

Welcome Baby!
Prenatal and Postpartum Home Visiting Request for Applications
FAU Control Number # 0710030135

QUESTIONS & RESPONSES

Please Note: Questions 1 and 2 represent a modification to the RFA regarding the target population. Due to the modification, the due date for the application has been extended to 4:00PM April 7th.

1. **Question:** Can the proposed project target a select group of women (e.g., teen mothers) universally within the county/borough, or does every new mother in the county/borough need to be offered a home visit?

Will the site chosen for New York City have to provide services to all 5 boroughs and Long Island?

What is the Department's expectation for number of families/babies to be served by successful applicants? What is the expected project caseload?

Response: *The requirement in the RFA for applicants to serve an entire county or borough has been modified.* For counties/boroughs with over 5,000 births in 2006 (see attached), the applicant may submit a proposal with a compelling strategy to target high risk women in conformance with available funding. This targeting may include strategies such as the identification of high risk zip codes or high risk populations (e.g., teen mothers). However, each applicant must target a minimum of 5,000 women annually for contact to offer information and services, including the availability of home visiting.

For counties with less than 5,000 births, the applicant should submit a proposal that ensures every new mother is contacted either in the prenatal or postpartum period to offer information and services, including the availability of home visiting.

2. **Question:** Is there an expectation that universal outreach/contact will be made to every mother in a county or borough, but that actual home visiting will be based on risk? How can we target a population without using zip codes? Does the requirement that all new mothers receive a contact imply screening or a home visit?

Response: The intent of this RFA is to offer every new mother, not previously identified through contacts in the prenatal period, a contact to offer basic information and to determine if home visits will take place. This contact can take place in the prenatal or postpartum period. Contact does not imply a screening or home visit. As stated in the RFA, applicants should establish protocols regarding the type of contact (e.g., telephone contact, contact via the mail, in-person contact) based on the level of the mother's risk. Home visits may be provided based upon patient request and risk criteria proposed by the applicant in the RFA response to the extent that resources are available.

3. **Question:** Does “all new mothers,” refer only to first-time mothers?

Response: The meaning of the term “new mothers” in the RFA is all women who have recently given birth and is not limited to women who are having their first child.

4. **Question:** Delaware County is included in the Central Region as well as the Hudson Valley Region in the RFA. What region will Delaware be included in for the RFA selection process?

Response: This was an error in the RFA. Delaware County will be included in the Hudson Valley Region.

5. **Question:** In Attachment 8, New York State Perinatal Data by County, what does "late" mean for the column labeled "Births, Late/No PNC"? Is there any way to find out the number of women who had no prenatal care? It appears that the Department is only interested in serving women who have had no prenatal care. Is this correct?

Response: Late prenatal care refers to women who entered care in the third trimester of pregnancy. Information on the numbers of women in each county who received no prenatal care during pregnancy can be obtained from the local health department or the Department of Health's web site at:

http://www.health.state.ny.us/nysdoh/vital_statistics/

Welcome Baby! is a prenatal and postpartum home visiting program that offers home visits, assessment, education and referrals to all pregnant and postpartum women in the target area. The target group is therefore more expansive than women who have had no prenatal care.

6. **Question:** There are Healthy Families NY, Community Service Workers and Healthy Start Programs serving many areas in our county. There are areas without outreach workers and we believe we are well covered in reaching out to women to provide care. Is there a percentage of women without prenatal care that could be used as a guideline to determine if this grant is appropriate for us?

Response: The Healthy People 2010 goal for first trimester entry into prenatal care is 90%. In 2005, the percent of women giving birth in New York State was 75.4%. Applicants should assess need in their target area based on these data and other birth data as described in Section I.B. of the RFA. Information on the numbers of women in each county who received no prenatal care during pregnancy can be obtained from the local health department or the Department of Health's web site at: http://www.health.state.ny.us/nysdoh/vital_statistics/

7. **Question:** The Request for Applications mentions using public health nurses to conduct home visits. Is it a requirement that the home visiting team, include a public health nurse or is this optional?

Is the Public Health Nurse expected to conduct home visits?

If the model that is proposed uses paraprofessional staff under the direction of a medical Social Worker, is it necessary to have a public health nurse conduct family assessments and screenings?

Is there a team component of the home visiting component, and if so, who would be involved?

