

Caring4Cal RFA Q&A

FINAL: Updated 08/09, 6:15 PM

Correction Issued: This document previously stated that group homes for individuals with disabilities were generally eligible. Although some community-based group homes may be eligible, it has been clarified that settings that fall under the designation of an Intermediate Care Facility (ICF) are NOT considered an eligible HCBS setting. Please adjust applications accordingly.

Clarification Issued: Some answers previously indicated that to be eligible, individuals must currently be enrolled in licensure or certification courses, but those answers should have read that individuals can be enrolled in those courses AND/OR can clearly state their intent to pursue one of the eligible job types in an eligible HCBS-setting.

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Can you please elaborate on “pursuing licensure/certification and pursuing becoming one of the eligible provider types”? Can pursuing mean that they are “thinking” about becoming one of the eligible provider types, or does an individual have to already be enrolled in a school or working on their license or certification? 20

Are the State's various workforce development boards qualifiers for this grant? 20

Could you please define "pursuing licensure/certification and pursuing becoming one of the eligible provider types?" Does it mean they must already be enrolled in a training program for an eligible provider type, or are people who still need to enter or register for a training program eligible, as long as they are pursuing the possibility? 20

We have CHWs that are both home- and community-based. Some clients are homeless, and CHW will meet them where they stay; homeless shelter, encampment, tent cities, etc. Other CHWs provide case management and will meet where the client feels most comfortable; the library, coffee shop, school, etc. Do these scenarios disqualify us? 21

Please clarify what is required for a current family caregiver to be eligible for Caring4Cal funded trainings. On a recent Q&A there were 2 criteria --enrollment in coursework AND signing documents that confirm intention. Our proposed core program is to help those who confirm their intention to get on pathway to an eligible position, to actually enroll in pathway activities after completing our 6 week program. Is that ok? 21

I am the nurse assistant test site coordinator for the Modesto and Fresno area. I coordinate and conduct the testing for nurse assistant state certification exams in Fresno California. I'd like to know if the testing site would be eligible for grant funding. 21

We are preparing an application for Caring 4 Cal, and we have a question about one of our programs. Most of our work is done in private homes, PACE, and RCFE settings. However, we are soon to open a hospice center for unhoused individuals. It will be licensed as a Congregate Living Health Facility (CLHF). 22

It is a series of modular homes with 4 bedrooms each. Hospice comfort care will be provided. An LVN will be onsite 24/7 as well as HHAs and others. Each bedroom can provide a safe, warm space for terminally ill homeless patients to receive compassionate care. Seeing as it is completely a community setting, will this location be eligible for Caring 4 Cal funding? 22

Funding and Budget Usage 22

Will documentation be required to substantiate indirect costs? 22

For CalGrows, payments are reimbursement based and require lots of documentation; will it be similar for Care4Cal? What's different about this process vs. the CalGrows one? 22

Is funding up front or on a reimbursement basis? 22

Are you asking for an operating budget (current year= 2023?) to ensure we are not exceeding 25% of our current year operating budget? 23

Are audited financials required? 23

Can any of the funding be used for a student stipend? 23

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When is the end date that the money must be spent by?	23
Will Cell-Ed look after all the taxation consequences re: incentives (e.g., w9s, 1099s)?	23
Why such a short grant period? Contracting can take 2-3 months, limiting the time for programs.	23
We are planning on growing quite a bit in the next 1 to 2 years, but not sure if we should put a hard cap on this specific grant application because we are relatively new.	24
Does Caring4Cal allow quicker contracting than CalGrows?	24
What is the hour denominator for this? 2080 hours per year?	24
Will travel be covered from out of state in multi-state consortiums?	24
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Could you explicitly clarify how applicants should charge the costs of training courses that are already developed and available to the public at no charge? This is challenging as our trainings are already on-line and our plan would be to offer the trainings through an online platform.	25
Is there a difference in budget approach and documentation between lead agency and partner agency in the consortium? In a consortium when calculating the 25% maximum, do you add up the partnering organizations in the consortium's 2022 operating budgets and take 25%?	25
In regards to the amount that we can apply for : Given the cap is set at 25%, can you please clarify if the amount requested should be based on the 2022 or 2023 operating budget? The RFA Q&A PDF indicates the 2023 budget and the RFA PDF reflects the 2022.	26
When we are projecting the number of students we will have, should we overreach in case we receive more interest than expected? And if so, if we under use the awarded amount, is that money returned at the end during the budget reconciliation?	26
Through the recruitment strategy of finding people interested in becoming CHWs and then some ultimately working as Care Navigators for our program, we would provide some basic foundational skills training important to all community health worker programs around motivational interviewing, active listening and goal setting.	

Additionally, we could consider trainings around advance care planning and end-of-life care that align with Caring4Cal's core competencies and training needs for community health workers. From here, we could further vet individuals to work for our program in a Care Navigator role as we continue to expand to these regions. 26

Would this fit the goals of the Caring4Cal grant? If so, could we consider ourselves a recruitment and training program? The majority of time and funding would be spent on recruiting efforts, which would include some foundational skills training, but not the larger 80 hour onboarding training we have for our Care Navigators. Ideally, we would be able to provide onboarding training to some navigators, but this would be a much smaller number compared to those present at the recruitment sessions. 26

Can funds pay for instructor compensation for more hours of training than the 30 hours that qualify for the incentive? 27

Can grant funds be used to pay for scholarship dollars or tuition reimbursement, or subsidies for eligible HCBS providers paid directly to schools or students? 27

We are planning to create drop sites in rural areas to allow us a place for newly recruited staff to do charting, keep supplies, etc. Would the rental costs of those sites be an eligible expense during the grant period, with sustainability achieved from increased census? 27

If we are recruiting new staff, can the cost of the new staff be covered over the 6 month grant period with a growing census cited as the way to sustain the salary afterward? Or may we only include actual costs of recruitment itself? 27

Can funds pay for student wages during training (if an employer offers the training)? 27

For the operating budget for the current year - should an organization provide a budget for the calendar year, or for the fiscal year 2023-24? I am guessing that either are OK - but perhaps it should be whatever year the organization uses as their fiscal year. 28

Regarding the budget template, if there are different rates for different people who would fall into the same class of personnel on your sheet, should an applicant add additional rows? 28

I am unclear on what this means: "The budget narratives must tie directly to the milestone scopes of work and include..." What is a milestone "scope of work?" Should we tie our budget narrative to the milestone PERIODS - the time bands, or to your descriptions (kick-off, initial outreach, etc.) The descriptions don't fit with what we expect to do in each period. 28

Our contractors are the providers of HHA and CNA training - they are certified providers we have previously partnered with. I am unclear how and whether the procurement rules apply to these vendors? Are we required to show competitive bids? 28

