

Healthy Start Request for Application – Questions & Answers

How can people who were not able to attend the Webinar receive the information?

Answer: A DVD of the Webinar is being sent to all Local Commissions along with the Question and Answer document. OCCF staff is available to answer questions throughout the process. You may also contact:

Marsha Clark (503-378-5138, marsha.clark@state.or.us), Karen VanTassell (503-378-5120, Karen.vantassell@state.or.us), or Christi Peeples (503-378-6768, Christi.peeples@state.or.us) with any questions you might have.

Will there be another Webinar opportunity?

Answer: OCCF will host a **second Webinar on Monday, October 5th from 3pm –5pm.**

GENERAL QUESTIONS

- 1. The RFA (Request for Application) looks like it could be a pretty simple application if we are just continuing a successful program. Can we just say we are going to continue to do what we have been doing and attach assurances and budget?**

Answer: The intent is for this to be a simple application providing clarity and support to Local Commissions on Children & Families (LCCFs). Only four pages *at most* are required: a Program Summary (up to two pages), a one page Budget Narrative, and the Assurances Signature Page.

If LCCFs are continuing with the same provider, the Program Summary should discuss how the program will transition to the Family Service Units and absorb the 17.4% reduction in Healthy Start General Fund (HSGF).

- 2. How much time and resources are available for technical support?**

Answer: OCCF is committed to being as responsive as possible through the RFA process. Please send in and/or call us with all of your questions and we will do our best to respond and to be as supportive as possible. On-site technical assistance may also be available.

- 3. Is the RFA competitive?**

Answer: No. This is a non-competitive RFA.

- 4. Can other counties or another entity within a county apply for our county's Family Service Units?**

Answer: If a LCCF selects to "opt out" and not apply for Healthy Start, Round Two of the RFA process will allow other LCCFs to apply for the Family Service Units to be served in the county to which they are originally allocated. The goal is for all families in Oregon have access to Healthy Start Home Visiting Services.

- 5. How do regional programs submit applications? Do we each sign all of the counties' applications in our region?**

Answer: Each regional program only submits **one** joint application with all Local Commission Directors from the region signing the Assurances Signature Page. You do not have to submit separate applications.

- 6. Is there a new Intergovernmental Agreement (IGA) developed with counties? Counties will need time to get county counsel and BOCC (Board of County Commissioners) approval.**

Answer: IGAs will be amended as soon as the RFA process is complete.

- 7. How will we receive funding for October, 2009?**

Answer: LCCFs currently operating a Healthy Start program can request their October allocation the last week of September.

- 8. If we can't work it out so that one county will handle the funds for a regional program so quickly, can we say we will have it in place by 7/1/10?**

Answer: No, that would be too long — please remember we have to report to the Legislature on our Redesign Process before January 2010, and funds will need to be distributed to regional programs during this fiscal year. However, we realize there are a lot of details to work out in designing a regional program. We ask that all LCCFs make every effort to complete as much of the development work as soon as possible and provide OCCF with specific dates when the details will be completed. We are available to help make this happen.

- 9. Can a LCCF Director sign the Assurances Signature Page without BOCC approval?**

Answer: This depends on local process. If this occurs, indicate “*pending board approval on (date).*” BOCCs need to be involved and informed early about planning related to Healthy Start, particularly if you wish to implement a regional approach.

- 10. Who will review and “approve” the applications?**

Answer: Members of the Healthy Start Advisory Committee will review applications. The Chair, Dr. Clara Pratt, will convene an Application Review Group of Advisory members.

- 11. How do LCCFs monitor local programs? What data will we receive to tell us how the program is doing?**

Answer: LCCFs and programs will continue to receive semi-annual reports from NPC Research as well as reports from OCCF. These reports will address the Performance Indicators for Service Delivery and Program Outcomes. In addition, we recommend LCCFs institute a regular structure for gathering information about their Healthy Start programs—regular reports at LCCF meetings, written reports, etc.

- 12. When will programs be assessed to see how they are doing in terms of Family Service Units, along with all other expectations?**

Answer: In Spring 2010, program data will be assessed by OCCF and LCCFs. If concerns are noted, OCCF will work with the program and the LCCF(s) to make improvements.

FISCAL QUESTIONS

- 1. If submitting a joint application for a regional approach, can one LCCF be the fiscal agent for the region receiving the Healthy Start General Fund allocations for all counties in the region?**

Answer: Yes. This is expected.

2. What is expected in the budget narrative?

Answer:

- Fiscal agent (if regional approach)
- Number of Family Service Units applying for (if regional approach, combined total)
- Dollar amount applying for (if regional approach, combined total)
- If electing to utilize the up to 4% allowable to LCCF administration; describe how these administrative dollars will be utilized by the LCCF to support the local Healthy Start program.