Response: As stated in Section I.C. of the RFA, applicants may propose the model of outreach and home visiting to best meet the needs of the target population in the geographic region served. Outreach may be conducted solely by Public Health Nurses or by paraprofessional staff under the direction of a Public Health Nurse. Regardless of the model, the public health nurse must conduct an initial assessment with the family and screen the family for eligibility for any available comprehensive home visiting programs and other services. Therefore, the home visiting team must include a public health nurse. The RFA, however, does not require that every home visit to a mother must be provided by the Public Health Nurse. Other team members, including social workers or paraprofessionals can be proposed to conduct additional home visits or other activities.

8. **Question:** Do you consider the Bachelor's degree to be the minimum qualification for a Public Health Nurse, or is RN licensure sufficient? Can a community health nurse substitute for a public health nurse?

Response: The minimum qualification for a Public Health Nurse is a Bachelor's degree. A community health nurse cannot substitute as a public health nurse, unless the community health nurse meets the requirements for public health nurse as contained in Section 11.41 of Part 11 of the New York State Sanitary Code.

9. **Question:** Are there limits on the salary for the public health nurse?

Response: Salaries for all staff on the Welcome Baby! program budget should be justifiable and based on factors such as negotiated agreements and the market rate for employees in the title in the service area. However, keep in mind that there is no anticipated increase in awards on an annual basis related to salary increases.

10. **Question:** Are agencies allowed to subcontract for staff? If yes, could a municipality's community health nurse supervise a contracted public health nurse?

Response: Agencies are allowed to subcontract for staff. In a subcontract arrangement, the applicant must submit separate budgets and workplans for the applicant and the subcontracting agency. The application should clearly specify the relationship between the lead agency and the subcontractor, and should describe how contracted program activities will be monitored. The applicant must ensure that staff are qualified to provide oversight of personnel at the subcontracting agency. Prior approval will be required from the Department prior to execution of all subcontractual agreements.

11. **Question:** If a public health nurse must be incorporated to conduct initial assessments, will a county health department be required to apply for an Article 36 certificate or can the Child Find model currently used in Early Intervention be used?

We are not an Article 36 provider. Would we have to subcontract out for the public health nurse?

Response: As stated in the RFA, home visiting provided by public health nurses must be provided by agencies that are Certified Home Health Agencies (CHHA) or Licensed Home Care Service Agencies (LHCSAs). Article 36 of Public Health Law requires that the arrangement or provision of nursing, home health aide or personal care services in homes must be provided by agencies with Article 36 certification or licensure.

12. Question: Can Article 36 facilities bill for home visiting services?

Response: Home visiting services can be billed to Medicaid by CHHAs if they are considered “medically necessary”. These services therefore require a physician’s order. CHHAs can bill Medicaid for nursing services as well as services such as home health aides and personal care aides provided in accordance with Medicaid guidelines. A LHCSA can not bill Medicaid directly unless it has a contract with a local social services district, or the NYC Human Resources Administration or the Administration for Children’s Services to provide personal care, homemaking or housekeeping services. Social work services are not billable under Medicaid State Plan services but they are included in the agency’s administrative costs.

13. Question: On Page 6, it states that applications will be accepted from local health departments or collaborations between local health departments, community-based organizations, and/or hospitals. If applying as part of a collaboration, is it a requirement that the collaboration include the local health department or could it be a coalition of community based organizations without the local health department? If the local health department must be included, does the health department have to be the lead applicant? Can there be collaborations of local health departments?

Response: While the Request for Applications does not specify that the health department must be the lead agency or directly submit the application, the application must clearly demonstrate the role of the health department in the Welcome Baby! Program and the local health department’s support of the application. Local health departments or not-for-profit community-based organizations may collaborate by pooling resources and expertise to implement the Welcome Baby! program in a single county or several counties. Collaborations among Local Health Departments are permitted.

14. Question: Can you define or clarify "collaborations between local departments and not-for -profit community based organizations"? What documents do you require to substantiate collaborations (Letter of Intent, Memorandum of Understanding, Support Letter etc.)? Do you expect applicants to have agreements in place or are letters of collaborations sufficient?

Response: Documents which can be submitted to substantiate collaboration include letters of support, letters of intent or memoranda of understanding. Regardless of the documentation submitted as proof of collaboration, letters should describe in detail the nature of the collaboration and the roles and responsibilities of both parties.

15. Question: Can a certified home health agency apply for Component A of the grant or must the local health department submit the application?

Response: While the Request for Applications does not specify that the health department must be the lead agency or directly submit the application, the application must clearly demonstrate the role of the health department in the Welcome Baby! Program and the local health department's support of the application. Therefore, a CHHA may submit the application but proof of substantial collaboration must be demonstrated in the application (Refer to Question 14.)

