

State of Hawaii
Department of Health
Family Health Services Division
Maternal and Child Health Branch/Healthy Start Program

Addendum 1

October 5, 2007

To

Request for Proposals

RFP No. HTH-560-CT-001

Primary Prevention of Child Abuse and Neglect

September 10, 2007

October 5, 2007

ADDENDUM NO. 1

To

**REQUEST FOR PROPOSALS
Primary Prevention of Child Abuse and Neglect
RFP No. HTH-560-CT-001**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Healthy Start Program is issuing this addendum to RFP Number HTH-560-CT-001, Primary Prevention of Child Abuse and Neglect for the purposes of:

- Responding to questions that arose at the orientation meeting of September 20, 2007 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:
Naomi Imai
naomi.imai@fhsd.health.state.hi.us

Responses to Questions Raised by Applicants
For RFP No.HTH-560-CT-001, Primary Prevention of Child Abuse and Neglect

1. QUESTION: In regard to the \$5,000,000.00 (additional funding that may become available in each fiscal year), when will the determination be made about that?

Any additional funding would be based on legislative approval.

MCHB will issue an addendum for the following:

The approximate amount of funding available in each of fiscal years 2009 and 2010 is \$12,500,00.00. Additional funding of up to \$5,000,000.00 may become available in each fiscal year.

General funds: \$11,339,000.00
TANF: \$ 1,600,000.00
EI Special fund:\$ 2,400,000.00
TOTAL: \$15,339,000.00 (total available for Early Identification, Home Visiting, and Training)

Approximate available funding for HV contracts: \$12,500,000.00

2. QUESTION: Is there one contract for Maui, Lanai and Molokai (combined)?

Yes, one contract for geographic area "D", see page 2-15.

3. QUESTION: On page 2-10, under Personnel, are you changing title from "Clinical Supervisor" to just "Supervisor"?

Yes.

4. QUESTION: On page 2-15 under Unit Cost Reimbursement Table 1, you averaged about 20 families to each FSW. Is that correct? Did you establish it knowingly below (or on the low end of) the HFA standard?

The ratio of FSW to number of families was set at 20 families per FSW as a reasonable standard in HFA.

5. QUESTION: Did you have a specific ratio for the supervisor (or others)?

The ratio of CDS and CSp to FSWs was set at approximately 5 FSWs to 1 CDS and 1 CSp. There is no ratio for supervisors.

6. QUESTION: In Section 3, the instructions specify page limits for (I) Program Overview and (IV) Service Delivery. Do the other parts of the application have page limits?

No.

7. QUESTION: If an addendum is made, will the addendum be released by October 5th?

Yes.

8. QUESTION: On page 4-8 (Financial), If you actually ask for or propose what is available (100% of monies) that reduces the amount of points you get? There were several more questions regarding concerns with the evaluation of the financial proposal.

MCHB will issue an addendum to revise the evaluation method for the financial section.

5 points – At or below the maximum allowable amount

0 points – Budget proposal is over the maximum allowable amount

9. QUESTION: Are travel costs included in the maximum projection amount?

Yes. Travel costs should be proposed in the cost reimbursement portion of the budget.

10. QUESTION: AAPI – Is it going to be a pre and post? Have you considered something else?

If this becomes the MCHB approved tool – yes, it will be both the pre and post evaluation tool. Do not include any pre/post test costs in your budget.

11. QUESTION: Are we going to continue using the Family Progress Worksheet?

No.

Are we going to work on the current level system?

Yes.

12. QUESTION: Are we going to change the level system to more of an EI model based on need instead of HFA model set on rules?

The plan is to focus on family needs.

13. QUESTION: Correction on Section 5, Attachment A should be done. On Proposal Application Checklist, the Required by Purchasing Agency column is incomplete (not completely checked off).

MCHB will issue an addendum to correct this.

14. QUESTION: On Section 3, under Project Organization and Staffing- B (page 3-3), does the organization chart need to include EID people, too?

Yes, Organization charts should reflect “organization-wide” and “program” staff.

15. QUESTION: On Section 3, under Project Organization and Staffing- A (page 3-2), under Proposed Staffing, it states that the applicant shall describe the proposed staffing pattern including composition of teams and caseloads and all other direct service and consultative staff. Who is the consultative staff?