What is allowable administration charge for LCCFs?

Answer: Up to 4% of the Healthy Start General Fund allocation can be used by the LCCF to directly support the Healthy Start program through administrative work.

Can all LCCFs in a regional program take 4% for administration?

Answer: No. One fiscal agent must be selected to do the program administration work and claim the funds for this work.

3. Will there be an opportunity to increase the number of Family Service Units allocated to a county?

Answer: Most likely. The State Commission Executive Committee recommends a review of actual program capacity in Spring 2010, and a Funding Method Taskforce appointed by the Healthy Start Advisory Committee will present a recommendation for a funding method for fiscal year 2010 and beyond to the State Commission in December 2009. Family Service Units may be redistributed in fiscal year 2010 based on actual capacity and/or other performance measures. OCCF will be working with programs and offering technical assistance on an ongoing basis to help them succeed.

4. How was the allocation determined?

Answer: Funds for the first year of the current biennium were allocated using an across-the-board approach (17.4% reduction). Each county's allocation was then converted into Family Service Units (\$4656 per unit).

5. Did percentage of first births enter in to the allocation at all? 07-09 was based on 2006 first births, not current first births.

Answer: The 2009-10 allocation is a straight 17.4% reduction from what each county received for 2007-08.

6. How was the cost per family service unit calculated?

Answer:

- a) Reviewed the top 50% of programs based on past performance, including only those counties that attained 4 or more of the 2007-08 performance indicators, not including the cost indicator.
- b) Removed minimum grant counties (Harney, Grant, Gilliam, Sherman, and Wheeler).
- c) Calculated the average maximum number of families served at the end of each quarter for the 18 month period from July 07 - December 08 for each of these programs. NPC took the maximum number of families served by each home visitor

each quarter, averaged the maximum across home visitors for each time period, and then totaled them for the program.

- d) NPC then calculated: Cost per family/year based on the 2008-09 GF allocation for these model counties divided by the total number of families served at a given time (aka, slots or **capacity**) statewide.
- e) The average cost per family/per year based on this calculation was **\$4,656**.

7. The allocation amount on the spreadsheet distributed at the State Commission meeting is different than the allocation in the RFA. Why is there a discrepancy in the numbers?

Answer: This is the result of extending the RFA process one month. See most recent county-by-county allocation spreadsheet which was distributed with the RFA for the up-to-date information. See the column titled "to be released 10/1/09 - 10/31/09" for the specific amount you can request for October. The actual allocation amount has not changed, but the RFA reflects November through June.

MEDICAID

- 1. If submitting a joint application for a regional approach, can one LCCF be the fiscal agent for the region receiving the Medicaid reimbursement for all counties in the region?**

Answer: Yes. This is expected.

- 2. Other than the 4% of GF (General Fund) that LCCFs can use, are there things that MAC (Medicaid Administrative Claiming) can be used for that GF can't? Are there things that GF can be used for that MAC can't?**

Answer: Both are to be used for Core Healthy Start services as defined in the Fiscal Guidelines (Appendix B of the RFA and posted on the OCCF Website). One significant change in MAC is the ability to use these reimbursement dollars to pay for salaries and benefits of staff who submit for MAC reimbursement. Another difference is that because MAC is a reimbursement, it can be carried over. Use of MAC funds is documented on the annual Medicaid Reinvestment Plan.

- 3. Is it possible to change the match "shell game" to reduce staff time to implement this cumbersome process?**

Answer: OCCF is continuing to work on improving the efficiency of this process with the Department of Human Services (DHS). We hope to have information for you very soon.

- 4. If a county changes providers, how is the Medicaid reimbursement previously received handled? Does the previous provider receive reimbursement or does the new program provider take on those reimbursement dollars; and if so, how should the contract recognize that?**

Answer: MAC is a reimbursement paying back for Healthy Start General Funds used to meet the goals of the State Medicaid Plan. Therefore, it should go with the program to the new provider. However, this may depend on how the original contract with your provider was written.

- 5. Will Medicaid claiming have to be tracked separately for each county in a regional program? Will one Reinvestment plan be required for each county?**

Answer: No. Medicaid is tracked by program, not by county. The county LCCF that is the fiscal agent for the overall program submits one Medicaid Reinvestment Plan. The fiscal agent should be identified and the method for tracking Medicaid included in the local Memorandum of Understanding developed by the LCCFs in the regional program.

6. Is there an opportunity for training of local CCF staff around the Medicaid claim form we are required to sign off on quarterly? LCCF Directors sign the form every quarter and some may not know how to tell if it is accurate or not.

