates that in the RFA document was updated by **removing** the following statement from RFA, Part IV. E, 4-b: “It is not necessary to paginate attachments”.

29. RFA Part IV. E, 4d: Please clarify options for submitting our application. Is it (a) by mail, including one original and three copies, plus a CD or (b) by email, with a zip file attachment?

Applicants must submit one (1) original and three (3) copies of the application (paper copies) by mail or hand delivered. An electronic version must also be submitted, which can be done on a CD with the hard copies or in a .zip file emailed to AFLP_RFA@cdph.ca.gov.

Applications must be postmarked or hand-delivered with the accompanying electronic submission (included with the hard copies **or** emailed) by 4:00pm on January 10, 2020. For more information on application delivery methods, please refer to RFA Part IV. E, 5.

Applicant Eligibility

30. Is there an appeal process for counties that have been deemed ineligible to apply?

There is no formal eligibility appeals process; however, if a county thinks the eligibility determination is in error, the county can send a written letter identifying all the factors they want CDPH/MCAH to consider in regard to the eligibility criteria. CDPH/MCAH will review the request and make a decision. CDPH/MCAH’s decision upon review will be final.

31. Our program currently serves multiple counties. Could you tell me if we would qualify with the counties we are currently serving?

Per RFA Part I. H, 2, Applications where a single or lead entity proposes to serve two or more counties will be considered if at least one of the county CASHNI scores is 400 or above and the combined EPF is 200 or greater. The counties proposed must be proximal to each other geographically and the Applicant must demonstrate the ability to adequately provide services across county lines. Each Applicant must demonstrate that they have a program reach of at least 40 youth each fiscal year to be able to maintain the minimum required caseload for at least 1.0 FTE Case Manager each year. Applicants proposing to serve two (2) or more counties may apply to meet the program reach requirement by combining reach in all counties.

To assess whether they meet the criteria to apply, applicants proposing to serve more than one county should:

- Thoroughly review all material related to eligibility as outlined in RFA Part I. H.
- Refer to Appendix 2, Table 1, to determine whether serving multiple counties would meet the CASHNI and EPF requirements described above.

- Complete Attachment 4 (Program Reach Worksheet) to determine whether serving multiple counties meets the minimum program reach requirement described above. Appendix 2, Table 2, does not provide data for all counties. If the “Average Annual Percentage Decline in Number of First-time Mothers Under Age 22, 2014 – 2017” for the proposed counties is not listed, use the statewide percent when populating Attachment 4. If Cal-Learn data is not available, Applicants will need to utilize local or other recent Cal-Learn data to populate fields in Attachment 4 and explain the source and date of the data in their narrative response (RFA Part V. C, 1).

As outlined in the RFA, CDPH/MCAH will make final decisions based on the feasibility of the proposed implementation, justification, and available data.

Other

32. On the website the Exhibits skip from B to D. Is there a missing Exhibit C?

[Exhibit C](#), General Terms and Conditions (GTC 04/2017), which will be completed upon selection, is available online.