Any professional on the Healthy Start Home Visiting staff.

16. QUESTION: On Section 5, Attachment F, are we required to fill out Column D (Applicant’s approach in meeting performance objectives)?

MCHB will issue an addendum to delete column D. Data to be used to report these Performance Measures are established by MCHB and are a part of the program’s established data management system. Approaches in meeting the performance objectives will be described in the Service Delivery description of the proposal.

17. QUESTION: On Section 5, Attachment F, what will we put under #8D (90% of Healthy Start families are administered a post assessment to determine if there is a reduction in risk factors)? Will we put MCHB to determine post assessment?

MCHB will issue an addendum to delete column D.

18. QUESTION: The following were not listed on the Checklist: SPO-H-206 B, C, D, and SPO-H-205A. However, the following were listed in Section 3-4 to be included: H 205, 206 A-I. Which will be needed?

MCHB will issue an addendum to correct the Checklist.

19. QUESTION: Page 2-13 lists Coordination of services (#6) as a requirement but it is not listed in the application instructions as an area under Section II p. 3-2. It is also listed as a separate item (d) in your Sample Table of Contents. Did you mean

to include it for the proposal itself or do you just want us to address it under any other section?

MCHB will issue an addendum to clarify that description of coordination of services should be included with discussion in Service Delivery, see page 3-3, Section IV, B. 4.

20. QUESTION: Under billing definitions, did you mean to mention “start and end time” twice under the area of Documentation in both Home Visits and Family Training?

No, Start and End time should be reflected only once. Attachment G will be amended.

21. QUESTION: Under billing definitions, for Family Training and Consultation, page 7, does this include Clinical Specialist, Child Development Specialist and Family Support Worker?

Yes – hypothetically, if all three disciplines billed for the same visit, only the care coordinator would bill the time under Home Visit. The other two disciplines would bill under Family Training and Consultation.

22. QUESTION: Can two staff bill for the same activity when they do it together; i.e. Clinical Specialist and Family Support Worker with family doing Family Training?

Yes, see above.

23. QUESTION: Billing definitions, page 8, “Prep Time” – can FSW, CDS and CS p all bill for prep time for same activity?

Yes.

24. QUESTION: Re: the Program Model, page 3, you do not list criteria for when the ASQ, ASQ-SE, Home and NCAST are needed. However, you list it in the Billing Definitions. Is this what we should use?

Yes, use the Billing Definitions schedule.

25. QUESTION: Maui County is a three isle county and therefore, there is more travel required for training, etc. than other islands. In addition, islands other than Oahu have more travel required than Oahu programs (for mandatory training that takes place only on Oahu) yet the budget does not allow additional funds for this activity. This does not appear to be equitable as cost per family is more on neighbor islands.

Funding amounts were based on past actual expenditures. Travel costs should be proposed under cost reimbursement. If these costs escalate, the provider can submit a budget revision with justification.

26. QUESTION: Are there any page restrictions outside of the Service Delivery Section and the Program Overview?

No.

27. QUESTION: In the billing definitions, it states under Consultation and Supervision (Limitations), “minimum of one hour per FSW per week”. Does this include group training sessions in which case they would bill for an hour regardless of how many FSWs were there? Also, did you mean to use the word “maximum rather minimum”?

Group training is not a billable activity. Training was already factored out of the formula when deriving the 105 billable hours per month.

Billed by the FSW for time spent with supervisor for weekly supervision. If supervision is received in a group setting, then each FSW will bill for time spent in this supervision.

Consultation could be provided to a group of staff persons. Billed by the CDS or CSp for time spent providing consultation to FSW and other appropriate staff (i.e. father facilitators).

28. QUESTION: Under the Performance Measures, #10, it says that 95% of HS Families known to CWS will have no re-occurrence of confirmed CA/N. CWS does not refer to HS but to Enhanced Healthy Start. What did you mean by the wording in this Performance Measure?

MCHB will issue an addendum to delete this performance measure. This information is available through the Enhanced Healthy Start report.

29. QUESTION: Under the Evaluation Section, you get a “2” if the applicant reiterated the wording of the RFP. In some areas, this cannot be prevented if the applicant is attempting to capture specific requirements listed in the RFP. Could this be reconsidered as long as the applicant provides for examples and individualizes the information in a relevant manner?