I do not understand how the \$10,000 threshold (in the procurement policy) applies. For example, in each milestone, none of our training providers will be paid more than \$10,000. But across the project, a single provider of certified training may be paid more than \$10,000. (Where we locate training cohorts will depend on our outreach and where students are located). What are we required to supply to justify the training we have

identified?	29
Should we break down the direct costs by milestone period in our budget narratives?	29
I have a question about the timeline template and how it connects to the budget, which is broken down into four milestones.	29
If we have an activity -- for example a program launch -- that will occur in October 2023, should that be part of Milestone 1 or 2? The instructions specify that Milestone 1 is from Sept-Oct. But it also describes that milestone as ""kick-off"" and Milestone 2 as "program launch."	29
Is the timing more important or the specifics of the activity when it comes to both the timeline template and the budget and the four periods?	29
Can grant funds be used to pay for the costs for licensing off-the-shelf asynchronous, online training content on home and community-based care to train eligible HCBS providers?	30
Can grant funds be used to pay for funds paid directly to our partner schools or instructors to cover the costs of textbooks as program material for training eligible HCBS providers?	30
Can grant funds be used to pay for funds paid directly to our partner schools or instructors at our partner schools (that are not formal subcontractors) to offer gas cards for transportation?	30
If the recruiting company is the lead organization and the training cost is larger than the amount of the grant and will impact the Budget ratio, is that a reasonable explanation for the higher grant to budget ratio?	30
What is the average grant size you are expecting to award? We saw the CalGrows grant awarded \$89 million to 78 organizations.	30
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If an applicant to the Caring4Cal Fund currently has a CalGrows Innovation Fund grant, can students enrolled between September 2023 and December 2023 receive incentives from both grants? Can the same individuals be counted in both programs?	31
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Do the participants need to be certified and all classes completed by the end of the grant?	32
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Recruitment Category 32

We have been asked to partner on the Caring4Cal grant. I noticed that hospitals are not eligible but wanted to see if we can be a partner. Our role would be to assist with recruiting eligible HCBS providers for trainings. We would not recruit our hospital staff but focus on the eligible home and community based settings listed in the application. 32

References and Letters of Support 32

What is required for references? Just contact info? 32

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Are there plans to include Home Care Aides (licensed by CDSS) in this grant, or a future grant? 33

What about registered dental hygienists in alternative practice? 33

Can we provide training for dental hygiene students who are being educated specifically in rural areas where they will be serving the underserved community members? 33

Will Certified Medical Assistants qualify if working in Home Care settings? Does recruiting them into HCBS qualify for the funding? 33

Is the criteria for CNAs and HHAs being revised to include home-based training versus institutional settings? 33

Are there any special considerations about partnering with a School of Nursing? 33

Would a CHW meeting with clients in libraries, schools, etc. be considered community-based? 34

Are Home Care Aides included in this? 34

Do direct support professionals (DSPs) such as those working in ICF or CCL residential homes count as HHAs or CHWs? 34

If a training program for CHWs is designed to be suitable for both home and community settings, but the available job opportunities for CHWs in the county are mainly focused on providing services in the community rather than at home, will the participants miss out on the additional incentives? Moreover, would the training still be eligible for this grant opportunity or does it have to be solely focused on home settings? 34

Community health workers have to be trained for home or community based settings. Can that be CBOs? 34

Would recruitment of RNs and medical social workers be eligible? 35

For Training and Recruitment components, I understand that the training part is not for our own org's employees, correct? 35

Does the student have to complete a background check or have a social security number to attend the community based courses under this grant?	35
Are Case Managers/Care Coordinators eligible to participate and earn incentive through this grant?	35
Can IHSS providers apply?	35
What is the definition of Community Health Worker? Would the direct care workers working in our ILS and Respite programs qualify?	35
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Do Respite workers count as eligible target population?	36
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In addition to conducting recruitment and providing training to promotoras/CHWs, we also have a program that employs promotoras/CHWs to work with family member caregivers in their homes. Can we recruit, train and also hire promotoras/CHWs to work in this program in a new region and include the promotoras/CHWs' and project coordinator's salaries (through 5/31/24) as part of Caring4Cal?	36
Must a Caring4Cal grant awardee applying in the training or training & recruitment category demonstrate that they are able to provide an entire 80 hours of training themselves, thus making them eligible to become an HCAI-approved program?	36
We are planning on offering only the CNA course which is 160 hrs total. Do we have to list all of the modules with the different competencies on the course offerings template or just the CNA course with the total hours would be enough?	37

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If we apply specifically to be the training entity, or if we recruit candidates and train them, will that be seen negatively since we would not be placing people for employment within agencies that hire CNAs for home based settings?	37
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About the curricula, is this a “must” requirement about the curricula been approved by other governing agencies?	38
Could this grant be eligible for sending RNs to be trained in podiatry in the home	38

In the training program details section, for the total hours of training to be offered should that be per care provider or total hours for the entire projected number of eligible providers to be trained? For example, total hours of training to be offered (in person): we offer 45 hours of in person training per caregiver, but for a projected number of 720 of caregivers train then the total amount of training hours we offer is 32,400.

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In regards to the core competencies: Can the core competencies be based on HCAI CHW certification or based on the core competencies based on page 11 of the RFA?

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Webinar

39

Will we have access to these slides after the webinar?

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Application Review Criteria

How will the applications be evaluated?

The application review process is clearly outlined in the RFA and includes an eligibility screen, a screen for scope/budget reasonableness, and an external review. HCAI priorities are outlined in the RFA and will also impact review. Applications that offer both recruitment and training will be given priority, as well as those programs that address HCAI's access priorities, including 1) increasing cultural and language diversity in the HCBS workforce, 2) increasing access to healthcare in medically underserved areas, and 3) improving access to care for Medi-Cal patients.

What is the certificate of good standing? How recent does this document need to be?

The State of California grants the Certificate of Good Standing. It must currently be active to be valid. Organizations can search for their status using this website:

<https://bizfileonline.sos.ca.gov/search/business> and can use their account with the website to request their certificate.

If an organization has not filed their paperwork with the state of CA, they should start the process as soon as possible since the certificate must be uploaded with the application materials by the deadline. Find more information on the Secretary of State's website at <https://www.sos.ca.gov/>

Will applications with multiple types of training (e.g. live synchronous, virtual asynchronous, etc.) be scored more favorably than a single type of training (e.g. asynchronous only)?

No, applications with multiple types of training will not be scored more favorably than others. However, applications that include written information about how their program promotes equity and reduces barriers to access will be scored favorably, and some approaches to training modality may factor into accessibility considerations (e.g. providing online trainings with the goal of reducing barriers to access).

We have a CHW training and HCAI won't be certifying until January 2024. Is it ok for us to apply even though we won't have a certification at the time of applying?

For applicants applying to the training or recruitment and training funding categories and intend to train CHWs, they are encouraged to consider how trainees will become state certified under HCAI's recent guidance letter , CHWPR Guidance Letter. HCAI strongly

encourages applicants for CHW training meet the requirements of the guidance letter to ensure trainees will meet the certificate requirements in the future.

