**Department of Rehabilitation**

**COMMUNITY LIVING FUND PROGRAM**

**FREQUENTLY ASKED QUESTIONS**

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# Program Funding

## In cases when there is greater need than the Community Living Fund (CLF) Program limit, will funding be shared between Providers?

Two Providers cannot use two separate CLF Program requests on one Eligible Consumer. However, a CLF Provider can collaborate with another organization to meet an Eligible Consumer’s needs by utilizing the CLF Program funds with funding from another source.

## If a Provider has access to other funding sources for consumer goods, can the Provider use the CLF if the Eligible Consumer’s needs are greater?

Yes. Providers can use the CLF Program along with other funding sources if the Eligible Consumer’s needs are greater than what can be provided under any one source. Providers must ensure all other funding sources have been exhausted before using the CLF Program to avoid duplication of funding and supplantation. The CLF Program services should be used to supplement, but not take the place of existing systems and services, this includes for purchase of goods and services and staff expenses for service coordination. The CLF Program can be braided with other funding streams.

## What does “braiding funding streams” mean?

Braiding funding streams is a process for using multiple funding sources to support the total costs of a common goal (for example, to expand access to institutional transition and diversion services).

When funds are braided, two or more funding sources are coordinated to support the total cost of a service. Revenues are allocated and expenditures are tracked by different categories of funding sources.

Braiding for the CLF Program may include:

* Identifying any local, state, or federal funding streams that support institutional transition and diversion goals and outcomes. Identifying gaps between existing funding streams and those that can be supported by the CLF Program.
* Identifying eligible populations and comparing requirements. Identifying individuals who need institutional transition and diversion services and their eligibility for services funded through different funding streams.
* Building a system to collaborate and coordinate. Developing methods to coordinate and collaborate with services and programs that can support institutional transition and diversion services or that provide LTSS to support on-going community needs. This might include a method to share confidential consumer information to determine eligibility.

## What is meant when said the CLF should “supplement” and not “supplant” funding sources?

The purpose of the CLF Program funding is to build upon and add to existing services, systems, and funding (supplement) and not replace or take the place of existing funding (supplant). Please see “braiding funding streams” for more information located on page 3.

## Can a Provider serve an Eligible Consumer for two different services should the need arise further down the line?

No. The CLF is one-time funding per Eligible Consumer. Providers cannot make more than one request on behalf of the same Eligible Consumer.As a one-time funding source, Providers are expected to connect Eligible Consumers with on-going LTSS systems to assist the Eligible Consumer to maintain living in the community.

## What are the personnel reimbursement rates and how were they determined?

There are two types of personnel reimbursement rates. The first is for transition service coordination and Providers can request up to $4,500 for staff time for each transition. The $4,500 for transition was calculated based on 100 hours of service coordination time at $45 an hour, a broad basis for the calculation knowing that extensive time in needed pre and post transition. The second type of personnel reimbursement rate is for diversion service coordination. Providers can request up to $2,500 for diversion reimbursement. The personnel reimbursement rate for diversions is less than transitions because on average, diversions take less service coordination time than institutional transition services.

## How do I calculate staff expenses? Does it change for each request?

Providers will determine their all-inclusive reimbursement rate for transition and diversion service coordination as part of their response to the Request for Information (RFI) and completion of attachments F1: Transition Cost Proposal and Narrative and F2: Diversion Cost Proposal and Narrative. These two rates will be used for staff expenses on all invoices with the understanding that some services may cost more than what is reimbursed while others may cost less. The all-inclusive reimbursement rate for transition and diversion service coordination can include weighted staff salary, travel costs, and indirect cost. The all-inclusive reimbursement rate for transitions cannot exceed $4,500 per individual served, and the all-inclusive diversion reimbursement rate cannot exceed $2,500 per individual. Please see RFI attachments F1 and F2 for more information.

