

State of Hawaii
Department of Health
Family Health Services Division
Maternal and Child Health Branch/ Home Visiting Program

Addendum 2

December 14, 2012

To

Request for Proposals

RFP No. HTH 560-CT-004

Home Visiting

Issued: November 16, 2012

December 14, 2012

ADDENDUM NO. 2

To

**REQUEST FOR PROPOSALS
Home Visiting
RFP No. HTH 560-CT-004**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Home Visiting Program is issuing this addendum to RFP Number HTH 560-CT-004, Home Visiting for the purposes of:

- Responding to questions that arose at the orientation meeting of November 28, 2012 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- Amending the RFP.
- Final Revised Proposals

The proposal submittal deadline:

- is amended to <new date>.
- is not amended.
- for Final Revised Proposals is <date>.

Attached is (are):

- A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- Amendments to the RFP.
- Details of the request for final revised proposals.

If you have any questions, contact:

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Responses to Question Raised by Applicants
For RFP No. HTH-560-CT-004, Home Visiting

- 1. 3-2, B. Experience, last sentence “Describe how the model addresses the risk indicators of the identified at risk geographic areas”- what does this mean and how is it related to experience in contracts pertinent to the proposed service?**

Describe how the proposed evidence-based home visiting model addresses the risk indicators such as Low Birth Weight, Infant Mortality, Poverty, High School Drop Out rate, Unemployment rate, Receiving Financial Aid, Receiving Food Stamps, Child Abuse and Neglect, Domestic Violence, Substance Abuse, or Mental Health issues of the identified at risk geographic area. Provide any data of the current risk indicators in the at risk geographic areas. Provide any evidence-based model research that addresses the identified risk indicators above.

The Experience section asks for two (2) distinct types of experience. The programs experience with implementing the evidence-based home visiting model and the experience of the proposed evidence-based home visiting model to address the identified risk indicators described above.

- 2. For Attachment D, how would we formulate the projected #s? E.g., we may guess the # we will serve by the # of HVers we could support with the projected funding, however, how would we know how many would be smokers, # enrolled PN, # weeks spent breastfeeding, ER visits,**

Examination of available data resources (2010 Census Report, 2012 DOH Data book, Hospital birth census, etc.) for the identified at risk geographic area can provide a foundation to calculate the estimated numbers of available participants for the annual performance goal for the fiscal year.

Be sure to provide the applicant’s approach in meeting the output objective, including the methodology proposed for data collection and reporting.

- 3. Attachment D- what does B15 mean?**

B15 refers to the rate of reported substantiated maltreatment by type – first time victims of maltreatment. The selected provider programs will participate in data collection to determine if any of the index children in their programs have been reported to Department of Human Services, Child Welfare Service as a first time victim of maltreatment.

- 4. Attachment D- What is the difference between A5 and C19?**

There is no difference between A5 and C19. The same measure will be reported for two (2) different constructs Benchmark 1.5 – Screening for maternal depression

symptoms and Benchmark 3.4 – Parent emotional well-being or parenting stress (see attachment E).

5. Attachment D- C22 and C23 look the same?

C22 and C23 refer to Benchmark 3.6 and Benchmark 3.7 respectively (see attachment E). The total age specific ASQ 3 score will be used to indicate Benchmark 3.6 “Child’s general cognitive skills” (C22) and the total age specific ASQ: SE score will be used to indicate Benchmark 3.7 “Child’s positive approaches to learning including attention” (C23).

6. Attachment D- C24, what does “above the cut-off in gross motor” mean?

Selected provider programs will be required to provide data on index children who score above the cut off on the Gross Motor section of the ASQ 3. The Cut-Off on the Gross Motor section of the ASQ 3 is approximately 2 Standard Deviations. The selected provider programs will be required to provide the number of index children with scores above 30.61 (the 8 month ASQ Gross Motor Cut Off score) or provide data on index children with scores above 36.99 (the 36 month ASQ Gross Motor Cut Off score).

7. Attachment D- E31, what does it mean?

E31 refers to Benchmark 5.2 – Employment of adult member of household (see attachment E). The definition of employment of adult members of the household includes the total monthly paid hours of all adult members of the household plus up to thirty (30) unpaid hours of child care devoted to the infant index child.

8. Does “index” child mean the same as “target child”?

The index child and the target child are the same. Both refer to the child enrolled prenatally or at birth.

