

Implementation of Healthy Steps Questions & Answers

1. We have only approximately 1,500 pediatric population/patients, would it be acceptable to partner with the local pediatric practices to include more patients?
Answer: Meeting the 3,000 children as patients annually and having an average of 15 or more newborns visit monthly are eligibility requirements. If you do not meet this specification, unfortunately, your agency would not be eligible to apply. There is no opportunity to partner.
2. “Eligible applicants are pediatric or family medical practices with over 3,000 children as patients annually...” Does this refer to 3,000 patient visits per year or an unduplicated patient census of 3,000 patients?
Answer: Total 3,000 unduplicated pediatric patients per year.
3. “This application is open to public, private, and nonprofit practices with a payer mix of at least 50% Medicaid.” For Family Medical practices, does this mean 50% of all unduplicated patients, 50% of unduplicated pediatric patients, 50% of all patients, or 50% of pediatric patient visits?
Answer: 50% of all patients.
4. At first blush, a single practice, in our very rural county, probably won’t meet the required patient numbers. If we demonstrated collaboration between practices, would you consider a proposal that identified more than 1 practice entity?
Answer: Meeting the 3,000 children as patients annually and having an average of 15 or more newborns visit monthly are eligibility requirements. If you do not meet this specification, unfortunately, your agency would not be eligible to apply. There is no opportunity to partner.
5. Can enhanced well child visits be with a pediatrician or a family physician OR just a pediatrician?
Answer: Enhanced well child visits can be with a medical practitioner including: pediatrician; family physician; or nurse practitioner.
6. Provider’s patients speak a combined total of 56 languages. In order to implement this program, provider would need to hire additional translators. Can grant funds be used for new translation staff and/or other staff salaries or only for the Healthy Steps Specialist salary?
Answer: Funding is for one, full time Healthy Steps Specialist salary, administrative costs and required training. Administrative costs could be dedicated to translation of screening instruments and forms.
7. How many Healthy Steps Specialists may be hired under this grant?
Answer: The intent of the grant is to fund one full time Healthy Steps Specialist.

8. Are the services provided under this grant billable?
Answer: There are a number of prevention intervention services that will be offered to patients and families in this grant (see Section V, 5.1). It is anticipated that some services may be billable when the children's behavioral health transition to Medicaid managed care is completed.

If so, what credentials are required?

Answer: Throughout the implementation of Healthy Steps, OMH will offer guidance on understanding which activities are billable under which circumstances, as well as how to best sustain the activities over the long term. This will include credential requirements.

Is it anticipated that program/services will be incorporated into Value Based Reimbursement concomitant to DSRIP implementation?

Answer: In the coming months, OMH will be working with DOH to understand how value based purchasing applies to children's services, including Healthy Steps services.

9. The RFP states "Successful applicants are required to collect, manage and report a set of program process and performance measures to OMH." Can more specific information be given on the kind of data that will be required? Is the HS Specialist responsible for collecting data? Will there be additional screening and paperwork requirements for providers?

Answer: The Healthy Steps Specialist will be incorporated into the office structure and protocol; the practice will decide who collects and tracks the data. The data required to be collected and reported to the Office of Mental Health is listed in Section V, 5.2.4 on page 18 of the application. Screening requirements are listed in the table in Section V, 5.2.1 on page 15 of the application. There may be additional evaluation components for the practice staff (not patients), as described in Section V, 5.2.3 on page 18.

10. Can you estimate the amount of time the Healthy Steps Specialist will commit to administrative tasks?

Answer: It is estimated that a Healthy Steps Specialist will spend approximately 20 to 25% of their time on administrative tasks and functions.

11. Will grant funds cover costs associated with deploying a dedicated phone line?

Answer: Yes, funding can be used to cover the costs for a phone line.

12. Because of the diverse population, will need to offer written materials in at least 6 languages (Burmese, Karen, Arabic, Nepali, Somali and Bengali), in addition to English and Spanish. Can grant funds be used for these purposes?

Answer: Yes, funding can be used to translate the written materials into other languages.

13. Will grant funds cover all costs associated with Reach Out and Read Program? Will there be additional requirements/costs associated with participating in Reach Out and Read?

Answer: Yes, funding can be used to cover the costs associated with Reach Out and Read. For additional information about the requirements and costs for Reach Out and Read visit: <http://www.reachoutandread.org/resource-center/medical-providers/start-a-program/>

14. For the learning collaborative in years 2 and 3, who else in addition to the Healthy Steps Specialists will be required to attend?