A “2” would be awarded if the applicant repeated only the wording of the RFP without examples and clarification. A “3” would be awarded dependent on the relevancy of the examples and clarification.

30. QUESTION: On the description of the FSW in the model, it states “encourage families who are not actively participating with HS services for three months

before exiting the program”. In the many discussions over the model in the last two years it appeared that this 3 month creative outreach was being abandoned, knowing that it takes a lot of time, much of which is not billable and is not generally productive in reaching the goals. Is this 3 months mandatory?

3 months is accepted as best practice. Outreach is a billable activity with this new RFP.

31. QUESTION: Is there any requirement as to the font size, margins or spacing?

Not mandatory, but a font size no smaller than 12 pt. is recommended with spacing and margins that make the document easily readable.

32. QUESTION: Please consider increasing FSW minimum number to 7, CDS and CSp minimum number to 1.5 for geographic area “D”.

MCHB will issue an addendum to reflect the increase.

33. QUESTION: It appears Census Tract #82 was not included in the RFP.

MCHB will issue an addendum to include this in geographic area “E”.

34. QUESTION: The expected FSW caseload is implied to be twenty cases, based on the minimum staffing requirements. Is there a minimum or maximum?

No, best practice recommends basing caseload assignment based on individual assessment.

35. Section 3, p.5, “Accounting System” what type of financial audit report would meet this requirement?

Independent auditor’s report or the A133 Federal Audit report.

36. Regarding the Performance Measures table:

- a. Is this the format that will be used as an annual variance report?
- b. Does Column D need to be filled in and submitted along with our proposal? If yes, does this get scored? If yes, how?

Variance report is not final and will be completed for contract execution. Column D will be deleted and the table will not be required with the proposal.

37. Regarding the Billing Definitions table:

- a. Care Coordination point #4 – “Recorded time limited to activities prior to initial and annual IFSP” – Care coordination activities take place throughout services, not only prior to initial and annual IFSPs. How would the routine CC activities be billed for?

Care Coordination definition as defined for billing was taken from Medquest guidelines. All other care coordination activities occurring after the initial and annual IFSP can be billed under Home Visits, Family Training and Consultation, Child Team meeting.

- b. Scoring and Recording Time – Does “recording progress notes” apply to all progress notes for services to a family, or only to those associated with screens and assessments?

This applies to all progress notes for services to families as well as time needed to record screens and assessments.

38. CDS model – CDS Responsibilities, “F” – “provide individualized counseling specific to the needs to the families and FSW.” Can you please provide more information and/or examples on this function, as it is new to the model?

Example: CDS works directly with a family regarding child development issues. CDS works directly with FSW on specific interventions to be used when working with a family.

MCHB will issue an addendum to the model to clarify this.

39. Will changes in the CHEIRS system be made in time to implement the change in billing system?

Yes, that is the plan.

40. On page 2-14, Section 8, it states, “it is expected that the Provider shall provide an average of 105 billable hours per month for each full time FSW in order to meet contract requirements”. Is this a cap or a minimum?

105 hours is an AVERAGE per month. This is a benchmark for both MCHB and the program to monitor workers’ time and productivity. It is expected that this amount may fluctuate dependent on caseload requirements.

41. Will there be any provision to renegotiate unit cost amount and cost reimbursement amount in subsequent years? 2 of the 3 unit cost amounts work for us for the 1st year, but we anticipate rising costs in all areas that affect those unit costs, and actual costs (in subsequent years) will be higher than the unit cost provided. As it stands, 1 of the rates is already lower than our actual cost.

Per page 2-16, “Unit rates are subject to annual review and adjustment.” MCHB is also requiring monthly expenditure reports for unit cost and cost reimbursement, which should assist in evaluating overall costs to the program.

42. On page 2-7 III. A. 1: “Identifying and assessing risk factors based on the EID screen and assessment (e.g. Kempe Family Stress Checklist), completed by the current contracted provider **or the home visiting assessment conducted by home visiting professional staff.**” My question is about the “home visiting assessment” tool: is it one of our choosing or is there a specific tool that will be required by MCHB?

This was based on referrals not coming through EID (prenatal and others). When this process is fully developed, MCHB will develop a tool.