9. Attachment C- are we just making an educated guess about how much we would increase in these benchmarks in year 2?

Applicants are asked to provide an estimate (percentage) of the increase from year one (1) baseline to year two (2) improvement.

10. Please explain Attachments D vs. C? As D asks for #s but not % and C appears to ask for %s (listing numerator and denominator) but then just asks for % increase projected, not baseline %.

Attachment D asks for the Annual Performance Target Goal (the numerator in Attachment C) for fiscal year 2014 (year one (1), baseline year). Attachment C asks for the projected increase/decrease for the target goal in fiscal year 2015. Applicants are asked to provide an estimate (percentage) of the increase/decrease in the target goal from year one (1) baseline to year two (2) improvement. Applicants may consider whether they are currently collecting the target goal data and if so, does the data reflect a majority of target goal completion. If the data reflects a large number of goal completions, there may be less room for improvement and the percentage of increase in fiscal year 2015 (year two (2)) improvement may be small. Likewise, if the data reflects a small number of goal completions, there may be room for greater improvement and the percentage of increase in fiscal year 2015 improvement may be large.

11. Service Delivery: Plan for conducting home visits (10 pts.) vs. Plan for conducting home visits according to model standards and practices (10 pts.)- aren't these overlapping questions and if not, what is the difference?

The plan for conducting home visits could overlap with the plan for conducting home visits according to model standards and practice if the applicant is proposing to conduct home visits according to model standards and practices only. The applicant may choose to provide home visits with an enhancement to the model standards (i.e. Child Development Specialist or Clinical Specialist, home visits weekly) or restriction to the model standards which should be clearly identified.

12. 2-3 states newborns within the first 3 months of life may enter the program; however, on 3-4 bottom it is stated that newborns must be screened for eligibility within 2 weeks of birth- please explain.

Screening for Hawaii Home Visiting Network (HHVN) referral shall be conducted by the Early Identification provider and shall occur prenatally or up through two (2) weeks following the birth of the baby. Once a family has been screened and referred to a HHVN program, the home visiting program may enroll the family into the home visiting program until the child is three (3) months old. The HHVN home visiting program may enroll the family into their program according to the evidence-based model entry criteria which may be upon referral, upon being placed on the list for the next cohort group or when family has completed the first home visit.

13. What amount or % of Home Visitor, CDS, CSp time would be expected to be spent in direct service activities per Attachment G definitions?

Each applicant must define the amount of time spent in direct service activities according to the evidence-based model criteria. Each program shall define what direct service activities each staff position shall provide i.e. Home Visitor (FSP, Parenting education, Family strengthening activities); CDS (Parent/child interaction

activities, Transition activities, Administer/discuss developmental screening; Administer/discuss screening tools; Administer/discuss scales; Administer/discuss assessments, Administer/discuss pre- post-tests); CSp (Intake, Crisis intervention).

14. Bottom of 2-10 states “proposed average service hours”- does this refer to both direct and indirect service hours?

Average service hours include both direct and indirect service hours. However, for reporting purposes the monthly invoice (attachment I) requires only direct service hours.

15. 2-11, are output/outcome reports required monthly?

The Home Visiting Output Measures Monthly Report is submitted monthly.

16. 3-4, 3.4, first paragraph and reference to Attachment H- please explain both.

The applicant shall provide a detailed discussion of their approach to applicable service activities and management requirements from Section 2, Item 2.4, Scope of Work, including Service Activities, Management Requirements (Personnel, Administrative, Quality assurance and evaluation specifications, Output and performance/outcome measurements, Experience, Coordination of services and Reporting requirements for program and fiscal data) and Facilities.

The applicant shall provide a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. The applicant may use the example of a work plan provided in Attachment H, or the applicant may provide a work plan in their own format.

17. Attachments E, page 43, please explain.

Attachment E, 2012 Hawaii Data Toolkit Guide provides examples of data collection checklists by time point that applicants may use to assist home visitors in collecting data. Attachment E, page 43 is a data collection checklist for ASQ Administration by Evidence-based Program & Target Age for the Health Resources and Services Administration (HRSA) Benchmarks that are provided in Attachment E page 56-92.

18. Toolkit Guide, pg. 44- is client asked @ PN care at 6 months and 1 year post enrollment after being asked at enrollment?