When you say the curriculum must be approved by governing bodies, does that include HCAI CHW training agency certification?

For applicants applying to the training, or recruitment and training funding categories who intend to train CHWs, they are encouraged to consider how trainees will become state certified under HCAI's recent guidance letter, CHWPR Guidance Letter. HCAI strongly encourages applicants for CHW training meet the requirements of the guidance letter to ensure trainees will meet the certificate requirements in the future.

Will the lack of incentives in our proposal effect the scoring?

Proposed projects are not required to include incentives. A cash incentive model will be managed by Cell-Ed, the third party administrator.

Applications

Where can we find the application?

The application portal and RFA are linked on the Caring4Cal.org website.

When the application asks if the "applicant" has an existing presence in the proposed location, is the "applicant" only the lead organization? Or does it refer to the lead organization and their partners? Does the "organization" refer only to the lead applicant or to the consortium?

In the application question that asks about whether the applicant has an existing presence in the proposed location, experience in the proposed location held by any partner in a consortium can be included. Only the lead organization is required to have had a presence in California within the past three years and to hold a certificate of good standing with the Secretary of State.

In completing the application, the word "Provider" is used frequently. Can you define if this refers to a provider organization (a large entity nonprofit etc.) or one employee providing services?

Provider refers to one of the eligible provider types (one employee providing services), e.g. CNAs, HHAs, RNs, LVNs, or CHWs (in home settings only).

The RFA mentions “Applications with a focus on HCAI’s health care access priorities will be prioritized.” What are these health care access priorities, or where may I find them?

HCAIs health care access priorities include: 1) increasing cultural and language diversity in the HCBS workforce, 2) increasing access to healthcare in medically underserved areas, and/or 3) improving access to care for Medi-Cal patients.

Our company offers a platform for people to find, compare, and pay for healthcare training programs. As such, we do not generally offer training ourselves, although we do vet our partner training providers. Given the application asks for “certificates of approval from the certifying entity” for courses, what should we provide here?

Any licensure or certification courses that will be offered as an aspect of your Caring4Cal proposal are required to demonstrate their certificates of approval. If these courses will be provided by partners in a consortium, rather than the lead agency, the partners should supply those certificates to the lead agency to compile and upload in the designated field in the application portal.

Caring4Cal Fund Purpose

Who would I reach out to invite to a Q&A session on October 24th to explain this program to attendees?

For any questions about support from our team, please reach out to fund@caring4cal.org.

Approximately how many individuals should be trained during the grant term per grantee?

Size and scope of proposed projects will vary widely. During application review, the review panel will look at scope of work and budget and will assess for reasonableness based on the varying aspects of the proposals. Reach should be commensurate with and reasonable for the budget requested, organizational capacity, and so on.

Consortium /Subcontractor Eligibility / Multiple Applications

The RFA encourages partners to join together as a consortium, but the written judging criteria doesn't explicitly factor this in. Will groups be given any preference over individual organizations? Or will consortiums have access to larger awards?

Any organization or consortium may request up to \$5 million. A consortium may have an advantage over an individual organization and may request more funding comparatively, depending on overall operating budget amount and scope of project. If an application requests more than 25% of the organization or consortium's overall budget, they may be asked to provide additional justification and/or documentation.

Do partners have to be based in California?

The lead organization in a consortium has to have a Certificate of Good Standing in California. They do not need to be based in California, but need to have worked in California within the past 3 years.

Prior to the grant due date, are you able to connect organizations which recruit participants with organizations with successful programs or curricula?

We recommend that once potential applicants identify their target populations, they make connections in their region or within their local community to seek out organizations who work with that population. Because of the short application window, we are unable to provide support specific to connecting organizations for consortiums.

Clarification - "Serving CA in the last 3 years" meaning organizations who have only been in existence for 1 year do not qualify?

Applicants should confirm that they had a presence in California at some point during the last three years but are not required to have had that presence for the entire previous three years. For a consortium, only the lead agency is required to have had a CA presence. Since there is no requirement for length of time since an organization incorporated, newer organizations do qualify to apply.

Do subcontractors have to be California organizations or can they be from anywhere in the country?

Lead agencies must have had a presence in California within the past three years. Partners and subcontractors do not have a requirement for California presence, but costs for travel between other states and California and/or within other states is not allowable.

Can grantees contract hospitals to help with outreach recruitment? We understand that hospitals, inpatient facilities, and outpatient clinics are not eligible settings. However, the hospital we are wanting to select has had a long relationship with our organization and other community-based programs, we would like to use their network to reach out to their community and home based setting programs. We strongly believe this potential partnership would benefit our program.

Contracting with a hospital to help with outreach is acceptable, as long as the outreach is specifically geared to recruiting for HCBS settings and roles.

As a consortium, do we need to co-write the proposal together and not submit separately?

If applying as a consortium, all details of the consortium's activities should be included in a single application filled out by the lead agency.

If we are going to apply as a consortium, should each group provide 1-2 letters of support and up to 3 references each?

No, letters of support and references are only required from the lead agency in a consortium.

In a consortium, is the lead agency responsible for the accuracy of training reporting and reimbursement requests and documentation?

Since partner agencies sign a contract with the lead agency, who signs a contract with the third party administrator on behalf of the consortium, yes. The lead agency is ultimately responsible for the accuracy of reporting and documentation, and should ensure that any reporting or invoicing requirements are clarified in the contract they sign with their partners.

In a consortium does each partner negotiate a separate contract with the state? In a consortium, does each partner submit reimbursement documentation to the state or does the lead agency pay each of the partners out of their own Caring4Cal budget?

No, there are not separate contracts between the partner agencies and the third party administrator. The lead agency signs a contract and serves as the responsible party for the consortium. The lead agency pays each of the partners out of their own budget, but documentation will still be required for those costs expensed by partner agencies, so they are also responsible for submitting in a timely and accurate manner.

According to the budget template, only three consortium partners are available. Does that mean that there is a maximum of three partners for the consortium, or may additional partners be added? If additional partners beyond three are added, do they have to be partners that don't require funding? In other words, can we have more than three consortium partners if they don't require their own budget?

Three partners is the maximum for any consortium. Additional partners can be added as subcontractors, with their expenses included under the Contractors and Consultants lines of the budget template, and should be identified according to the applicant's procurement policy.

Eligibility

We are recipients of the CalGrows Grant going on right now through the end of the year with our Home Care Aide training. Can we do both?

CalGrows grantees may apply to Caring4Cal, but must review eligibility closely, since requirements differ between the programs, and cannot request funding that would be duplicative. All participation in Caring4Cal programming must be unique from participation in CalGrows programming. Home Care Aide training is not an eligible provider type for the Caring4Cal grant unless the HCA is receiving training in one of the eligible provider types.