43. Is the 5 billable hours/day a daily maximum or a daily average. For example: could a worker bill 25 hours in a week while doing home visits over 3.5 days (7 hours, 8 hours, 7 hours, 3 hours, and 0 hours) and non-billable (1 hour, 0 hours, 1 hour, 5 hours, and 8 hours), instead of having to break up their days to do 5 billable and 3 hours non-billable every day?

5 billable hours/day is a daily AVERAGE. The above example is acceptable.

44. Will the “Travel” category include travel for “Outreach”?

Yes.

45. Is there a difference between the “Care Coordination” and “Preparation time” in terms of making phone calls to outside agencies? Is it that “Care Coordination” is only in anticipation of the IFSP meeting?

Yes, the phrase “Care Coordination” refers to those activities conducted prior to the initial and annual IFSP.

46. On page 9 of 9 attachment G of the RFP, the Orientation limitations states: “Time reflected cannot exceed 5 hours per day. Use other categories when applicable, such as consultation, home visits, groups.” Are we allowed to bill for 7 hours and cap off at 5 hours no matter what the worker does in the five hours (for example, if the worker bills 5 hours for training and then goes on a home visit for 2 hours totaling 7 hours)? Can we bill 5 hours/day under “Orientation” in addition to other applicable categories such as “HV”, “Consultation”, etc. for additional hours in that same day? In other words, theoretically could we bill 5 orientation hours and 2 HV for a total of 7 billable hours in that day?

Yes, this would be allowable. Five (5) hours per day should be the total AVERAGE billable hours. It is expected that this will fluctuate.

RFP No. HTH-560-CT-001, Primary Prevention of Child Abuse and Neglect is amended as follows:

Subsection Page

Section 1, Administrative Overview

No change

Section 2, Service Specifications

I (F) 2-2

Delete this section and replace with:

The approximate amount of funding available in each fiscal years 2009 and 2010 is \$12,500,000.00. Additional funding of up to \$5,000,000.00 may become available in each fiscal year.

General funds: \$11,339,000.00
TANF: \$ 1,600,000.00
EI Special fund: \$ 2,400,000.00
TOTAL: \$15,339,000.00*

(*Total available for Early Identification, Home Visiting, and Training)

Approximate funding for Home Visiting contracts: \$12,500,000.00

II (D) 2-5

Please add “82” to East Honolulu, West Honolulu, Windward Oahu Census Tracts

III (B) 8 2-15

Table 1:
Please add Census Tract 82 to Geographic Area “E”

For Geographic Area G: change Minimum No. of FSWs from “6” to “7”; change Minimum No. of CSp and CDS from “1” to “1.5”

2-15 Table 2:

2-16 Please add Census Tract 82 to Geographic Area “E”

Section 3, Proposal Application Instructions

II 3-2 Add:
D. Coordination of Services
The applicant shall describe how they will coordinate with other DOH programs, DHS, Department of Education (“DOE”), and other community providers of relevant services in the Service Delivery section, page 3-3, B-4 – Care coordination responsibilities.

V 3-4 Add:
3-5 MCHB-HS Unit Cost Budget Form
MCHB-HS-Summary Budget Form

Section 4, Proposal Evaluation

Financial 4-8 Delete Points Table and replace with:

5 Points: Budget proposal is at or below the maximum allowable amount.

0 Points: Budget proposal is over the maximum allowable amount.

Section 5, Attachments

Attachment A See new attachment for completed checklist

Attachment F Delete Column D
Delete #10
See new attachment

Attachment G See new attachment
Page 6 of 9:
Home Visits documentation: delete #5 – Start and end time (erroneously repeated)

Page 7 of 9:
Family Training and Consultation documentation: delete #5 – Start and end time (erroneously repeated)

Consultation and Supervision: add:

Limitations:

Billed by FSW for time spent with supervisor for weekly supervision. If supervision is received in a group setting, then each FSW will bill for time spent in this supervision.

Billed by the CDS or CSp for time spent providing consultation to FSW and other appropriate staff (i.e. father facilitator). Consultation may be provided to a group of staff persons.