Client is asked to identify when prenatal care began and if prenatal care continues regularly throughout the pregnancy. Once prenatal care has been completed, it does not have to be asked again.

19. Toolkit Guide, pg. 46- please explain references to ASQ “from assessment” and ASQ scale score (CQI) at bottom of table.

Selected providers will be required to administer the ASQ 3 according to the author’s specified schedule. Administration will be monitored for Continuous Quality Improvement (CQI). The number of children assessed at the eighth month will be reported on the Health Resources and Services Administration (HRSA) Benchmarks that are provided in Attachment E page 56-92.

20. Toolkit Guide, pg. 49- who qualifies as “adult household member”?

Adult household members are those adults in the enrolled family that are participating in home visiting services.

21. Attachment C, pg. 9, #3 denominator states “# social service agencies in the community”- please explain.

The total number of social service agencies serving families with children birth to 3 years old operating within the at risk geographic area.

22. Can we type on the RFP attachments? If so, how?

No, you cannot type on the RFP attachments. The RFP must be uploaded on the State Procurement Office web-site in PDF format. The RFP attachments cannot be filled in.

23. May supervisors provide direct services if the Home Visitor to Supervisor ratio is not exceeded?

Yes, supervisors may provide direct services if the Home Visitor to Supervisor ratios not exceeded. Please provide an explanation of how the provision of direct services will or will not impact the supervisor’s ability to provide weekly supervision. Please provide an explanation of how the supervisor’s direct services will be supervised.

24. Must the family be assessed by the home visiting program and not EID? If they are not eligible per the Kempe, are they then referred to another program and not eligible for Healthy Start?

Evidence-based home visiting models that require an assessment must provide the assessment as part of the home visiting program. Hawaii Home Visiting Network programs use a 1-part process to determine eligibility for services that occur either prenatally or within the first two weeks after the birth of the baby. If the family meets any one (1) of the eight (8) MIECHV eligibility criteria and has a positive screen they are eligible for home visiting services. Screening data used as eligibility for the

Hawaii Home Visiting Network is based on the MIECHV eligibility criteria and the 15 point screen.

25. Would MCH consider giving agencies an advance at program start-up to cover salaries and other expenses until the program can generate and send an invoice and get reimbursed?

Payment schedules for each provider will be determined by negotiation after notice of statement of findings and decision.

26. Is there a specific curriculum that is required or recommended that the HFA home visiting programs use?

HFA does not require or recommend a curriculum. The DOH currently utilizes the Nurturing Parenting curriculum. The DOH will consider other curricula. Please be sure to include the programs rationale for selecting the curricula and any evidence of how the curricula is best suited to address the risk indicators such as Low Birth Weight, Infant Mortality, Poverty, High School Drop Out rate, Unemployment rate, Receiving Financial Aid, Receiving Food Stamps, Child Abuse and Neglect, Domestic Violence, Substance Abuse, or Mental Health issues of the identified at risk geographic area.

27. Please send us the data from programs currently running for tables C & D, thanks.

The DOH is unable to provide data requested for tables C and D for the geographic areas/regions identified in the RFP.

28. Can we have a drop off point for the completed RFP on Maui?

All proposals must be received by the Department of Health at 741 A Sunset Avenue, Room 202, Honolulu, HI.

29. Can you clarify if we can do multiple proposals?

- a. Early Head Start**
- b. Healthy Start**

Multiple model proposals by the same applicant within a geographic region shall be allowed. The total proposal amount for the multiple home visiting models shall not exceed the total funding amount allocated for the specific geographic region.

Multiple model proposals by two (2) applicants within a geographic region shall be allowed, provided there is one (1) primary applicant. The primary applicant shall be

clearly identified. The DOH seeks assurances that the primary applicant shall be providing a minimum of twenty-five (25) percent of the contracted services. Subcontractors shall be identified and approved by MCHB after notice of statement of findings and decision. The total proposal amount for the multiple home visiting models shall not exceed the total funding amount allocated for the specific geographic region.

Evaluation of these multiple home visiting model proposals shall be reviewed as one entity in order to award contracts that utilize the entire funding allocation amount.

30. Re: Page 2-3 - Is the three (3) month (within the first 3 months) based upon enrollment date or assessment date?

a. What about the EHS Waitlist requirement?