We are a federally recognized tribe and do not possess the good standing certificate does that disqualify us?

Some organizational types do not require a certificate of good standing, including tribes and tribal organizations, not-for-profit educational institutions, and government entities. If you believe your organization falls in this category, reach out to fund@caring4cal.org to confirm. You will be asked in the application portal to upload a document stating that your organization type is not required to submit the certificate, in place of the certificate itself.

Are Home Care Organizations eligible?

If the Home Care Organization and project fit the eligibility requirements, yes, they would be eligible. Since many HCOs employ primarily HCAs and training is geared toward HCAs, this provider type is not eligible for this funding, HCOs should review requirements carefully before applying.

Are care workers that provide behavioral intervention/modification training to individuals with developmental disabilities an eligible focus for this opportunity?

If the care workers are either already employed in one of the eligible job types or can demonstrate they are seeking licensure or certification as one of the eligible provider types, then yes, they would be eligible.

My understanding is that Family caregivers can be eligible if they are interested in becoming an eligible provider type, correct? How would interest be verified?

Yes, family caregivers and other prospective providers are eligible if they are interested in becoming an eligible provider type. They should demonstrate enrollment in coursework that will gain them licensure or certification as one of the eligible job types, and/or state their intent to pursue eligible provider types in HCBS specifically and grantees should collect those statements as an aspect of intake to programming.

Do the participants that apply to access the training have to be home/community based?

Participants who are interested in entering the HCBS field as an eligible provider type do not have to be home- or community-based presently, but they must demonstrate that they have an intent to pursue one of the eligible provider types, and specifically to seek an HCBS role in an eligible setting after training is complete.

Just to clarify, DCW or DSPs can participate in training but are not an eligible provider?

Correct, anyone who can demonstrate that they are pursuing or have an intent to pursue one of the eligible provider types can participate.

For clarification- a grantee is the eligible not for profit, workforce training company, trade association?

Yes, grantees are eligible organizations and may be selected for an award based on application review. Consortium grantees will have both a lead organization and partner organizations.

Could you clarify what you mean by social enterprises?

Social enterprises are defined as revenue generating businesses with a clear socially driven mission and objectives.

Can county health departments apply for this grant?

Yes, county health departments can apply for this grant.

Can a DCW participate in Calgrows and Caring4Cal trainings?

Yes, participation in both programs is allowed if the individual is eligible for both.

Are for profit licensed home care agencies eligible?

Yes, assuming the agency meets all other eligibility requirements listed in the [RFA](#), for profit home care agencies are eligible.

Educational institutions are not explicitly called out as eligible applicants, assuming they would fall under “other,” particularly if they double as adult ed providers?

Yes, educational institutions are welcome to apply.

What about Assisted Living communities?

Refer to page 6 of the [RFA](#) for eligible settings.

What is the difference between a CNA in a home-based versus institutional setting?

To be eligible for this grant opportunity, a CNA must not work in a hospital, skilled nursing home, inpatient facility, outpatient facility or intermediate care facility. Refer to page 6 of the [RFA](#) for eligible settings.

As to participants doing their training for free — As a training entity, is it reasonable that we charge our regular subscription rates to provider agencies? I.e., the agency would subscribe and get access to our training library, then the agency could deploy its selected modules to its staff, who’d take the training at no cost .

If the fee in question is a platform subscription fee that is charged to other agencies, that is allowable, but the grantee must provide a breakdown and back up for how they arrived at the cost, including demonstrating that they have charged a similar rate in the past for the same. The fees can only be for the grant period and must be a monthly rate that they have a pattern of having charged for the same services in the past.

Can government entities (e.g., County Health Department) apply?

Yes, government entities are welcome to apply.

Is the development of new training content an eligible grant activity?

No, development of training is not an acceptable use of funds. We require that the trainings provided are shovel-ready to begin implementation within 30-60 days of contracting.

Would relatively new organizations still qualify?

There is no minimum time requirement for time an organization has been incorporated. The only requirement is that the organization has worked in California during the last three years and has experience in the funding category for which they are applying. Since a portion of scoring will be based on organizational capacity and length of experience, we would encourage new organizations to partner with more established organizations in a consortium if they would like to strengthen this aspect of their proposal.

Can training for this project overlap with other funding sources or contracts?

Although it is acceptable for an applicant to have other funding sources that support their program, documentation for those awards must be included in the application materials. The applicant should make clear that each funding source is paying for different aspects of programming that do not overlap.

Can for profit companies apply for this funding?

Yes, for profit companies can apply for this funding.

Can tribal organizations apply that are building a caregiving program for the Elders?

Yes, as long as the program fits into the eligibility of the [RFA](#), tribal organizations can apply.

The list of home-based care organizations you are looking for to apply did not specifically call out Hospice care. Should nonprofit hospice care organizations be encouraged to apply?

Yes, if the care is provided in home or in an eligible setting by an eligible provider type.

Can this training be in group homes for those caring for adults with IDD?

Although some community-based group homes may be eligible, settings that fall under the designation of an Intermediate Care Facility (ICF) are NOT considered an eligible HCBS setting.

We are a CBAS/Community Based Adult Services provider in CA. Do we qualify?

Yes, CBAS are eligible as applicants, if they meet all other eligibility requirements outlined in the RFA.

Is there a continuing education unit (CEU) requirement for all curriculum offered through this program? Even for the soft skills topics?

Soft skills training does not require CEU certification. However, they can only be provided to and targeted for eligible provider types in eligible settings.

Can you please elaborate on “pursuing licensure/certification and pursuing becoming one of the eligible provider types”? Can pursuing mean that they are “thinking” about becoming one of the eligible provider types, or does an individual have to already be enrolled in a school or working on their license or certification?

Pursuing means that the individual is currently enrolled in and working on their licensure or certification, and can demonstrate that, and/or states that they intend to pursue one of the eligible job types in an eligible HCBS setting.

Are the State's various workforce development boards qualifiers for this grant?

Yes, government entities like workforce development boards are welcome to apply.

Could you please define "pursuing licensure/certification and pursuing becoming one of the eligible provider types?" Does it mean they must already be enrolled in a training program for an eligible provider type, or are people who still need to enter or register for a training program eligible, as long as they are pursuing the possibility?

Participants will need to demonstrate that they are enrolled in a training program for an eligible provider type and/or grantees will be asked to make every effort to ensure that participants plan to pursue one of the eligible provider types, including approaches like asking participants to sign a certification to that effect, tracking participants, and so on.

We have CHWs that are both home- and community-based. Some clients are homeless, and CHW will meet them where they stay; homeless shelter, encampment, tent cities, etc. Other CHWs provide case management and will meet where the client feels most comfortable; the library, coffee shop, school, etc. Do these scenarios disqualify us?

CHW's must work in home settings ONLY, and not community-based settings.