Attachment
H

Form: MCHB-HS-Unit Cost Budget form -
Correction to FY 2009 Example for CSp: change to:
 $2 \times \$51.26 \times 1265 = \$129,687.80$

Attachment
I

See new attachment
MCHB Child Development Specialist Model:

3.f. delete and replace with:
“provide individualized counseling specific to the needs of the families”

4. add “e”: CDS will provide consultation to FSWs

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms ore on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
MCHB-HS-Unit Cost Budget Form	Section 3, RFP		X	
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
MCHB-HS-Summary Budget Form	Section 3, RFP		X	
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				

Authorized Signature

Date

Table A – Performance Measures

Applicant Name Organization _____

RFP No. _____

Column A	Column B	Column C
Performance Measures (Child Health and Development)	Annual Performance Objective for FY 2009	Annual Performance Objective for FY 2010
1) 95% of enrolled children have a medical home	95% of children with an IFSP, will have active involvement with a medical home	95% of children with an IFSP, will have active involvement with a medical home
2) 90% of enrolled children comply with immunization schedules	90% of children with an IFSP, will be in compliance with recommended immunizations as per CDC by age 2 years.	90% of children with an IFSP, will be in compliance with recommended immunizations as per CDC by age 2 years.
3) 90% of Healthy Start mothers receive early pre-natal care for subsequent pregnancies	90% of enrolled women with a subsequent pregnancy will receive early pre-natal care. ("early" is defined as within the first trimester)	90% of enrolled women with a subsequent pregnancy will receive early pre-natal care.
4) 90% of eligible prenataly enrolled mothers will utilize WIC services	90% of new, eligible, prenataly enrolled women will utilize WIC services.	90% of new, eligible, prenataly enrolled women will utilize WIC services.
5) 90% of Healthy Start families will evidence positive parent-child interaction	90% of all families enrolled will evidence positive parent-child interaction.	90% of all families enrolled will evidence positive parent-child interaction.
6) 90% of Healthy Start families will have a positive environment for child development	90% of families enrolled will have a positive environment for child development	90% of families enrolled will have a positive environment for child development
7) 95% of enrolled children receive development screens	95% of children with an IFSP, will receive developmental screens according to the recommended schedule per AAP	95% of children with an IFSP, will receive developmental screens according to the recommended schedule per AAP
8) 90% of Healthy Start families are administered a post assessment to determine if there is a reduction in risk factors	90% of families of children with an IFSP will be administered a post test to be determined by MCHB	90% of families of children with an IFSP will be administered a post test to be determined by MCHB
9) 99% of Healthy Start families will have no confirmed reports of CA/N	99% of families of children with an IFSP enrolled in Healthy Start for at least 12 months shall not have a confirmed report for Child Abuse and/or Neglect (CAN) by CWS.	99% of families of children with an IFSP enrolled in Healthy Start for at least 12 months shall not have a confirmed report for Child Abuse and/or Neglect (CAN) by CWS.

HEALTHY START BILLING DEFINITIONS

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
<p>EID screens Completion of the 15 point EID screen</p>	<p>1. Reported time does not include telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 2. Report includes face-to-face time. 3. Report time does not include phone file screens. 4. FAW must have direct supervision by a professional who meets state civil service requirements. Professional will review and sign off on FAW screen. 5. Only FAW may bill</p>	<p>1. EID screens 2. FAW reports time by 15-minute increments/unit 3. Start and end time</p>	<p>Yes</p>	<p>Yes, except for phone screenings</p>
<p>EID assessments Completion of Family Stress Checklist</p>	<p>1. Reported time does not include telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 2. Report includes face-to-face time. 3. Report time does not include phone file assessments. 4. FAW must have direct supervision by a professional who meets state civil service requirements. Professional will review and sign off on FAW assessment. 5. Only FAW may bill</p>	<p>1. Kempe Family Stress Checklist 2. FAW reports time by 15-minute increments/unit 3. Start and end time</p>	<p>Yes</p>	<p>Yes, except for phone assessments</p>