## Are there limitations to CLF Program dollars?

Yes. The CLF Program will fund services, or a combination of goods and services, to help eligible individuals to transition out of institutions to community living or provide services to individuals who are at risk of being institutionalized. Providers may be reimbursed up to $5,000 for the purchase of goods and services for each Eligible Consumer served. In addition, Providers can request reimbursement for service coordination for each Eligible Consumer receiving CLF Program services.

## If we must travel to provide services, can we charge hotel and meals?

Yes. Travel expenses are part of the all-inclusive rate for service coordination (RFI attachments F1 and F2). The all-inclusive rate is the maximum that can be reimbursed for staff service coordination time, travel expenses, and indirect costs for each transition or diversion, even if staff and travel costs exceed the maximum.

## Will the CLF Program funding be divided into fiscal years, or will all funding be available on a first come, first served basis?

The CLF Program funding is not restricted by fiscal year. Funding will be utilized on a first come, first served basis until Program completion on June 30, 2025, **or when all CLF Program funds are depleted, whichever is sooner.**

# Funding Utilization

## Can funding be utilized to keep someone from moving to a greater level of support or a more restrictive institution (e.g., moving from an intermediate care facility into a skilled nursing facility)?

No. The Eligible Consumer must be moving to, or remaining in, a community-based living setting as defined by the Home Community Based Services (HCBS) Final Rule which “expressly prohibits a nursing facility, institution for mental diseases, or an intermediate care facility for the mentally retarded from being considered home and community-based settings.”

HCBS regulations identify community-based living as:

* “(A) a home owned or leased by the individual or the individual's family member;
* (B) an apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control; and
* (C) a residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside.”

## Can funding be utilized for staying in the family home? Would the income or poverty level be based on the family income?

An Eligible Consumer could meet CLF Program eligibility requirements even if they live in a family member’s home. For income eligibility purposes, family or household size typically consists of the Eligible Consumer, spouse, and any dependents. Other individuals in the household may be considered as part of the family size or household if the Eligible Consumer financially supports them.

## Can we use this fund for undocumented individuals? Do we need to verify immigration status for someone to be “eligible”?

The CLF program can be used for undocumented individuals. Providers do not need to verify immigration status. Individuals can be eligible for the CLF Program regardless of age and immigration status. This is in line with Governor Newsom’s commitment to ensuring universal access to health care coverage for all California residents.

## Can this pay for financial planning services?

The CLF Program can pay for financial planning services for Eligible Consumers who need that support related to transitioning from an institution to the community or to help prevent the individual from going into an institutional setting.

If the question is related to the Provider needing financial planning services, we encourage Providers to reach out to ILInfo@dor.ca.gov to receive assistance with resources.

## Is there an age limit for CLF Program funds?

No. There is no age limit for the CLF Program. Requests must be for Eligible Consumers requiring institutional transition or diversion services, regardless of age.

## What can the CLF Program funds be used for?

The CLF Program funds need to be reasonably and directly tied to an Eligible Consumer’s institutional transition or diversion. The following are a **few** examples that funding could be used for should it be required for an institution transition or diversion:

* Assistive technology
* Items needed for natural disasters such as backup batteries or generators
* Short-term personal attendant services to fill the gap until the Eligible Consumer can be connected with ongoing supports and solutions
* Housing deposits
* Hearing aids
* Dentures

## Can these funds be used to support a household where working parents have blind and/or low vision babies?

The blind/low vision child may be eligible for the CLF Program, and funds could be used to provide respite care if the consumer is at-risk for institutionalization. Providers will need to assess the child for eligibility and clearly link the case to institutional diversion or transition. The CLF Program is designed to be a “bridge” program to address gaps in services and supports until ongoing support is put into place.

## If someone is blind and has dementia and needs support for respite services, will they be eligible?

Yes. The CLF Program could pay for respite services for consumers regardless of age and disability type as long as they meet program eligibility requirements and the purchase for goods and services is related to the need for institutionalization diversions or transition.