Please clarify what is required for a current family caregiver to be eligible for Caring4Cal funded trainings. On a recent Q&A there were 2 criteria ---enrollment in coursework AND signing documents that confirm intention. Our proposed core program is to help those who confirm their intention to get on pathway to an eligible position, to actually enroll in pathway activities after completing our 6 week program. Is that ok?

Applicants are expected to describe a realistic approach for recruiting and training prospective eligible providers in pursuing certification or licensure. Caring4Cal could be utilized to cover costs for training courses designed for pathway activities that support prospective or current care workers in becoming an eligible provider type.

I am the nurse assistant test site coordinator for the Modesto and Fresno area. I coordinate and conduct the testing for nurse assistant state certification exams in Fresno California. I'd like to know if the testing site would be eligible for grant funding.

The testing site would be eligible, but the programming offered under Caring4Cal would have to target eligible providers ONLY, e.g. those pursuing work in HCBS after completing their certification. The application will have to describe how the eligible provider types will be targeted.

We are preparing an application for Caring 4 Cal, and we have a question about one of our programs. Most of our work is done in private homes, PACE, and RCFE settings. However, we are soon to open a hospice center for unhoused individuals. It will be licensed as a Congregate Living Health Facility (CLHF).

It is a series of modular homes with 4 bedrooms each. Hospice comfort care will be provided. An LVN will be onsite 24/7 as well as HHAs and others. Each bedroom can provide a safe, warm space for terminally ill homeless patients to receive compassionate care. Seeing as it is completely a community setting, will this location be eligible for Caring 4 Cal funding?

Yes, community-based facilities are eligible as applicants if all other eligibility requirements outlined in the RFA are met.

Funding and Budget Usage

Will documentation be required to substantiate indirect costs?

No specific documentation will be required to substantiate indirect costs. However, if hours are listed in direct costs for an ED, CEO, or other high level senior staff member, accounting, HR, and/or other roles that should be covered under indirect costs, these will likely be denied.

For CalGrows, payments are reimbursement based and require lots of documentation; will it be similar for Care4Cal? What's different about this process vs. the CalGrows one?

Caring4Cal requires the detail for the hourly average rate per level of staff; and information about how the applicant calculated the number. Grantees will be required to keep payroll records and other back-up to support the figures that they estimated in their budget.

Once approved for an award, grantees will receive training on budget reimbursement and examples will be shared. We expect that the grantees will provide a reconciliation to align actual hours and expenses with payroll records, payments for fringe, other actual travel and supply costs.

Is funding up front or on a reimbursement basis?

Funding is based on the completion of each Milestone. Once the Milestone Report is submitted and it demonstrates that the milestone/work is completed, funding will be released.

Are you asking for an operating budget (current year= 2023?) to ensure we are not exceeding 25% of our current year operating budget?

If an applicant's total budget amount requested exceeds 25% of their 2023 Operating Budget (or the total combined operating budget of their consortium), they will likely need to provide additional documentation and justification for the amount requested.

Are audited financials required?

Audited financials are preferred, but not required.

Can any of the funding be used for a student stipend?

Yes. Funding can be used to provide stipends for wraparound services such as English as a second language classes, educational supplies, gas cards, test prep, and so on.

Are there any limitations on how much funding can be subcontracted?

Yes. Sub-contractor funding can be no greater than 50%.

Would paying for technology development to recruit caregivers be valid to include in our budget?

Proposals must be ready to implement within 30-60 days after contract execution. If development for recruitment will take place within that period and the proposal demonstrates that it is the case, it is allowable.

When is the end date that the money must be spent by?

Agreements will end May 31, 2024 and all funds must be spent by that date.

Will Cell-Ed look after all the taxation consequences re: incentives (e.g., w9s, 1099s)?

Cell-Ed will manage and distribute incentives, and will also be responsible for managing W-9s and 1099s for participants who claim them.

Why such a short grant period? Contracting can take 2-3 months, limiting the time for programs.

Funding for Caring4Cal is a one-time appropriation and has specific limitations on the time to spend the funds.

We are planning on growing quite a bit in the next 1 to 2 years, but not sure if we should put a hard cap on this specific grant application because we are relatively new.

In the budget template, you will be asked to list the organization or consortium's total 2023 budget before this grant funding and if the total requested funding exceeds 25% of current budget, additional information and justification is likely to be required. For that reason, we would recommend capping this grant application at a maximum of 25% of that total.

Does Caring4Cal allow quicker contracting than CalGrows?

Caring4Cal contracts will be executed between Cell-Ed and grantees. Our goal is to complete the contracting process within six to eight weeks with grantees who are able to respond promptly to all requirements and any required changes to budget or program design.

What is the hour denominator for this? 2080 hours per year?

Yes, 2080 hours is FTE for one year, with an underscore that most Caring4Cal programs will have a contract term of 7 and 8 months long, ending May 31, 2024, so total hours worked for a full-time employee will fall into a range calculated at that length.

Will travel be covered from out of state in multi-state consortiums?

Travel that occurs outside of the state of California, and/or travel to the state of California from another state is not allowable under the funding requirements. If out-of-state contractors or staff travel to California to support the project, their travel expenses are reimbursable once they are within the state, up to the Cal HR Reimbursement Rates, found here: <https://www.calhr.ca.gov/employees/pages/travel-reimbursements.asp>

Can proposed budgets provide scaling options (based on population impacted) to provide flexibility during evaluation? To provide flexibility, we plan to show how our proposal can be scaled up/down (eg. 2-3 options based on project scope or level of impact). What is the best way to communicate this?

Due to limited review panel capacity, applicants should submit a single budget option that clearly aligns to the scope they are proposing, including any concrete metrics outlined in the proposal. If the applicant would like to demonstrate within the narrative that they may be able to scale the project up, they may do so, but should draw clear lines around what is being proposed in the application, and what is being suggested as a possible direction. The final funding request amount is what the panel will review and compare to the scope of the

project and as such, the proposal should be realistic, achievable, and aligned to that total amount.

My organization is applying for funding for our PACE program, and I'm seeking clarification with regard to eligible recruitment costs. Can expenses like signing bonuses, relocation costs, and first year salary and benefits for eligible positions be factored into the hourly rate for the appropriate personnel category? Or is that funding only available for personnel involved in the pre-hiring recruitment process?

Perks like signing bonuses and relocation costs may be acceptable for recruitment projects, but first year salary and benefits likely would not. Any and all budget allotments will be subject to budget and scope review, which will analyze reasonableness. Any personnel expenses for recruitment projects should only be for those staff working to implement the recruitment program funded through Caring4Cal, not for staff recruited through the program and working on caregiving duties.

Could you explicitly clarify how applicants should charge the costs of training courses that are already developed and available to the public at no charge? This is challenging as our trainings are already on-line and our plan would be to offer the trainings through an online platform.