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
<p>Intake</p> <p>Activities from the initial point of referral to the point of development of the IFSP. Included is: gathering information from the family about their strengths, needs, priorities, concerns; explaining the home visiting program; discussing family rights, completing consent forms, etc.</p>	<ol style="list-style-type: none"> 1. Report face-to-face time 2. Can take place in the home or other site 3. All activities prior to initial IFSP except for CDE, CDA, ASQ, ASQ-SE, HOME, NCAST Teach/Feed which will be billed under appropriate descriptor. 	<ol style="list-style-type: none"> 1. Case notes 2. Consents 3. Start and end time 	Yes	Yes
<p>Comprehensive Developmental Evaluations (CDE): Completion of a CDE utilizing an EIS approved assessment tool to determine eligibility for additional Early Intervention services.</p>	<ol style="list-style-type: none"> 1. Report face-to-face time to complete CDE and CDE report. 2. Reported time does not include: telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 3. Maximum of 2 qualified providers 4. Maximum of 10 units per CDE for each provider 5. Only CDS bills 	<ol style="list-style-type: none"> 1. CDE report 2. Start and end time 	Yes	Yes

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
Comprehensive Developmental Assessment (CDA): Completion of a CDA utilizing an EIS approved tool.	<ol style="list-style-type: none"> 1. Report face-to-face time to complete CDA 2. Reported time does not include: telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 3. Only CDS bills 	<ol style="list-style-type: none"> 1. CDA report 2. Start and end time 	Yes	Yes
Ages and Stages: Questionnaire (ASQ) Completion of validated and optional ASQ with caregiver.	<ol style="list-style-type: none"> 1. ASQs are not required once a CDE is completed. 2. Report face-to-face time to complete required ASQ 3. Report time does not include telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 4. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements. 	<ol style="list-style-type: none"> 1. ASQ score sheets 2. Start and end time 	Yes	Yes
Ages and Stages Questionnaire-Social Emotional (ASQ-SE): completion of validated and optional ASQ-SE with caregiver	<ol style="list-style-type: none"> 1. Report time does not include telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 2. Report face-to-face time to 3. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements. 	<ol style="list-style-type: none"> 1. ASQ-SE score sheets 2. Start and end time 	Yes	Yes

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
<p>NCAST Teach and Feed: Completion of the NCAST Teach Completion of the NCAST Feed scale as needed.</p>	<p>1. Report time does not include: telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 2. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements.</p>	<p>1. NCAST Teach score sheet. 2. NCAST Feed score sheet. 3. Start and end time</p>	<p>Yes</p>	<p>Yes</p>
<p>Home: Completion of the Home scale at 6 months of age, or as appropriate</p>	<p>1. Report time does not include: telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 2. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements.</p>	<p>1. Home scales score sheet 2. Start and end time</p>	<p>Yes</p>	<p>Yes</p>
<p>Outreach: This is a “no show” for a scheduled or unscheduled visit, regardless of home or outside of home and the child and/or caregiver is not present.</p>	<p>May be a no show (with a minimum waiting time of 15 minutes) or a cancellation, if the cancellation occurred within twenty-four (24) hours of scheduled visit.</p>	<p>1. Case notes 2. Start and end time.</p>	<p>Yes</p>	<p>No</p>

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
<p>Transportation: This is the time necessary for a service provider to transport a consumer to services identified on Section VI of the IFSP.</p>	<p>Transportation, support, community liason contact must be reflected on the IFSP.</p>	<ol style="list-style-type: none"> 1. Case notes 2. Start and end time 	<p>Yes</p>	<p>No</p>
<p>Travel: This is the time necessary for the provider to travel to a home or community site to provide services identified on the IFSP.</p>	<p>Time reflected is from program site to service site, OR from worker's home to service site when time and distance is a factor.</p>	<ol style="list-style-type: none"> 1. Case notes 2. Start and end time 	<p>Yes</p>	<p>No</p>
<p>Care coordination Activities to identify child and family's needs and coordinate services. Includes home visits, consultations and correspondence with other professionals within and outside of the program, and phone calls with family members and other interested persons as appropriate.</p> <p>Care coordination also includes transition activities. Transition or transfer includes activities to support the transition of a child out of the Healthy Start program to another EI program, DOE, or a community preschool program.</p>	<ol style="list-style-type: none"> 1. Face-to-face or phone contacts with parents (assessing and reassessing needs); 2. family members and collateral members to identify and procure services; 3. Face-to-face or phone contacts to mobilize services and support within the community. 4. Recorded time limited to activities prior to initial and annual IFSP. 5. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements. 6. All other direct contact activities: will be billed using home visiting or developmental screens. 	<ol style="list-style-type: none"> 1. IFSP 2. Case notes 3. For every hour of direct service with family add 1 unit for record keeping. 4. Start and end time 	<p>Yes</p>	<p>Yes</p>