16. **Question:** Can a Catholic-based organization, which is unable to provide birth control information, still apply?

Response: Agencies that meet the minimum eligibility requirements of the RFA can apply. All applicants must demonstrate the ability to provide or arrange for all services needed by the mother and family as required under this grant.

17. **Question:** If a municipality and a not-for-profit are already in partnership, can the municipality apply for component A and the not-for-profit apply for B?

Response: All applicants meeting the minimum eligibility requirements for the components of the RFA can apply. Components A and B are separate and there may or may not be a relationship between Component A and B applicants.

18. **Question:** Can I submit an application for a research topic of interest?

Response: The scope of the RFA does not include funding for research activities. All applications that are reviewed will be scored on the basis of responsiveness to the RFA.

19. **Question:** Can a local health department contract with another agency to conduct the outreach efforts and share with them the birth notice information obtained from Vital Records?

Response: A local health department can contract with another agency to conduct outreach efforts. Sharing of birth certificate information is prohibited by Public Health Law.

20. **Question:** Will public health law permit public health nurses to enter hospitals to find new mothers? Will HIPAA be waived if a public health nurse reviews birth certificates?

Response: Agreements would have to be established between agencies and hospitals to permit contacting new mothers and offering program services. Applicants are expected to comply with all applicable laws, rules and regulations that pertain to the review of birth certificate data and client confidentiality. Under Public Health Law, local health departments are allowed to use birth certificate information for public health purposes. However, this does not mean that information from birth certificates can be released to other parties.

21. **Question:** Can universal screening be conducted in conjunction with another program? Can this process be used to refer to other programs?

Response: Applicants can propose models of outreach and home visiting that best meets the needs of the target population being served. If proposing to conduct screening in conjunction with another program, applicants should describe how this will be implemented; the roles, responsibilities and supervision of staff; and how the objectives of the Welcome Baby! program will be met using the proposed model. One goal of the Welcome Baby! Program is appropriate referrals to other programs.

- 22. Question:** There is a lack of postpartum home visiting programs in the community for women who were not already enrolled in a prenatal home visiting program. Can these funds be used for outreach and to provide home visits to postpartum women who have not received any prior home visiting care? Or is the model to be used solely for outreach and referral to pre-existing programs?

Response: Yes these funds can be used for outreach and home visits for families who have not received visits in the prenatal period. In areas where comprehensive home visiting programs are not available, the Welcome Baby! Program should connect families with available resources and monitor families over time. The Welcome Baby! Program is not intended to be a long term comprehensive home visiting program, although it is recognized that multiple home visits will be necessary for some families.

- 23. Question:** Will the public health nurse do an initial assessment, triage and refer the family to other programs already in place? Does the initial assessment done by the public health nurse have to occur during a home visit? Until forms are developed for the Welcome Baby! program, will the public health nurse determine the initial assessment criteria?

Response: The public health nurse will conduct the initial assessment during a home visit and refer the family to available programs and services. The Department will develop universal assessment forms, which will be used by all Welcome Baby! program contractors. Until forms are developed, public health nurses may use generally accepted tools and criteria for the initial assessment. Based on this assessment, referrals can be made to existing comprehensive home visiting models in communities when needed and where they exist.

- 24. Question:** What evidence is required to demonstrate effectiveness in improving child health and development and family functioning?

Response: As stated on page 3 of the RFA, one of the program objectives is to ensure that “families in need have access to more intensive sustained home visiting services, where available, that have been demonstrated effective in improving child health and development and family functioning through referrals to comprehensive home visiting programs. Comprehensive home visiting programs that have demonstrated effectiveness at some level as stated in the RFA include Nurse Family Partnership Programs, Healthy Families New York programs, Community Health Worker Programs, Healthy Start programs. Applicants do not need to provide evidence of effectiveness in the application if referrals will be made to these programs. If applicants will be referring to any other programs that provide home visiting on a long term basis, the applicant must provide a description of the organization, focus, objectives of the programs and any evaluation evidence or information that demonstrates the home visiting programs’ effectiveness.

25. Question: What is the Department's expectation for number of services provided to each family/baby?

Response: The Department expects that program activities outlined in Section I. C, and Section III. B will be conducted. The services provided to the family will be based on the comprehensive assessment conducted by the public health nurse.

26. Question: For purposes of education, are individual women and babies the focus of this program or will some group process be acceptable?