## Is this intended to serve any participant that needs exceptional services that fall within its criteria, or are the services intended for exceptional participants?

The CLF Program is designed to support individuals with complex needs and situations.

Consumer eligibility includes:

* Individuals at risk of going into an institutional setting and who would meet institutional level of care or who are transitioning from an institutional setting to community living.
* Individuals with income at or below 300% of the federal poverty level with medical or disability expenses deducted and do not qualify for Medi-Cal and cannot afford out-of-pocket costs associated with transition and diversion.
* Individuals with Medi-Cal if their needs are beyond what is covered by Medi-Cal.
* Individuals do not have access to institutional transition and diversion services available elsewhere.

# Program Information

# Which entities are eligible to apply for the RFI?

Through this RFI, DOR will identify and enter into grant agreements with up to 50 501(c)(3) non-profit agencies whose current demonstrated core mission is serving people with disabilities and older adults. Such programs include but are not limited to the following:

• Aging and Disability Resource Connections

• Area Agencies on Aging

• Independent Living Centers

• Older Individuals Who are Blind programs

• Traumatic Brain Injury programs

• Other disability and aging non-profit organizations

# Is there a definition list on the terms used throughout the RFI?

Yes. The CLF Program [Webpage](https://www.dor.ca.gov/Home/CommunitylivingFund) has a definition list of terms used throughout the RFI. Some examples of terms defined include community living, person-centered counseling, service coordination, and transition.

## We do not collect income/insurance information from our population served. Will we need to start collecting this information to determine which individuals are eligible?

Yes.Providers must ensure that individuals meet all program eligibility requirements, including income.

## How do we know if someone is an “Eligible Consumer”?

Providers must assess each individual for program eligibility requirements. A CLF Program Assessment Tool is posted on the DOR Community Living Fund [website](https://www.dor.ca.gov/Home/CommunitylivingFund) which contains general guidelines, questions, and data that can assist Providers in assessing the needs of consumers and putting together a person-centered plan for institutional transition or diversion.

An individual is considered an “Eligible Consumer” if they meet the following requirements:

1. They need institutional transition or diversion services. They are either at risk of going into an institutional setting or transitioning from an institutional setting into community living.
2. Their household income is equal to or less than 300 percent of the federal poverty level with medical or disability expenses deducted and:
	1. They do not qualify for Medi-Cal, and
	2. They cannot afford the out-of-pocket costs associated with transition and diversion.
3. They have Medi-Cal, but their needs are beyond what is covered by Medi-Cal.
4. They do not have access to institutional transition and diversion services elsewhere.

## How do I know if someone is at risk of institutionalization?

Risk of institutionalization means the individual is in danger of residential facility placement due to their medical, functional, or cognitive status, but would be able to remain at home if community services and supports were provided. To be eligible to go into an institution, individuals must have complex needs and meet institutional level of care, or meet institutional level of care, if services and supports are not provided in a timely manner.

To be eligible for institutional level of care and diversion services, an individual must have, at a minimum, one of the following:

* Functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or
* A medical condition to the extent requiring the level of care that would be provided in a nursing facility; or
* Be unable to manage his/her own affairs due to emotional and/or cognitive impairment.

## Is the CLF Program different from the existing DOR Transition and Diversion Grant? Can ILCs use both the CLF Program and the Transition and Diversion Grant?

The CLF Program is different from the VIIB DOR Transition and Diversion Grant in multiple ways:

* The CLF Program is available to any eligible non-profit as outlines in the RFI while the VIIB Transition and Diversion grant is only available to Independent Living Centers.
* The CLF Program consumer eligibility is different from the VIIB Transition and Diversion grant, most notably, the CLF Program has income eligibility and can only be used for individuals who are transitioning from an institution to the community and for diversion to institutional settings. The VIIB Transition and Diversion grant has broader eligibility requirements.
* For the CLF Program DOR will reimburse providers up to $5,000 for the purchase of goods and services for each consumer served. In addition, providers can also reimburse up to $2,500 for diversion service coordination and $4,500 for transition service coordination for each consumer receiving CLF Program services. The VIIB Transition and Diversion grant only reimburses up to $4,500 for the purchase of goods and services and does not reimburse for staff service coordination.

