



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

**RFA Informational Meeting and Submitted Written Questions
December 6, 2022
Questions and Answers**

1. **Question:** Can we get a copy of this presentation including the detailed allocation section?

DHCS Response: Yes, the presentation is available on the [Indian Health Program \(IHP\) website](#). The description of the allocation formula is included in the RFA and Supporting Documents package as Appendix B.

2. **Question:** Will higher scores on the Government Performance and Results Act (GPRA) quality measures result in a stronger application with regard to factor three of the funding allocation?

DHCS Response: Awards in FY 2022-23 will be the same for all eligible applicants. Higher scores on the GPRA quality measures will result in greater award amounts in the FY 2023-24 grant award cycle.

3. **Question:** Do applicants have to submit a budget proposal with the rest of the application packet that is due January 30, 2023?

DHCS Response: The project budget does not need to be submitted until after the award notices are released and should be based on the funding approved for FY 2022-23. The proposed due date for project budgets is February 17, 2023.

4. **Question:** Providing quality and equitable healthcare involves a support team beyond primary care medical, behavioral and dental providers. Are recruiting and retention efforts/funding for this larger team (case managers, community health work, etc.) allowable expenses?

DHCS Response: Grant funding can be used for support staff as long as they assist in the provision of primary care services.

5. **Question:** If an applicant does not have a supporting document, for example, personnel licensure if a position is vacant, what should they submit?

DHCS Response: If a supporting document is a required component of the application packet, the applicant should include an explanation of why it was not

submitted on or before January 30, 2023 that includes any information about when the information will be available. If a position is vacant, the applicant would note that in their application packet and would submit the new employee' license within 30 days of filling the vacancy.

6. **Question:** Where can applicants find personnel requirements to manage the grant? Is there a requirement that a certain percentage of the funds must go towards program supervisors or directors/managers?

DHCS Response: There are no specific requirements pertaining to management of the grant.

7. **Question:** Could funding be used to help support the development and operation of a rural Family Medicine Residency Program within a tribal health program?

DHCS Response: Please provide more information about the program so OTA staff can research this question further and make a determination.

8. **Question:** What is the ceiling in funding per applicant?

DHCS Response: The amount of funding per applicant will be determined based on the number of eligible applicants and the data they submit for each factor in the allocation formula. Future grant cycles may include a ceiling in funding per applicant.

9. **Question:** Does this funding run for one year?

DHCS Response: A maximum amount of \$22,852,000 is available. Total program funding is anticipated to be limited to the following amounts:

1. \$11,426,000 for the budget period of 02/24/2023 through 06/30/2023
2. \$11,426,000 for the budget period of 07/01/2023 through 06/30/2024

Funding for FY 2023-24 is subject to state budget appropriation. DHCS reserves the right to initiate amendments as necessary to redistribute funds between fiscal years to meet the needs of the State.

10. **Question:** What types of activities does this grant fund?

DHCS Response: IHP will provide grant funds to support the following combined activities:

1. Delivery of prevention oriented primary health care services that are responsive to the health needs of American Indian patients that are provided in a primary care clinic setting, including financial support to improve staffing recruitment and retention of primary care providers including but not limited to compensation considerations, signing or retention incentives, etc.

2. Access to Traditional Indian Health that further supports the health needs of American Indian patients.

11. Question: If a Tribal Health Program (THP) does not have a negotiated indirect cost rate, can they request a de minimis rate of 10%? If so, what type of documentation would be appropriate to submit with the proposal?

DHCS Response: If a Tribal Health Program does not have a current negotiated indirect cost rate, they may request a de minimis rate of 10%. Applicants can submit a statement regarding no negotiated indirect cost rate on company letter head to fulfill this requirement.

12. Question: If a THP does not have a negotiated indirect cost rate and does not intend to claim an indirect cost rate, will a statement regarding no negotiated indirect cost rate on company letterhead suffice as an “appropriate document” for the Indian Health Program (IHP) proposal?

DHCS Response: If a THP does not have a negotiated indirect cost rate and does not intend to claim one, applicants can submit a statement regarding no negotiated indirect cost rate on company letterhead to fulfill this requirement.

13. Question: If a THP has an expired negotiated indirect cost rate and is waiting for an approved indirect cost rate shall we use the expired negotiated indirect cost rate, or another formula?

DHCS Response: If a THP has an expired negotiated indirect cost rate and is waiting for an approved indirect cost rate they can use the expired negotiated indirect cost rate. The rate can be updated during the term of the grant with an informal line item adjustment of not more than 15%.