Answer: At a minimum the Healthy Steps Specialist will participate in an on-going learning collaborative in year 2 and 3 (specifics to be determined). It is expected that based on implementation needs, key practice staff will be amenable to joining targeted meetings, as

identified. Most of the learning collaborative will focus on the experiences of the Healthy Steps Specialist, but incorporation of the administrative and medical staff may be necessary to facilitate implementation and sustainability.

15. Some components of Healthy Steps (i.e. reach out and read, parent support groups, home visits) already overlap with services we provide through community programs. Can relevant existing services be written into the grant?

Answer: Funding is for one, full time Healthy Steps Specialist salary, administrative costs and required training. Any additional existing services cannot be written into the grant.

16. Can a physician other than a primary care physician be the Champion?

Answer: As indicated in Section II, 2.5 and Section V, 5.2.1 the Lead Physician Champion is a key component to the success of Healthy Steps implementation. The Champion should have the authority to implement changes and modify procedures within the practice. It is preferred that this be a medical practitioner who sees patients with the Healthy Steps Specialist.

17. Is it allowable for the Lead Physician Champion to be a nurse practitioner or a physician's assistant?

Answer: Yes, the Lead Physician Champion can be a nurse practitioner. As indicated in Section II, 2.5 and Section V, 5.2.1 the Lead Physician Champion is a key component to the success of Healthy Steps implementation. The Champion should have the authority to implement changes and modify procedures within the practice.

18. While a floor plan designating the office space for the Healthy Steps Specialist is required, is it acceptable to submit the floor plan at a later date after the application submission?

Answer: The floor plan is a required component. A draft floor plan can be submitted pending successful award.

19. Is a pediatric practice that is part of an Article 28, not for profit health care system eligible?

Answer: Yes, a pediatric practice that is part of an Article 28, not for profit health care system is eligible.

If the Article 28 has two different pediatric practice sites, may one Healthy Start Specialist work at both sites?

Answer: The applicant would be eligible if all the practices were in the same location.

20. Is the proposal deadline May 5, 2016 or May 6, 2016? It's stated both ways in different places in the RFP.

Answer: Proposals are due on Friday, May 6, 2016, there is a typo in Section IV, 4.2, page 11. An alert box was added to the RFP webpage and a notice was posted on the Contract Reporter on March 29, 2016.

21. Must all child participants begin the program between Newborn to 4 months as it is believed to be indicated on page 17 of RFP or can child participants begin the program any time between Newborn and 5 years old? May children stay in the program after their 5th birthday and if so, until what age?

Answer: There is flexibility about the age at which child participants begin the program. It is recommended that child participants are enrolled by the 4 month well-visit, and may enrolled after the 4 month well-visit based upon the practice's indicated need. The Healthy Steps model is designed to assist infants, toddlers and their families up to age 5.

22. Page 18 of the RFP under Learning Collaborative states the “Healthy Steps Specialist along with other identified staff will participate in a learning collaborative in years two and three.” Who are the other identified staff?
Answer: The learning collaborative will focus on the experiences of the Healthy Steps Specialist, but practices may find that incorporation of the administrative and medical staff is helpful to facilitate implementation and sustainability.
23. Page 20 of the RFP under 1.8 Experience asks to list and describe the impact of at least one of the following interventions including Reach Out and Read, Centering Pregnancy or Centering Parenting, Co-location of behavioral health services, OMH Early Recognition Screening Initiative, OMH Project TEACH Child and Adolescent Psychiatric Consultation. Is this a requirement or a preference?
Answer: It is a requirement that practices cite participation and/or implementation with one of the listed interventions/practices or initiatives in order to demonstrate experience with this type of initiative.
24. Page 15-16 of the RFP under Training and Technical Assistance state that each practice will have a designated budget line item for the full cost (\$5,400) of the Healthy Steps Training Institute and Technical Assistance for year 1, and will pay Zero to Three directly prior to training. What does “pay Zero to Three” mean?
Answer: By applying for the grant, the awardee is agreeing to pay for the training and technical assistance out of the allocated grant funding to the designated training organization.
Also, what does “Zero to Three” mean in reference to “following the training, each practice will receive six months of technical assistance from experts at “Zero to Three”?
Answer: In the award amount is \$5,400 which will be then paid to Zero to Three for the Healthy Steps Training Institute. For more information about Zero to Three visit their website: www.zerotothree.org
25. Regarding the \$5,400 training line item in the budget, what does the \$5,400 cover? Does it include funding for travel to and from the training site and accommodations and food for three people? Or must this be added as a separate travel line item? If so, where will the training take place and will 3 nights’ accommodation be required?
Answer: The \$5,400 covers the cost of the actual 3-day Healthy Steps Institute Training, material and 6 months of technical assistance from Healthy Steps trainers. This amount covers the actual training for a minimum of 3 and up to 5 participants per practice. The applicant should decide the additional funding for needed travel for these participants and include in the budget. Training locations will be regionally dispersed and have not been designated at this time. It is anticipated that site selection will accommodate car travel to and from the site each day.
26. Page 39-40 of the Master Contract indicates a MWBE goal of 30% with 12% MBE and 8% WBE for OMH grants – do you mean a 20% MWBE goal? Also page 40 doesn’t indicate a specific goal for this program, is there a MWBE goal for Healthy Steps and what is it?
Answer: The Master Contract goal is 30%. The percentage split is 16% MBE and 14% WBE. The goal for this contract is 0% due to the required qualifications and skillset of staffing to be hired (Healthy Steps Specialists).