The CLF Program and the VIIB Transition Diversion Grant can be both used on an Eligible Consumer. As long as the CLF Program does not duplicate or supplant other funding sources that the consumer is eligible for and that are available. Providers must work with other organizations, agencies, and providers to ensure there is not duplication of services. CLF Program funding can be braided together with the other funding sources to support the total cost of the consumer’s institutional transition and diversion goal if the consumer’s needs are beyond what one funding source can provide.

## How does this funding work when it comes to home modifications and using contractors to perform work?

DOR will approve each Provider’s request for utilization of the CLF for either institutional transition or diversion services. Once DOR approval is received by the Provider, the Provider can begin expending funds for the purchase of goods and services. After goods and services have been paid for, the Provider will submit a reimbursement form to DOR which will include copies of invoices for purchase of services and a request for their all-inclusive rate for service coordination.

DOR understands that it can be a challenge for some small nonprofits to wait for reimbursement from the State after funds have been expended. During the grant award process, small nonprofits should discuss cash-flow issues with the DOR CLF Program to identify viable solutions. If this discussion cannot take place at time of execution, it must take place prior to encumbering funds.

## What does diversion facilitation mean from a staff standpoint? What is your definition?

Diversion is referred to as assisting individuals who are at risk of being institutionalized or entering an institutional setting by providing services, supports, and/or equipment that prevents them from going into a higher level of care or losing their housing and formal or informal support systems. This can include connection to LTSS that can improve social, emotional, and physical well-being of a consumer.

For diversion services, Providers must assess the individuals based on the following criteria:

* Have a functional impairment in a minimum of two activities of daily living (ADLs): eating, dressing, transfer, bathing, toileting, and grooming; or
* Have a medical condition that would require the level of care that would be provided in a nursing facility; or
* Be unable to manage their own affairs due to emotional and/or cognitive impairment.

Staff diversion service coordination includes outreach to individuals, conducting intakes and assessments to determine eligibility, person-centered plan development, and follow-up services and staff time to collaborate with other organizations and programs to address a consumer’s needs for LTSS to prevent institutionalization. It includes identifying other services the consumer is eligible for and connecting them with those services and coordinating of the purchase of all proposed goods and services. Service coordination may require a multidisciplinary approach with discharge planners, case managers, family members, community partners, doctors or other medical staff, stakeholders, and others the Eligible Consumer desires to prevent them from going into an institutional setting. Staff will need to follow-up with Eligible Consumers to ensure needs are being met and collect data for tracking and reporting program outcomes.

## Are Providers paid for their work to determine if participants are Eligible Individuals? What if a consumer is not approved for an application by an organization has already provided services? Can they be reimbursed for that time?

No. Providers will not be reimbursed for any staff time unless the CLF Program has authorized the request for funding. Once approved, the Provider can complete a request for reimbursement for purchase of goods and for staff time as part of their all-inclusive rate for service coordination as per RFI Attachments F1 &F2.

## What is the necessary follow-through from a compliance standpoint in determining what is allowable as an expense? What is the requirement for quotes, and basic requirement for eligibility?

Providers will have to assess the consumer for all program eligibility requirements. A CLF Program Assessment Tool is posted on the DOR Community Living Fund [website](https://www.dor.ca.gov/Home/CommunitylivingFund) which contains general guidelines, questions, and data that can assist Providers in assessing the needs of consumers and putting together a person-centered plan for institutional transition or diversion.