14. Question: Will GPRA raw data be accepted by DHCS for the 2023-24 fiscal year or will the reports for Year 2 come from the Indian Health Service (IHS) National Data Warehouse or clinic raw data?

DHCS Response: GPRA raw data will not be accepted by DHCS for the 2023-24 fiscal year. The reports for FY 2023-24 will need to come from either the IHS National Data Warehouse or the clinic corporation’s electronic health record system.

15. Question: How many of the 26 GPRA measures does a THP have to meet or exceed to receive IHP funding in Year 1 and Year 2?

DHCS Response: The Budget Change Proposal that established the funding allocations stated that factor three will be based on grantees success in meeting the established quality benchmarks in the IHS GPRA measures. Awards in FY

2022-23 will be the same for all eligible applicants. Higher scores on the GPRA quality measures will result in greater award amounts in the FY 2023-24 grant award cycle.

16. Question: Some THPs do not report GPRA Measures to Indian Health Service (IHS), but may run a report out of their electronic health record (EHR) for the purposes of this grant. Is reporting GPRA data to IHS a requirement for this grant?

DHCS Response: No, reporting GPRA data to IHS is not a requirement for this grant. However, OTA needs the data from either the clinic corporation's electronic health record system or via the GPRA reports.

17. Question: Can funds be used to pay for purchase and/or monthly subscription/maintenance costs for a population health module to facilitate GPRA reporting that costs more than \$5,000?

DHCS Response: This is considered a capital expenditure per Appendix D – Budget Form Instructions (Tables 1-2) and is therefore not allowable.

18. Question: Given recruitment and retention challenges, can funds be used to pay for Locum Tenens?

DHCS Response: Yes, funds can be used to pay for Locum Tenens because they help support access to primary care.

19. Question: Can funds be used to pay virtual/in-person scribe services?

DHCS Response: This grant was designed to focus on the primary care component. Virtual/in-person scribe services are important, however, they are beyond the scope of this grant and therefore those expenses are not eligible for reimbursement.

20. Question: A THP is starting a physician residency program. Can IHP funds be used to support the program, such as paying for resident housing and personnel costs?

DHCS Response: Grant funds cannot be used to pay for resident housing but they can be used for personnel costs to support a residency program.

21. Question: Can these funds be used to pay for salaries of both licensed providers and other health professionals who are part of the care team (medical assistants, scribes, community health outreach workers, diabetes educators, etc.)?

DHCS Response: Grant funding can be used for support staff as long as they assist in the provision of primary care services. Please note that grant funds

cannot be used to pay for services that are otherwise paid for under the Medi-Cal program.

- 22. Question:** A THP is looking to create and implement trauma-informed care and cultural training for all incoming and current providers to include medical, dental, and behavioral health that serve its community so providers have a better understanding of the Native American culture that they serve.

CRIHB requests that DHCS adhere to Article 3 of the IHP regulations that state:

Monies available under Chapter 606, Statutes of 1975, and any funds available to carry out provision of Article 14 (commencing with Section 429.30) of Chapter 2 of Part 1 of Division 1 of the Health and Safety Code shall be allotted for the following purposes: (1) Direct health services as defined under Section 1503 of these regulations. (2) **Technical assistance by individuals experienced in the delivery of health services including, but not limited to, health professionals, economists, sociologists, accountants, legal advisors, midwives (to the extent otherwise permitted by law), and other experts in Indian medicine and traditional health practices.** Technical assistance may be provided by State staff, by consultants under contract with the State, or through contracts with local public and voluntary health organizations or existing Indian health programs. (c) **Training for health workers in Indian programs provided in the following manner:** (1) **On the job training using workers in the program or individuals from other projects or agencies as instructors.** (2) **Short term training sponsored by an educational facility not to exceed two weeks duration at any one time or one day per week over a three month period.** (3) **Tuition for the course work required by a staff member for the A.A., B.A. degree or advanced degree.** (d) Studies concerning the health needs, resources and practices of California Indians. Special emphasis shall be placed on the area of Indian medicine and traditional health practices.

Based on the regulations, we believe and request that costs for training be an allowable expense with IHP funding.

DHCS Response: Consulting and professional services as well as staff training and continuing education are both allowable expenses and can be expended according to [Title 17, Division 1, Chapter 3.1., Article 3, Section 1530 of the Health and Safety Code](#). Additional information is also available in Appendix D – Budget Form Instructions (Tables 1-2) of the RFA submission packet.

- 23. Question:** Is the RFA only available for California based tribes?

DHCS Response: Yes, the RFA is limited to Indian health programs and Tribes located in California or border communities serving Medi-Cal beneficiaries.