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
<p>IFSP meetings: Time spent to participate in an initial, review, and annual IFSP.</p>	<ol style="list-style-type: none"> 1. Face-to-face time with eligible child or family. 2. Telephone contacts, logistical planning/preparation, travel time, wait time, no show, or cancellations are not recorded. 3. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements. 4. Only care coordinator may use this category – all other participants use “Family Training and Consultation”. 	<ol style="list-style-type: none"> 1. IFSP 2. Case notes 3. Start and end time 	Yes	Yes
<p>Home Visits A scheduled or unscheduled home visit with eligible children and family in their natural environment (must include the child). Activities include parenting education, crisis intervention, family strengthening activities, transition activities/discussion.</p>	<ol style="list-style-type: none"> 1. Face-to-face time with eligible child or family. 2. Telephone contacts, logistical planning/preparation, travel time, wait time, no show, or cancellations are not recorded. 3. Clean-up time or time to develop materials/home programs are not recorded 4. Only care coordinator may use this category – all other staff who are eligible to bill should use “Family Training and Consultation”. 	<ol style="list-style-type: none"> 1. Case notes 2. Home visits must be documented on the IFSP. 3. Start and end time must be documented. 4. Add one 15 minute increment for every hour of service. 	Yes	Yes

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
<p>Family Training and Consultation: A scheduled or unscheduled home visit with eligible children and family in their natural environment (must include the child). Activities include parenting education, crisis intervention, family strengthening activities, transition activities/discussion.</p>	<ol style="list-style-type: none"> 1. Face-to-face time with eligible child or family. 2. Telephone contacts, logistical planning/preparation, travel time, wait time, no show, or cancellations are not recorded. 3. Clean-up time or time to develop materials/home programs are not recorded 	<ol style="list-style-type: none"> 1. Case notes 2. Home visits must be documented on the IFSP. 3. Start and end time must be documented. 4. Add one 15 minute increment for every hour of service 	Yes	Yes
<p>Consultation and supervision: Consultation or supervision is provided to support and assist the FSW in learning the skills necessary to meet the needs of the family.</p>	<p>Minimum of 1 hour per FSW per week.</p> <p>Billed by FSW for time spent with supervisor for weekly supervision. If supervision is received in a group setting, then each FSW will bill for time spent in this supervision.</p> <p>Billed by the CDS or CSp for time spent providing consultation to FSW and other appropriate staff (i.e. father facilitator). Consultation may be provided to a group of staff persons.</p>	<ol style="list-style-type: none"> 1. Supervisor, CDS, or CSp files. 2. Start and end time must be documented. 3. Supervisory notes should minimally document issues, concerns discussed. 	Yes	No
<p>Groups Group activities to support the child's or family's goals on their IFSP</p>	<p>Group participation by consumer must be indicated as an intervention on the IFSP. FSW/CDS/CSp bills for straight time.</p> <p>If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements.</p>	<ol style="list-style-type: none"> 1. Case notes 2. IFSP 3. Records should indicate number and names of group attendees 3. Start and end time 	Yes	Yes

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
<p>Child Team Meeting Scheduled meeting for substantive discussion regarding a family's and child's progress or lack of progress. These would also include Ohana conferencing, CWS multi disciplinary meetings.</p>	<p>This should include as many IFSP team members as necessary and appropriate. Family members should always be invited to participate in meetings regarding their child however they are not required to attend. If a report is required for the meeting, include time to prepare the report. The Child-Team meeting is NOT a part of the IFSP meeting, although the IFPS meeting may be scheduled as a result of the Child-Team meeting.</p>	<ol style="list-style-type: none"> 1. Case notes 2. Start and end time 	Yes	Yes
<p>Pre Test: This is a yet to be determined MCHB approved pretest.</p>	<p>Time reflected is for a specific tool to be determined.</p>	<ol style="list-style-type: none"> 1. Case notes 2. Start and end time 3. To be administered within ___ months of intake 	Yes	Yes
<p>Post Test: This is a yet to be determined MCHB approved post test.</p>	<p>Time reflected is for a specific tool to be determined.</p>	<ol style="list-style-type: none"> 1. Case notes 2. Start and end time 3. To be administered at discharge. 	Yes	Yes
<p>Scoring and Recording: Time for scoring developmental screens, assessments and recording progress notes.</p>	<p>Generally, time allowed is 15 minutes for every hour of service activity time, with reasonable exceptions allowed.</p>	<ol style="list-style-type: none"> 1. Case notes 2. Start and end time 	Yes	Yes
<p>Preparation time: time for</p>	<p>Time reflected will be monitored by</p>	<ol style="list-style-type: none"> 1. Start and end time to be 	Yes	No