The follow-up compliance standpoint is listed below:

* Follow up with consumers.
* Fulfill reporting requirements.
* Submit timely invoices to DOR for reimbursement with accurate receipts detailing expenses for goods and services.
* Retain all financial and program-related records, including receipts, for at least three years after the grant funding period ends.

**Reporting Requirements**

Providers will need to submit the following:

* Request for utilization of CLF Program for each consumer for DOR approval before services are provided.
* Timely invoices, with receipts detailing expenses for each completed transition or diversion.
* The number of successful transitions and diversions completed each month.
* A survey with each consumer after transition or diversion services have been provided and a second survey six (6) months later to determine consumer outcomes.

Additionally, the providers need to follow their own organizational procurement policies and procedures. Consumer eligibility includes:

* Individuals at risk of going into an institutional setting and who would likely meet institutional level of care or who are transitioning from an institutional setting to community living.
* Individuals with income at or below 300% of the federal poverty level with medical or disability expenses deducted and do not qualify for Medi-Cal and cannot afford out-of-pocket costs associated with transition and diversion.
* Individuals with Medi-Cal if their needs are beyond what is covered by Medi-Cal.
* Individuals do not have access to institutional transition and diversion services available elsewhere.

## Can funding be used for mental health counseling, specialized services, and equipment including audiology exams and hearing aid prosthetics?

Yes, when all the other sources of fundings have been exhausted, the CLF Program can cover all above scenarios when related to institutional diversion or transition.

## Does it make a difference if we apply for a specific area (diversion vs transition), or would it all fall within the same scope?

Providers can apply for transition **or** diversion services but are encouraged to apply for **both** as they may identify Eligible Consumers in need of either service. The goal of the CLF Program is to provide institutional transition and diversion services to 1,360 consumers. There are no specific target numbers for each type of service (diversion or transition).

## If we are awarded for this program, are we obligated to serve any person within our normal service designation that elects to indicate interest in the program?

No, providers are not obligated to serve anyone. If a provider determines a consumer would be better served by another organization, the provider can referrer the consumer to other organizations.

## What happens when a person has multiple intersectional issues that further impact their successful transition and would be better managed by another specialized provider?

As part of the RFI scope of work, Providers are required to assess the availability of existing local institutional transition and diversion services/ programs and LTSS that will support individuals to live safely in the community in the identified service area. This requirement is designed to help Providers coordinate services, ensure the CLF Program is not duplicating or supplanting funding, and improve access to services for Eligible Consumers. Each grant will include information about how the Provider will coordinate services with other organizations and agencies that provide services and supports for institutional transition and diversion and for ongoing LTSS. This includes No Wrong Door strategies to streamline access to services, how the Provider will coordinate or braid funding sources, and avoid duplication of services for the CLF Program. The early identification of coordination will help to ensure those with multiple intersectional issues have successful outcomes.

## Can Providers subcontract any part of the service/programs?

Yes. There are two types of reimbursements for the CLF Program Providers which include: (1) the purchase of goods and services and (2) service expenses for service coordination.

Providers can subcontract services and supports as part of allowable purchase of goods and services. Providers should follow their organization’s policies and procedures with obtaining the appropriate number of bids for subcontracted services.

The reimbursement for service coordination cannot be subcontracted. This reimbursement is for the Provider’s internal staff salaries, travel, or indirect cost rate to coordinate services for the individual.

## Are audited financial statements required to apply for this grant?

No. The RFI does not require audited financial statements for respondents to submit applications.

## Do I need to complete RFI Attachment F1 – Transition Cost Proposal and Narrative and RFI Attachment F2 Diversion Cost Proposal and Narrative if I don’t plan to utilization funding for service coordination?

No. Providers do not need to request reimbursement for staff expenses for service coordination if the Provider does not want to and already has staff dedicated to transition and diversion services from other funding sources. When submitting the RFI, a note can be made in scope of work that the organization will not be requesting reimbursement for staff expenses for service coordination through Attachments F1 and F2. Providers are encouraged to use other existing funding sources for transition and diversions, to ensure there is no supplantation or duplication of services. Please note, without these attachments, a Provider cannot submit staff expenses and will not be reimbursed for staff costs or service coordination.