Applicants are allowed to charge the grant for costs associated with providing the training courses to eligible providers as part of their Caring4Cal programming. This can include personnel costs, as well as other costs like outreach, advertising, and so on. If the trainings are already developed and online for free for eligible providers, Caring4Cal could be utilized to cover costs for activities like those associated with maintaining those trainings and raising awareness about their availability.

Is there a difference in budget approach and documentation between lead agency and partner agency in the consortium? In a consortium when calculating the 25% maximum, do you add up the partnering organizations in the consortium's 2022 operating budgets and take 25%?

There is not a difference between budget approach and documentation between lead agency and partner agencies. Applicants should scroll down in the personnel and direct costs tabs of the budget template to find the template for partner budgets, which is identical to the lead agency's. Please note that template requests each agency's 2023, not 2022, operating budget. The total sum of all partner agencies' 2023 operating budgets will form the basis for the 25%.

In regards to the amount that we can apply for : Given the cap is set at 25%, can you please clarify if the amount requested should be based on the 2022 or 2023 operating budget? The RFA Q&A PDF indicates the 2023 budget and the RFA PDF reflects the 2022.

The applicant's 2023 operating budget should be used to form the basis for the 25% cap.

When we are projecting the number of students we will have, should we overreach in case we receive more interest than expected? And if so, if we under use the awarded amount, is that money returned at the end during the budget reconciliation?

Grantees should project out the number of students that their program can accommodate and the related costs. They will need to reconcile and return any unused funds on the final invoice.

Through the recruitment strategy of finding people interested in becoming CHWs and then some ultimately working as Care Navigators for our program, we would provide some basic foundational skills training important to all community health worker programs around motivational interviewing, active listening and goal setting. Additionally, we could consider trainings around advance care planning and end-of-life care that align with Caring4Cal's core competencies and training needs for community health workers. From here, we could further vet individuals to work for our program in a Care Navigator role as we continue to expand to these regions.

Would this fit the goals of the Caring4Cal grant? If so, could we consider ourselves a recruitment and training program? The majority of time and funding would be spent on recruiting efforts, which would include some foundational skills training, but not the larger 80 hour onboarding training we have for our Care Navigators. Ideally, we would be able to provide onboarding training to some navigators, but this would be a much smaller number compared to those present at the recruitment sessions.

The CHW training and recruitment you describe would be allowable under the grant funds, and could be considered recruitment and training as long as it fits the RFA eligibility, but vetting and onboarding for staff specific to your program called Care Navigators would not be allowable, since those staff do not have the title of community health worker.

Can funds pay for instructor compensation for more hours of training than the 30 hours that qualify for the incentive?

Yes, as long as the training courses fall into the eligibility requirements of Caring4Cal and will be included in the grant proposal, costs for administering those courses can be proposed as part of the Caring4Cal project.

Can grant funds be used to pay for scholarship dollars or tuition reimbursement, or subsidies for eligible HCBS providers paid directly to schools or students?

Budgets can include actual costs of provision of training, but not scholarships or tuition reimbursement. HCAI-funded programs are required to offer training courses for free to their students, and any training costs that are to be covered under the grant should be included in this way.

We are planning to create drop sites in rural areas to allow us a place for newly recruited staff to do charting, keep supplies, etc. Would the rental costs of those sites be an eligible expense during the grant period, with sustainability achieved from increased census?

These sites would only be eligible if they were directly in use for the activities of the Caring4Cal project i.e. recruitment or training, and then only for the portion of the rental directly tied to those activities. If other activities were happening at those sites, they should be covered under the organization's operating budget or if appropriate, under the indirect expenses of the grant.

If we are recruiting new staff, can the cost of the new staff be covered over the 6 month grant period with a growing census cited as the way to sustain the salary afterward? Or may we only include actual costs of recruitment itself?

Only the actual costs of the recruitment itself, and any other activities directly supporting the Caring4Cal program specifically may be included in the budget.

Can funds pay for student wages during training (if an employer offers the training)?

Grant funds can pay an hourly wage for time actively spent participating in the training courses.

For the operating budget for the current year - should an organization provide a budget for the calendar year, or for the fiscal year 2023-24? I am guessing that either are OK - but perhaps it should be whatever year the organization uses as their fiscal year.

Please use whatever will align clearly with the other information provided in the application about the 2022 budget, likely what the organization uses as their fiscal year.

Regarding the budget template, if there are different rates for different people who would fall into the same class of personnel on your sheet, should an applicant add additional rows?

Applicants should average the rates and related expenses for all employees and contractors in that same category or move them to another category if the rates are dramatically different. The goal is to consolidate so that you only have four categories of compensation related expenses.

I am unclear on what this means: "The budget narratives must tie directly to the milestone scopes of work and include..." What is a milestone "scope of work?" Should we tie our budget narrative to the milestone PERIODS - the time bands, or to your descriptions (kick-off, initial outreach, etc.) The descriptions don't fit with what we expect to do in each period.

The milestone scopes of work include the activities that will be completed in the timeframes listed for each milestone on the budget template. Yes, please tie your budget narrative to the time bands and the activities specific for your proposal for each time period. The descriptions provided are meant to be guideposts, but you should align the budget to your project's specific activities for those periods.

Our contractors are the providers of HHA and CNA training - they are certified providers we have previously partnered with. I am unclear how and whether the procurement rules apply to these vendors? Are we required to show competitive bids?

In this case, describe how you engaged with those vendors prior to this grant; did you have a procurement policy in place and how did you follow it? A procurement policy may be required.

I do not understand how the \$10,000 threshold (in the procurement policy) applies. For example, in each milestone, none of our training providers will be paid more than \$10,000. But across the project, a single provider of certified training may be paid more than \$10,000. (Where we locate training cohorts will depend on our outreach and where students are located). What are we required to supply to justify the training we have identified?

Each grantee should maintain their own procurement policy. The policy listed in the RFA document is a sample policy that may be used by applicants if they do not have an existing policy. In that policy, the \$10,000 threshold applies to expenditure over the entire program. If that policy is to be used, a contractor who will exceed \$10,000 over the entire term of the project should be identified according to the stipulations listed.

Should we break down the direct costs by milestone period in our budget narratives?

Yes, costs should be broken down in the budget narrative as they are proposed to be expended, including by milestone.

I have a question about the timeline template and how it connects to the budget, which is broken down into four milestones.

If we have an activity -- for example a program launch -- that will occur in October 2023, should that be part of Milestone 1 or 2? The instructions specify that Milestone 1 is from Sept-Oct. But it also describes that milestone as ""kick-off"" and Milestone 2 as "program launch."

Is the timing more important or the specifics of the activity when it comes to both the timeline template and the budget and the four periods?

The budget instructions are meant as a guidepost and applicants should include their activities in the milestone that aligns to their project's timeline. Mostly applicants should be focused on the final two milestones whereby you should be at 60% of participants in Milestone 3 and doing a reconciliation and wrap up by Milestone 4.