Response: Applicants are required to provide health education to individual women and families on topics such as those specified in Section II.B. of the RFA. Applicants may however propose innovative strategies to provide health education through a group process or may refer women to programs that deliver services in groups.

27. Question: How would the services in this Request for Applications coordinate with services provided by a Medicaid Obstetrical Maternal Services Health Support Services Provider (MOMS HSSP)?

If a client is involved in other programs, e.g. Early Head Start, would participation in Welcome Baby! be considered duplicative and preclude them from participating in it?

Response: It is important to coordinate services for families on the local level rather than duplicate services. At the initial contact with families, it should be determined if the family is already enrolled in another program and that information should be confirmed if necessary. If the program in which the family is enrolled is one that effectively connects the family with needed services, services should not be duplicated. When receiving referrals from a provider or making referrals for services, the Welcome Baby! program coordinator should communicate with providers to ensure coordination of services.

28. Question: The Request for Applications (RFA) states the application should demonstrate an expansion of slots and also states that funding cannot be used to support additional slots in existing comprehensive home visiting programs. Please clarify these contradictory statements.

Response: Funding cannot be used to implement additional comprehensive home visiting programs or add additional slots to comprehensive home visiting programs, such as the Community Health Worker Program, Nurse Family Partnership, or Healthy Family New York. (Slots refers to the number of women to whom the program has the capacity to provide comprehensive home visiting services.) For those local health departments that currently provide short term or intermittent home visiting services, the application must demonstrate an expansion in the numbers and types of women served rather than supplant existing funding for maternal-child health home visiting services.

24. Question: What is the timeline for the curriculum and will Public Health Nurses need to participate in the training? When would the Department want trainings to begin? Staff under component A will need training. How do we budget for the travel required to attend training? Does the Department have a sense of approximately

how many public health nurses and paraprofessionals will need to be trained under this home visiting program initiative?

Response: The Department expects curriculum development to be completed within six months of contracting with the successful Component B applicant. Public health nurses are expected to participate in training to ensure that all staff who conduct outreach and home visiting for the Welcome Baby! program have the same orientation to the program's approach to providing and arranging services. In developing budgets, applicants should allow for sufficient non-personal services funds to accommodate travel by staff to two 40-hour trainings and additional training identified through a needs assessment. For the purposes of the initial budget, please assume the trainings will be held in Albany.

The Department expects to fund up to nine projects through this RFA. The number of public health nurses and paraprofessionals requiring training will depend on the staffing patterns proposed by the successful applicants.

- 25. Question:** Under the description of the expectations of Component B – Comprehensive Training Component, the last bullet states that the applicant will “train professional public health nurses serving as supervisors and also paraprofessional staff.” What is the required training provided by the Department? (p. 8, third paragraph – Section III, b). Is this requirement, additional hours above the 80 hours of introductory training and education as well as the additional topics identified through a needs assessment?

Response: The successful applicant for Component B will provide the required training, which will consist of 40 hours of comprehensive introductory training on topics including outreach, community education, and other topics approved by the Department; and 40 hours of education on maternal and child health topics such as women's health, pregnancy, infant health and child development. Training will be provided on additional topics based on needs assessments of program staff.

- 26. Question:** On page 11, for Component B, the Request for Applications states “using a curriculum selected by the Department, the successful applicant will conduct training.” However, the same section also states that the applicant will be required to “review and develop curricula”. What curriculum is to be used for the training grant (B), one that we compile or one that the Department provides? (page 11, line 7-8) Will the successful applicant develop the curriculum? If so, what is the expected timeframe for curriculum development? What are the guidelines for development of the training curriculum? Will any pilot trainings be expected?

Response: The successful applicant is expected to develop or adapt existing curricula meeting requirements outlined under Component B and make recommendations to the Department. The curriculum is to be developed within six months with the approval of the Department. Applicants can propose pilot trainings and other activities to implement, assess and modify the curriculum with the approval of the Department.

- 27. Question:** Can the training requirements be accomplished by providing training in a central location?

Response: The successful applicant for Component B of the Request for Applications may propose to train on all parts of the curriculum in a central location, or they may propose training on a regional or local basis.

- 28. Question:** When will the software for data collection be available? If the system is not in place by April 1, 2008, will the data elements the Department wants collected be made available to applicants?

Response: The Department expects to implement the data collection system in time for the startup of programs. In the event that the data collection system is not fully implemented, the Department will provide details on the information to be collected and reported in hard copy.

- 29. Question:** Is the \$200,000 award an annual amount?

Response: The range of awards is projected to be \$175,000 to \$200,000 annually for Component A, dependent on continued availability of funds.