27. Does the Healthy Star program prescribe specific types of educational materials for parents/caregivers in English/Spanish? Can you provide an estimated or actual cost of these educational materials? Or do we provide the materials of our choosing and include graphic and printing costs?
Answer: Healthy Steps prescribes specific developmentally appropriate handouts for each well visit, these will be available in both, English and Spanish. The cost of printing these will be the responsibility of the practice.
28. Page 13 of the RFP under Enrollment in the Reach Out and Read program states that at every well child visit, from 6 months to 5 years, each child receives a new, developmentally-appropriate book to take home. Are these books provided through the Healthy Start program or is there a specific vendor that must be used? If so, what will be the cost? Or do we select our own vendor and then determine the cost for the budget?
Answer: These books are available for purchase through Reach Out and Read. For additional information about the requirements and costs for Reach Out and Read visit the FAQ on the Reach Out and Read website: <http://www.reachoutandread.org/resource-center/medical-providers/start-a-program/>
29. On the Budget Form, Section B – Itemized Staff Plan; what is the auto calculated percentage for salary increase expense for year 2 and year 3? What if your organization's union-based salary increase is different for the auto-calculated percentage? Can the percentage for auto calculation be changed on the budget form?
Answer: There is no auto calculated percentage for salary increase expense for year 2 and year 3. The only auto calculations in the B1 Budget form is 1) Section A - for the fringe and that is a direct entry percentage and then will auto calculate the dollar amount for fringe and then the total and 2) Section B – when an FTE (Full Time Employee) entry is made (i.e. 50%, 75%), it will calculate the Estimated Expense for that year.
30. Please clarify the eligibility requirement regarding 3,000 child patients annually in a Family Medical Practice or Pediatric practice. We are a community hospital that sees over 3,000 child patients overall, but not in a single practice. Would we be eligible?
Answer: The eligibility requirement of 3,000 children annually means that at least 3,000 children are all seen in the same building. The applicant would be eligible if all the practices are in the same location.
31. Would there be flexibility in the requirement to have the Specialist hired within 2 months of award?
Answer: The Healthy Steps Specialist will need to be hired prior to the Healthy Steps Institute Training; which will be scheduled approximately 2 months after the finalized contract is awarded.
32. On page 18, it shows the expected number of children on caseload. Is this derived just from newborn patients entering the practice over time, or does it include other children up to age five?
Answer: The caseload is derived from initiating Healthy Steps with families and infants from the newborn to 4 month well-child visits. However, there will be children and families with older children who express an interest or a need is indicated by the medical practice. These children and families can be seen by the Healthy Steps Specialist and enrolled prior to age 2 and should be counted in the enrollment numbers.