Pregnant women and families of newborns up to three (3) months old may enroll in the program. The three (3) months refers to when the family is enrolled in services. The applicant's policy, procedures, and practices must ensure that, for those who accept home visitation services, the first home visit occurs prenatally or within the first three months after the birth of the baby.

The HHVN home visiting program may enroll the family into their program within the first 3 months of life according to the evidence-based model entry criteria. Children who are referred to EHS who remain on the waitlist beyond 3 months of age will not be enrolled in the program. Due to the acute risk factors identified in the at risk areas/regions and the risk indicators identified by the MIECHV eligibility criteria and the 15 point screen, the DOH does not support leaving children on a waitlist for an undetermined amount of time.

31. Re: Page 3-4 - Does the term "low income" refer to the Federal Poverty Guidelines or is there another definition?

Low income is defined as "an individual or family with an income determined to be below the official poverty line defined by the Office of Management and Budget and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981. [Title V, Sec. 501 (b)(2)]"

32. Re: Page 3-4 - How many of the MIECHV eligibility criteria qualifications do the participants need to meet?

A participant will be considered eligible for home visiting services if they meet any one (1) of the eight (8) MIECHV eligibility criteria.

33. When we are talking about screening are we talking Mom and Dad?

All MIECHV eligible primary care givers will be screened using a 15 point screen.

34. Re: Page 3-5 – Regardless of the model, are we required to have weekly home visits?

Due to the acute risk factors identified in the at risk areas/regions and the risk indicators identified by the MIECHV eligibility criteria and the 15 point screen, the DOH believes weekly home visits are most appropriate for the population to be served. DOH defers to the parameters of the specified evidence based home visiting model on the frequency of home visits. Applicants must be explicit in their narrative as to why they are proposing a less than weekly home visit frequency and are advised to provide the specified evidence based home visiting model's research in support of a less rigorous home visiting schedule for high risk populations.

35. Re: Page 3-5 – If the participants is not in EHS, is there a length or duration of each home visit?

The length or duration of home visits shall be provided in accordance with the specified evidence based home visiting model. Please specify what the proposed programs length or duration of home visits will be.

36. If we do not do EHS, is there a length/duration of each visit?

The length or duration of home visits shall be provided in accordance with the specified evidence based home visiting model. Please specify what the proposed programs length or duration of home visits will be.

37. How do we address the needs of Upcountry and Lahaina?

The current Request for Proposal (RFP) identifies the Maui community's to be served as Kahului, Wailuku and Kihei (Census Tracts 306-313). The Upcountry and Lahaina communities will not be served by this RFP.

38. Do we only screen the families in the identified geographic area?

Yes, only families residing in the identified geographic areas/regions will be screened.

39. Are the service hour's reports similar to the existing billing?

The RFP describes a cost reimbursement pricing structure. Payment for services rendered will be granted when a provider submits an invoice in the format as

indicated in Attachment I and a report of expenditure. Direct service hours must be reported in the Home Visiting Invoice Form as indicated in Attachment I.

40. Billing definitions- they are provided for both HV and EID but there is no unit billing, are these the items that will be tracked on the service hours report?

The RFP describes a cost reimbursement pricing structure. The direct service hours, as described in Attachment G (HV) and Attachment D (EID) must be reported in the Home Visiting Invoice Form as provided in Attachment I (HV) and Attachment F (EID).

41. Will we be entering data into the existing Ekahi or internet based data system?

All selected providers will be entering data on an MCHB approved internet based data management system.

42. Is the existing non-MIECHV Early Head Start program going to still be a part of the HHVN and will EID refer to them as one of the HV service providers?

If the program is a member of the Hawaii Home Visiting Network (HHVN) and is providing home visiting services with fidelity to an evidence-based home visiting model, the program is eligible to receive referrals from the Early Identification (EID) program. The HHVN home visiting partner and EID program will need to establish an eligibility protocol for referrals i.e. negative screens only, negative screens with specific eligibility criteria, positive screens with specific eligibility criteria (low risk factors only).

43. For the HV RFP, is attachment D, HV Output Measures for FY2014, yearly or monthly?

The “Home Visiting Output Measure Monthly Report for FY 2014” as provided in Attachment D of the Home Visiting RFP, is a monthly report.

44. What are direct services vs. indirect services?

The definitions of direct services and indirect services are provided in Attachment G. Direct services are those service activities necessary to the provision of face to face services while indirect services are those service activities that support the provision of face to face services.