Can grant funds be used to pay for the costs for licensing off-the-shelf asynchronous, online training content on home and community-based care to train eligible HCBS providers?

All project budgets will undergo a detailed review for reasonableness, but yes, grant funds can be used for licenses for asynchronous online training content.

Can grant funds be used to pay for funds paid directly to our partner schools or instructors to cover the costs of textbooks as program material for training eligible HCBS providers?

All project budgets will undergo a detailed review for reasonableness, but yes, in general grant funds can be used to cover the direct costs of training materials and supplies for the lead agency and partners/subcontractors, including items like textbooks.

Can grant funds be used to pay for funds paid directly to our partner schools or instructors at our partner schools (that are not formal subcontractors) to offer gas cards for transportation?

Yes, non-cash incentives are allowable as long as they are justified and reasonable, for students of training, not for instructors or other project staff.

If the recruiting company is the lead organization and the training cost is larger than the amount of the grant and will impact the Budget ratio, is that a reasonable explanation for the higher grant to budget ratio?

If the training partner will be a consortium partner, their total budget should also be factored in to the budget ratio. Any grant to budget ratio higher than 25% will likely be asked for additional justification and reviewers will assess its reasonableness in the context of the full project proposal.

What is the average grant size you are expecting to award? We saw the CalGrows grant awarded \$89 million to 78 organizations.

There is no anticipated average grant size. At present, Caring4Cal anticipates capping grants at \$5 million, although this is subject to change.

Incentives

Are family caregivers able to sign-up and complete the 30 hours of training (incentives 1 and 2) but not register to become a formal “provider?”

Grantees are required to make every effort to ensure that program participants work toward and complete their coursework to become an eligible provider. This could include approaches like requiring participants to sign documentation confirming their intention to do so, tracking participant progress over time, and so on.

If an applicant to the Caring4Cal Fund currently has a CalGrows Innovation Fund grant, can students enrolled between September 2023 and December 2023 receive incentives from both grants? Can the same individuals be counted in both programs?

Individuals are welcome to participate in both programs, however CalGrows programming cannot be duplicative with Caring4Cal programming. Any CalGrows applicants proposing programming for Caring4Cal must clearly differentiate between the programming offered under the funding streams.

What, if any type of citizen documentation is required for the workforce population to apply for the incentives?

There is no citizenship documentation required for providers to submit incentive claims. Providers claiming incentives will need to provide either an SSN or ITIN, as well as other proof of employment and course completion to submit their claim.

Do incentives build, or is \$1500 the total amount possible for learners to earn?

The total amount of incentives a caregiver can earn is \$2,750. Please refer to page 8 of the RFA for the full incentive structure

Project Timeline and Reporting

What is the time frame for this project?

Applications are due August 11th, 2023. Awardees will be notified during the month of September and most grantees will be contracted in October. Projects run through May 2024.

Do the participants need to be certified and all classes completed by the end of the grant?

No, participants do not need to be certified with all classes completed by the end of the grant. However, training must be launched within 30 to 60 days from execution of the contract.

When does this program start?

Applications are due by August 11, 2023. Approved applicants will be notified during the month of September and contracting will begin during October.

In your Caring4Cal Fund, Health Care and Access and Information RFA dated July 10, you describe the contents of Learner Lists as required for the grant. We have questions about the content regarding "individual learner info." Does that list require content that includes personal identifiable information? If so, what is the minimum of such information required? Or, alternatively, is the term individual learner info a reference to aggregate data regarding individual learner perceptions, e.g. attitudinal and psychographic data in aggregate/summary?

Yes, the Learner List does require PII be shared, including name, phone number, email, and demographic information. It is a necessary step for program reporting and data collection and required of all grantees in Caring4Cal.

Recruitment Category

We have been asked to partner on the Caring4Cal grant. I noticed that hospitals are not eligible but wanted to see if we can be a partner. Our role would be to assist with recruiting eligible HCBS providers for trainings. We would not recruit our hospital staff but focus on the eligible home and community based settings listed in the application.

Hospitals can serve as outreach partners on a grant application as long as recruitment is solely for eligible HCBS providers, and any training is geared towards eligible HCBS settings.

References and Letters of Support

What is required for references? Just contact info?

Yes. Organization name, contact name, email, and phone number.

Target Population

Are unpaid family caregivers included in those eligible to receive training and stipends?

Unpaid family caregivers are eligible if they demonstrate they are pursuing a career to become one of the eligible provider types, including being enrolled in licensure or certification courses and/or stating that they are pursuing one of the eligible job types in an eligible HCBS setting.

Are there plans to include Home Care Aides (licensed by CDSS) in this grant, or a future grant?

No. This is a one-time funding opportunity and there are no plans for future grants.

What about registered dental hygienists in alternative practice?

Yes, if the RDHAP provides care in an eligible setting.

Can we provide training for dental hygiene students who are being educated specifically in rural areas where they will be serving the underserved community members?

Yes, if the dental hygiene student provides care in an eligible setting.

Will Certified Medical Assistants qualify if working in Home Care settings? Does recruiting them into HCBS qualify for the funding?

Certified Medical Assistants are not eligible unless they are going to pursue an eligible provider type. Please refer to page 3 of the [RFA](#) for eligible provider types and settings.

Is the criteria for CNAs and HHAs being revised to include home-based training versus institutional settings?

For this grant, training should focus on Home- and Community-Based settings and should encourage future employment in HCBS, rather than institutional settings.

Are there any special considerations about partnering with a School of Nursing?

The primary consideration for partnering with a School of Nursing is that the coursework offered is specifically tailored to HCBS care and addresses the need for students/graduates to seek employment in HCBS settings (see eligible settings) following their coursework. Since Schools of Nursing provide programming that is often geared towards institutional

work, adaptations may be needed to ensure that programming meets the requirements. These adaptations must be able to be completed quickly after contracting, since training must be implemented in 30-60 days.

Would a CHW meeting with clients in libraries, schools, etc. be considered community-based?

Since these types of settings would be considered community-based, and CHWs must be home-based, training targeted to these types of providers would not be eligible for Caring4Cal.

Are Home Care Aides included in this?

Home Care Aides are not eligible unless they are going to pursue an eligible provider type. Please refer to page 3 of the RFA for eligible provider types and settings.

Do direct support professionals (DSPs) such as those working in ICF or CCL residential homes count as HHAs or CHWs?

DSPs are not eligible unless they are going to pursue an eligible provider type. Please refer to page 3 of the RFA for eligible provider types and settings. ICFs and CCLs are eligible settings but programming must target eligible provider types.

If a training program for CHWs is designed to be suitable for both home and community settings, but the available job opportunities for CHWs in the county are mainly focused on providing services in the community rather than at home, will the participants miss out on the additional incentives? Moreover, would the training still be eligible for this grant opportunity or does it have to be solely focused on home settings?

CHWs must work in home settings ONLY, not community-based settings. If a CBO is eligible as described on pages 6-7 of the RFA, they qualify as community-based for the other eligible provider types.