33. Page 14: Is there a train-the-trainer component to the 3-day intensive training so that additional clinical staff can be trained in the practice by those who attended the training?
Answer: A minimum of three staff from a practice will be required to attend the training; those staff will then be able to spread the model throughout the practice; however it is not a designated train-the-trainer model.
34. Pages 15-16: The last sentence on page 15 into page 16 says “Each practice has a designated line item for the full cost (\$5,400) of the Healthy Steps Training Institute and Technical Assistance for year 1, and will pay Zero to Three directly prior to training.” This sentence appears to have typos and doesn’t make sense. Please describe what it should have said.
Answer: In each award, \$5,400 is designated for use by the awardee to pay the Zero to Three Organization for the Healthy Steps Training Institute. By applying for the grant, the awardee is agreeing to pay for the training and technical assistance out of the grant funding to the Zero to Three organization.
35. Pages 15-16: Is the cost for the training \$5,400 regardless of how many individuals you send to the training? If no, how much should be budgeted for each additional person beyond the third person?
Answer: See the answer to question 25.
36. Pages 15-16: Does the cost of \$5,400 for the training include hotel and mileage costs for the 3-day intensive training? If no, where will the training be held so we can budget appropriately for hotel and mileage costs?
Answer: The \$5,400 only covers the cost of the actual training, material and 6 months of technical assistance. The funding for travel will need to be decided upon by the applicant. Training locations will be regionally dispersed and have not been designated, also see the answer 25.
37. Pages 17-18: Are the expected minimum enrollment ranges cumulative over the years? I.e., the year 2 numbers (150-200) include the 75-100 that you enroll in year 1.
Answer: The enrollment ranges are cumulative and the ranges listed are the expected number of children and families who will be on the caseload in that year of the grant. By the end of the grant 250-300 children should be on the caseload.
38. Pages 17-18: If families have multiple children during the 3-year period, is each child counted individually towards enrollment numbers or is the family only counted once?
Answer: Each child is counted once per year on the caseload.
39. Pages 17-18: What level of participation does a family have to have to be considered enrolled in the program? E.g., the number of required screenings, support groups attended, and home visits completed to be enrolled.
Answer: There are no mandatory levels of participation that families have to meet in order to be considered enrolled in Healthy Steps. Each practice will decide upon enrollment criteria. Once enrolled, all families meet with their Healthy Steps Specialist at least once during routine well-child visits alongside their pediatrician (before, during, or after the primary care provider visit). The enhanced well-child visits are when most Healthy Steps Specialists screen for child development and parent risk and protective factors. This is an opportunity to offer parent support and education, home visits, or referrals as needed.

40. Pages 17-18: Can only infants under 4 months of age be enrolled in the program?
Answer: Due to the higher frequency of office visits it is more conducive to enroll a child before 4 months of age; however there will be children and families who have older children who have expressed an interest or a need is indicated by the medical practice. These children and families can be seen and enrolled until age 2.
41. Pages 17-18: Are all families with infants less than 4 months screened or is it a sub-set? If it is a sub-set, how is it determined if a family should be screened/enrolled?
Answer: Ideally, all infants will be screened with the goal of universal screening. Once a family is enrolled as noted in Section V, 5.2.1 there are screenings that occur at each enhanced well-child visit starting with the newborn visit.
42. Pages 12-13: How is it determined which families the Healthy Steps Specialist will work with? Must they try to work with all families who enter the practice with an infant under 4 months or does it depend on screening results? What are the cutoffs/benchmarks on screenings?
Answer: Each site can decide this on its own based on its patient population, resources, and needs. Most Healthy Steps programs offer enrollment to all families. As part of the Healthy Steps Training Institute and six-month technical assistance, practices will develop the best strategy to enroll families. See Section V, 5.2.1 for screening regimen, cutoffs and benchmarks will be decided by the practice.
43. Page 12: Is it required that a family accept home visits to be included in the program?
Answer: Home visits are not a requirement for enrollment in Healthy Steps, but must be offered to families. It is recommended that they be offered as voluntary to be sensitive to the needs of all families.
44. Page 13: Is it required that families participate in the parent support groups to be included in the program?
Answer: It is required that the Healthy Steps Specialist offers the parent support group to families. Family participation is voluntary.
45. Page 13: What if safety is an issue for the Healthy Steps Specialist to conduct a home visit? Can they meet with a family in a safer environment and still count as a home visit?
Answer: Safety is an important priority and meeting families in an alternate location is an option and recommended as appropriate.
46. Page 13: Can the books from the Reach Out and Read program be used as an incentive for families to participate? E.g., a family completes a milestone such as attending a support group meeting so they receive a book.
Answer: No, Reach Out and Read is one of several interventions that families enrolled in Healthy Steps can avail themselves to and should not be used as an incentive for families to participate.
47. Page 21: Can funds be used to pay for food for support group meetings?
Answer: Yes, funds can be used to pay for food for parent support groups only.
48. Page 21: Can funds be used to pay for childcare for support group meetings?
Answer: Yes, funds can be used to pay for childcare for support group meetings.