To be an eligible respondent to the CLF Program RFI, must:

* Provide resumes for staff dedicated to the CLF Program, including their knowledge and experience in providing person-centered transition and diversion services to people with disabilities and/or older adults. If the position is currently vacant, provide the job description.
* Have staff member(s) dedicated to institutional transition and diversion services. This requirement can be met through other funding sources or through reimbursements from the CLF Program for service coordination.

## What is a zero-dollar grant? How does someone request funding and get it approved?

A zero-dollar grant allows providers to perform as many transitions or diversions as needed. Providers are not contractually obligated to perform a certain number of transitions or diversions and can continue to serve individuals if they have the capacity, need, and there are CLF Program funds available.

Once the Provider has entered into the grant agreement with DOR, Providers will identify individuals who are eligible for the CLF Program and will send DOR a transition or diversion request for the consumer to request utilization of the CLF. This request will include:

* Provider information
* Total amount requested
* Consumer unique identifier
* Consumer demographics
* Type of funding request: Diversion or transition
* Where the consumer resides including institution name or type of community residency
* Confirmation that the consumer has a goal and plan for diversion or transition
* Confirmation that all other funding sources have been exhausted
* Confirmation that it is a one-time request for funding
* Confirmation of consumer eligibility for services
* Request for the all-inclusive staff expenses for service coordination pre-determined rate if applicable
* Brief description of the consumer’s need for diversion or transition services
* Description of expenses for goods and services that need to be purchased
* Other information as determined by DOR program

DOR will review the request from Providers and approve or request additional information within 1 to 4 business days. Once approved, DOR will encumber the funds, and send an approval back to the Provider.

The Provider will provide the Eligible Consumer with the approved transition and diversion services. Providers will survey each Eligible Consumer after services have been provided and send DOR an invoice for goods and services with backup receipts and for the all-inclusive staff expenses for service coordination, if applicable. DOR will review and approve the invoice and the Provider will be paid back in arrears. Providers will be required to survey the Eligible Consumer 6-months after services were performed to collect program outcome data.

## What type of supports are available in California when coordinating transition and diversion services for CLF Program consumers?

It is important for Providers to understand what programs exist in their community, what the eligibility is for the program, and how to collaborate and coordinate services. The CLF Program [Webpage](https://www.dor.ca.gov/Home/CommunitylivingFund) has a document named Transition and Diversion Program Coordination Information that lists programs for institutional transition and diversion and long-term services and supports. CLF Program Providers will need to work with these services and supports to prevent duplication of services, braid funding, and address unmet needs in the service delivery system through the CLF Program.

## The RFI mentions the No Wrong Door System and person-centered approaches, and Options Counseling, where can I learn more about these?

The CLF Program [Webpage](https://www.dor.ca.gov/Home/CommunitylivingFund) has a resource list and self-paced training list to help CLF program providers become more aware of these services and supports.

## What materials are needed for a complete application in response to the RFI?

Those interested in applying to be a CLF Program Provider should read closely the details for application submission included in the RFI (see Section VIII. Response Submission Requirements).

Successful applications include the required program content and forms below:

1. Response Checklist (RFI Attachment A)
2. Coversheet (RFI Attachment B)
3. Narrative Outline (RFI Attachment C)
4. List of County or Counties to be Served (RFI Attachment D)
5. Key Personnel (RFI Attachment E)
6. Transition Cost Proposal and Narrative (RFI Attachment F1) – if requesting transition service coordination reimbursement.
7. Diversion Cost Proposal and Narrative (RFI Attachment F2) - – if requesting diversion service coordination reimbursement.
8. Proof of Insurance Coverage (RFI Attachment G)
9. Proof of 501(c)(3) status (RFI Attachment H)