- 30. Question:** Please clarify page 21, subsequent years will be at the annual amount? Does the 15-month budget for component A include the subsequent 2 years?

Response: The RFA will have an initial contract period of July 1, 2008 to June 30, 2009. The contract may be renewed annually up to two additional 12-month periods (years) depending on availability of funding and contractor performance. However, the amount of the award will be annualized (12-month) and will not be increased in subsequent years.

- 31. Question:** Given that one project funded under Component A will be from a rural county, are rural counties at a disadvantage because they will be competing for one slot?

Response: As stated in the RFA, at least one award based on highest score will be given to a rural county as defined in SAPA Section 102(10). Other rural counties may also be funded if they have the highest scoring application in any of the other five regions.

- 32. Question:** Is there a mechanism to submit further questions?

Response: Questions of a technical nature, which are related to application format, can be directed to Rudy Lewis as stated in the RFA. Substantive questions about interpretation of the RFA must have been submitted in writing by December 10, 2007 or raised during the December 19, 2007 applicant conference call.

- 33. Question:** Will the questions from the conference call also be posted on the Department's web site along with those received in writing by December 10, 2007?

Response: Yes. These Questions and Responses include all Questions received on this RFA, including those discussed during the bidders conference.

- 34. Question:** Can a list of Application Conference Call attendees be posted?

Can a list of the registrants be shared?

Response: A list of conference call registrants and those who submitted letters of interest will be distributed as an attachment to the Questions and Responses.

35. Question: Can an audit for a prior period be submitted if the current one has not been finalized yet?

Response: Yes.

36. Question: Are there other forms that can be used as substitutes to establish an organization's stability?

Response: As stated in the RFA, proof of financial stability may include audited financial statements or Dunn and Bradstreet reports. Applicants may also refer to the Office of the State Comptroller's web site at: www.osc.state.ny.us/vendrep for information related to the Vendor Responsibility Questionnaire and additional documentation that may be used to demonstrate an organization's stability.

37. Question: Will the same committee review both components A and B?

Response: Depending on the number received, review committee members may or may not score applications from both components.

38. Question: Are we eligible to apply for Component B of the Welcome Baby! RFA in partnership with a county health department?

Response: Applications will be accepted for component B from incorporated, not-for-profit organizations with experience in curricula development and the provision of educational and training programs.

39. Question: Under the Work Plan Narrative and Proposed Program Activities for Component B, the second bullet on page 20 refers to job descriptions. Are both job descriptions and resumes of staff to be included with our application?

Response: Resumes of key staff should be included as specified in the Request for Applications if the staff are currently hired. Resumes should be included as attachments and will not count against page limits. If some staff will be recruited and hired at a later date, job descriptions for those positions should be included and the application should note those resumes will be forwarded at a later date.

40. Question: Under Quality Improvement Plan, Component B applicants must describe a continuous quality improvement process that includes the impact of training on service delivery. Could the Department clarify or provide examples of how a Component B applicant would be able to measure/assess this as the applicant's objectives relate solely to conducting comprehensive, quality introductory and ongoing training and evaluating training delivery?

Response: Applicants must have a process to assess the effectiveness of training and determine whether training provided meets the needs of public health nurses and paraprofessionals conducting outreach, home visits, education and referrals.

This could include surveys, needs assessments, focus groups, post training testing and assessments and other means of obtaining feedback from Welcome Baby! program staff.

- 41. Question:** Under Budget and Staffing Plan, applicants are asked to submit an agency-wide budget, which provides information on all contracts received by the agency, and personnel and OTPS cost allocation. Although not a governmental or hospital entity, we are a large multi-service agency with numerous city/state/federal and international contracts. The majority of those contracts are not relevant to the Prenatal Postpartum Home Visiting Program and proposed budget. Does the Department mean for applicants to disclose all or similar Department contracts?

Response: The agency-wide budget is used to determine cost allocations for shared costs including staff and Other Than Personnel Services (OTPS). The Department requires applicants to disclose all contracts to determine the reasonableness of costs allocated to the Welcome Baby! Program for staff and other shared costs. The Department expects applicants to disclose all contracts.

- 42. Question:** The proposal for Component B does not require a Description of Need (see p. 19). Do Component B applicants have an additional 3 pages for their proposal, to be spread out across different sections?

Response: The answer is no. Please note Application Format requirements in Section V. B of the RFA.

- 43. Question:** Can the attachments be made available in a Word document?

Response: Yes. Attachments will be made available electronically upon request.