Community health workers have to be trained for home or community based settings. Can that be CBOs?

CHWs must work in home settings ONLY, not community-based settings. If a CBO is eligible as described on pages 6-7 of the RFA, they qualify as community-based for the other eligible provider types.

Would recruitment of RNs and medical social workers be eligible?

Yes, recruitment of RNs and medical social workers is eligible, as long as it is targeted to HCBS care in an eligible setting.

For Training and Recruitment components, I understand that the training part is not for our own org's employees, correct?

An organization can offer training to its own employees (as part of a funding request) if it is also offered to external providers and/or other organizations' employees.

Does the student have to complete a background check or have a social security number to attend the community based courses under this grant?

The Caring4Cal program does not have a background check requirement. Although participants do not need an SSN to participate in the courses, in order to collect incentives through Caring4Cal, participants will be required to provide either an SSN or an ITIN to submit their claims.

Are Case Managers/Care Coordinators eligible to participate and earn incentive through this grant?

As long as the Case Managers/Care Coordinators are one of the eligible provider types, pursuing one of the eligible provider types, and/or have an intent to pursue one of the eligible provider types, they are eligible.

Can IHSS providers apply?

IHSS Providers may participate in the Caring4Cal program if they are pursuing or have an intent to pursue one of the eligible provider types.

What is the definition of Community Health Worker? Would the direct care workers working in our ILS and Respite programs qualify?

A Community Health Worker (CHW) is a liaison, link, or intermediary between health and social services and the community to facilitate access to services. To be eligible for Caring4Cal, CHWs need to hold that title and need to work in home settings. Unless the staff in those programs have the title of community health worker and are doing that specific work, they would not qualify.

What is the difference between a CHW in a home based vs community based setting?

CHW's must work in home settings ONLY, and not community-based settings.

Do Respite workers count as eligible target population?

Respite workers are not part of the eligible target population unless they are pursuing or have an intent to pursue one of the eligible provider types.

Is there a prerequisite for experience needed from the target population?

No, there is no prerequisite for experience, only that they are one of the eligible provider types, or pursuing/have an intent to pursue one of the eligible provider types.

In addition to conducting recruitment and providing training to promotoras/CHWs, we also have a program that employs promotoras/CHWs to work with family member caregivers in their homes. Can we recruit, train and also hire promotoras/CHWs to work in this program in a new region and include the promotoras/CHWs' and project coordinator's salaries (through 5/31/24) as part of Caring4Cal?

The only salaries that may be covered under Caring4Cal include 1) the salaries of the individuals implementing the Caring4Cal programming, for their time spent doing so, and 2) where appropriate, eligible providers for their time spent actively in training. Provision of care and/or other duties that fall outside of implementing or participating in the Caring4Cal programming specifically should not be included.

Must a Caring4Cal grant awardee applying in the training or training & recruitment category demonstrate that they are able to provide an entire 80 hours of training themselves, thus making them eligible to become an HCAI-approved program?

We would expect that CHW/P/R training programs applying in the training or training & recruitment category would comply with HCAI's approved CHW/P/R training program guidelines.

We are planning on offering only the CNA course which is 160 hrs total. Do we have to list all of the modules with the different competencies on the course offerings template or just the CNA course with the total hours would be enough?

Listing the CNA course with the total hours is sufficient, as long as the course description, competencies, and other course information are filled out in a detailed manner.

Training Category

If we apply specifically to be the training entity, or if we recruit candidates and train them, will that be seen negatively since we would not be placing people for employment within agencies that hire CNAs for home based settings?

Priority will be given to applicants whose proposals include both recruitment and training. There is no requirement that applicants place individuals for employment after providing training. However, if a proposal has a plan for placement in an eligible employment setting, they will have an advantage during application review.

Would a program that provides education and support to family members caring for a sick or injured loved one be eligible for this grant? The program does not provide certification or licensure to family members but is designed to help support family members to identify training and compensation opportunities to those providing care to loved ones.

No, programs that are only geared toward unpaid family and friend caregivers and do not provide a path to licensure or certification are not eligible for this funding.

Can these funds be used to establish an LVN program?

All training programs must be ready to deploy within 30-60 days after contracting. If the applicant proposes to deploy an established LVN curriculum and can meet all requirements to launch the program within 30-60 days after contract execution (and demonstrates that in the application), it may be allowable. The applicant must also demonstrate previous experience training the target population.

Are virtual programs included?

Yes, programs that provide instruction online, either instructor-led programming or self-paced online programming are encouraged to apply if they provide training for eligible provider types/settings and meet all other eligibility requirements, including approval by a certifying entity or licensing board if offering certification or licensure courses.

Can training be offered in person within a community setting open to the public?

A public setting could be acceptable, assuming the applicant has vetted participants for eligibility, plans to clearly track and report on participation, and meets all other eligibility requirements.

How will our companies find the providers to train?

All applicants are responsible to conduct outreach to providers as part of their program. The application must include a detailed outreach plan if the program provides training. If an applicant does not have experience conducting outreach to eligible providers, we recommend that they form a consortium with partners who can support that aspect of the programming.

Could a school that trains Certified Nursing Assistants and Home Health Aides and gives them a certificate of completion where the students then find a job on their own, apply ?

Yes, they can apply. However the applicant must include a detailed description of how their program specifically targets employment in HCBS settings.

Although there is no requirement to place individuals for employment, a proposal that includes a placement plan in an eligible setting will have an advantage during the application review.

About the curricula, is this a “must” requirement about the curricula been approved by other governing agencies?

No, it isn't. Some of the training types that are eligible include continuing education, soft skills training, and education for specific conditions. Those types of trainings do not need to be approved by a governing agency but do need to be targeted to the eligible provider types.

Could this grant be eligible for sending RNs to be trained in podiatry in the home

Yes, this would be an eligible training type.

In the training program details section, for the total hours of training to be offered should that be per care provider or total hours for the entire projected number of eligible providers to be trained? For example, total hours of training to be offered (in person): we offer 45 hours of in person training per caregiver, but for a projected number of 720 of caregivers train then the total amount of training hours we offer is 32,400.

For this section, please include the total unique number of hours of courses proposed to offer, e.g. if the project will offer 45 total 1-hour courses, this number would be 45. Your questions describes this as per caregiver, which is correct for a project that offers all training to each provider. However, if a project offered different kinds of courses to different types of providers e.g., the total would not necessarily be per caregiver, but rather total unique hours offered.

In regards to the core competencies: Can the core competencies be based on HCAI CHW certification or based on the core competencies based on page 11 of the RFA?

Core competencies are standard and should be selected from the list in the training template and on page 11 of the RFA. Any additional details about other categorization of competencies can be included in the narrative of the training section if needed.

Webinar

Will we have access to these slides after the webinar?

The slides, recording, and transcript will be posted to caring4cal.org