49. Page 21: Can funds be used to pay for incentives for families to participate in Healthy Steps? (i.e. gift cards, diapers, toys, etc.)
Answer: No, funds cannot be used as an incentive for families to participate in Healthy Steps.
50. Page 19: Is the 1-page summary included in the 15-page limit?
Answer: As stated in Section V, 5.3 only the items listed under Project Narrative are included in the 15-page limit.
51. Are social-emotional and mental health screens that are mentioned in the RFP recommended or what is mandated?
Answer: The screens mentioned on in Section V, 5.2.1 on page 16 are the required screenings for the grant.
52. Are there any requirements for budgetary spending or is it at applicant's discretion?
Answer: The funding must support one full-time Healthy Steps Specialist salary and the allocated \$5,400 for the training budget.
53. Does the applicant have to be a medical practice, or can a health system apply on behalf of a practice?
Answer: The applicant must identify a medical practice and a health system can apply on behalf of the medical practice.
54. Can a health system apply in partnership with a medical practice or multiple medical practices to have a Healthy Steps Specialist on site?
Answer: The applicant must identify a medical practice; a health system can apply on behalf of the medical practice for one Healthy Steps Specialist in either one or multiple medical practices in the same location.
55. Are the guidelines set forth in the RFP about the implementation of Healthy Steps flexible? Does a proposed site have to follow the model strictly?
Answer: Innate in the Healthy Steps model is flexibility. It is expected that all components of Healthy Steps **are offered** at every site.
56. Can the proposal be based on training to various health systems and pediatric groups?
Answer: The intention of the RFP is to add one additional Healthy Steps Specialist, and to train a minimum of three staff, including the Healthy Steps Specialist, from a practice, it does not include additional training for other various health systems and pediatric/family medical group. Once trained, those staff will then be able to spread the model throughout the practice; however it is not a designated train-the-trainer model.
57. If our hospital has a Medicaid mix of less than 50%, can we be considered? We meet each of the other criteria.
Answer: Please see the eligibility requirements in Section II, 2.5 indicating that designated practice Medicaid percentage requirements of 50% or more.

58. We would appreciate more clarification on the Home Visit requirement. What is the expectation for the agency in the case of patients who live at a great distance from the Health Center or are not pre-disposed to allowing people into their homes?

Answer: Home visits are not a strict requirement for enrollment in Healthy Steps, but must be offered to families. It is recommended that they be offered as voluntary to be sensitive to the needs of all families.

List and describe the impact of the implementation of at least one of the following interventions, practices or initiatives as listed in Section II, 2.5:

- Reach Out and Read
- Centering Pregnancy or Centering Parenting
- Co-location of behavioral health services
- OMH Early Recognition Screening Initiative
- OMH Project TEACH Child and Adolescent Psychiatric consultation

I don't see a list of practices and initiatives listed in section II 2.5: am I missing something?

Answer: Correct. This was in error as the five identified interventions, practices or initiatives are listed within Section V, 5.3, page 20.

The specific interventions listed in the above cut and paste from page 20- are not all components of healthy steps specifically, some are: would you like us to speak to these interventions?

Answer: As this is listed under the Experience category, it is expected that the practice will speak to their experience and impact of implementing one of the five interventions, practices or initiatives.

I'm presuming you are asking the potential impact on our specific practice if one of these were to be initiated is that correct?

Answer: Applicants are required to show experience with at least one of the listed interventions/practices/initiatives. Applicants should describe prior experience with and impact of having implemented one of the five interventions, practices or initiatives.

If we already have a Reach out and Read initiative would you like us to describe its impact or just focus on potential impact of initiatives not yet implemented?

Answer: As noted in previous comment, only include prior implementation experience and impact from one of the five interventions, practices or initiatives.

60. Can you clarify the amount we should budget per person for the healthy steps training?

Answer: See answer to question 25.

61. Our payer-mix for children seen at our non-profit family medical practice meets and passes the 50% threshold for eligibility per Section II, 2.5. However, our payer-mix for adults seen at the same practice does not meet the 50% threshold (due to high adult uninsured rates). The eligibility form seems concerned only with the children population, so I'm assuming we would be eligible, but want to confirm.

Answer: Yes, you are eligible as it is based on children enrolled.