preparing for service activities; gathering materials, planning activities, making referrals, telephone contacts with other agencies..	MCHB	recorded in a record to be determined by the program (e.g., employee time log) anywhere except for CHEIRS data entry		
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Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
Orientation: This category is to be used for new employees for up to 3 months following date of hire.	Time reflected cannot exceed 5 hours per day. Use other categories when applicable, such as consultation, home visits, groups.	1. Case notes/orientation notes 2. Start and end time.	Yes	No

MCHB-HS-Unit Cost Budget Form

Geographic Area: _____

FY 2009: # of FSW x Hourly Rate x Yearly Hours = FSW Total

Example: $9 \times \$32.48 \times 1265 = \$369,784.80$

FY 2009: # of CSp x Hourly Rate x Yearly Hours = CSp Total

Example: $2 \times \$51.26 \times 1265 = \$129,687.80$

FY 2009: # of CDS x Hourly Rate x Yearly Hours = CDS Total

Example: $2 \times \$42.81 \times 1265 = \$108,309.30$

FY 2009 Total:

FSW Total + CSp Total + CDS Total = FY 2009 Unit Cost Total

FY 2010: # of FSW x Hourly Rate x Yearly Hours = FSW Total

Example: $9 \times \$32.48 \times 1265 = \$369,784.80$

FY 2010: # of CSp x Hourly Rate x Yearly Hours = CSp Total

Example: $2 \times \$51.26 \times 1265 = \$269,687.80$

FY 2010: # of CDS x Hourly Rate x Yearly Hours = CDS Total

Example: $2 \times \$42.81 \times 1265 = \$108,309.30$

FY 2010 Total:

FSW Total + CSp Total + CDS Total = FY 2010 Unit Cost Total

MCHB CHILD DEVELOPMENT SPECIALIST MODEL

The role of the Child Development Specialist (CDS), as part of the Healthy Start team, is to identify, assess, and monitor children with developmental concerns and provide interventions, referrals, and care coordination as appropriate. The CDS will support families of children with developmental concerns by coordinating the CDE, attending the IFSP and DOE meetings.

Child Development Specialist Responsibilities:

1. Review EID referrals to screen for children who may be at risk for developmental delays, such as prenatal substance exposure, mental health issues, and bonding/attachment concerns.
2. Identify and assess children who are at risk for developmental delay(s).
3. CDS services may include but are not limited to:
 - a. attend the initial home visit with the FSW to assess children and families' needs and concerns.
 - b. be the care coordinator for the families whose children have a developmental delay, which includes developing an IFSP with families and/or participating and facilitating the IFSP meeting.
 - c. assess FSW's abilities to address the children's developmental concerns and the families' ability to support their children's development.
 - d. support FSW and families in implementing strategies through mentorship (e.g., role playing, training and guidance).
 - e. consult with team members regarding the families progress on the IFSP.
 - f. provide individualized counseling specific to the needs to the families
 - g. refer families to appropriate community agencies
 - h. participate in the comprehensive developmental evaluations process.
 - i. conduct or participate in ongoing monitoring of the children's developmental status.
 - j. provide services to the children who are receiving early intervention therapeutic services as a transdisciplinary member of the IFSP team
4. CDS services will be provided in a seamless, cohesive manner with other team members.
 - a. CDS services will be included in the initial consent for HS services.
 - b. CDS documentation will be a part of the families' case files.
 - c. CDS will collaborate with team members to develop and participate in group activities for families.
 - d. CDS will provide trainings for staff.
 - e. CDS will provide consultation to FSWs.
5. Attend quarterly MCHB meetings.