Answer: Yes, OCCF will develop an LCCF-specific Medicaid training as soon as possible, now that this request has been made. Meanwhile, currently available training resources include: the Medicaid Training DVD (available on request from OCCF), the LCCF Healthy Start Reference Guide, and the Help button on the MOTT system. Technical assistance on the LCCF's role in Medicaid is available by email or by phone. Please address email questions to: occfwebsupport@ccf.state.or.us, or contact Sandra Flickinger (503-378-5125).

7. What training is available on specific allowable uses of Medicaid earnings?

Answer: Please see the resources listed above, as well as the Fiscal Guidelines attached to the RFA and available on the OCCF Website.

FISCAL GUIDELINES & MATCH - (See RFA - Appendix B)

1. On page 21 of the RFA regarding indirect/admin it states: "If the local commission...and an *accounting* of funds spent must be provided at the end of each fiscal year." Please define "accounting."

Answer: The word "accounting" was used in the RFA to mean a written explanation and documentation of the use of these funds by the local Commission. If LCCFs plan to utilize the up to 4% administration to support the local Healthy Start program, a description of how those funds will be used must be included in the Budget Narrative as part of the RFA. At the end of the fiscal year, each LCCF that has taken the up to 4% must provide an actual explanation of how those funds were utilized to support the Healthy Start program. A tool for this documentation has not yet been developed. One option is to incorporate this into the *OCCF Healthy Start Fiscal Report* submitted annually for each program. Another option is for the LCCF to create a simple spreadsheet to track these hours and expenses.

2. How do we track total local match and the 5% cash?

Answer: Use the match module in the Local Resources Database. It is between the LCCF and program to decide how the program submits this information to the LCCF. One tool available is the *OCCF Healthy Start Fiscal Report* spreadsheet available on the OCCF website under "Publications/Healthy Start."

3. Why is "cash match" only used for Core Services? Is there a law about that? We're trying to find ways to still include lower risk families and keep the community involved.

Answer: Because the Legislature has required an emphasis on services to higher risk families in Budget Notes in 2005-07 and 2009-11. These have the force of law for the time they are in existence, though they are not permanently written into law at that point. The law (ORS) does require a 20% local match of Healthy Start General Funds. The Budget Note in 2005-07 also asked Healthy Start to move towards an additional 5% cash match. In 2009,

the Redesign Recommendation re-instituted the 5% cash match (added to the 20% overall match required).

Healthy Start General Funds are specifically to be used for core services. Please see the Fiscal Guidelines for the definition of Core Services.

4. Can nurses at a hospital completing NBQ screens at no cost to the program be considered “Cash Equivalent”?

Answer: Yes. In fact, this is expected and very appropriate. See Appendix B for details on how to calculate the value of these hours.

Family Service Units

1. How will Family Service Units be allocated for FY 2010-11?

Answer: The State Commission directed the Healthy Start Advisory Committee to form a task force to continue exploration of capacity-based fund distribution methods. Task force work must be completed by December 1, 2009 for approval by the State Commission Executive Committee in December 2009 and by the full State Commission in January 2010. The approved distribution methodology will be implemented no later than July 1, 2010.

2. Are “family service units” for 2009-10 based on 9 months or 12 months (October – June)?

Answer: Family Service Units are the average number of families to be served at a given point in time. Therefore, this is the same for 12 months as 9 months. Families served in the first four months of this biennium do "count" toward these family service units.

3. Can we only apply to serve the number of family service units that are assigned to our county per the funding formula allocation sheet?

Answer: Yes. The family service units allocated to each county for this RFA stay with that county. If there is a LCCF who “opts out” for one reason or another, those units will be available through “Round Two” of the RFA process for other LCCFs to apply to serve those family service units in the county to which they were originally allocated.

4. How are “Family Service Units” converted to families in order to build a program budget?

Answer: More information will be forthcoming. In the meantime, here is one way to think about this:

- This is about serving families with the highest quality services in the most cost-effective manner.

-Family Service Units are a method for distributing funds.

- Our data shows **the average number of families per year to fill one Family Service Unit is 1.8 families**. This is not an exact number, but can be used in helping to develop budgets and staffing needs.

- Data will be monitored quarterly utilizing home visit completion forms and technical assistance will be provided as needed.

5. Do “family service units” take levels into account? What if 10 of these families are on level 3 all year long? Is that the same in the formula as if 10 families are on level 1?

Answer: Yes. Statewide home visit data indicates that families are fairly evenly distributed across all levels of service. It is the responsibility of Supervisors and Program Managers to assure that families are assigned to appropriate levels.

A “healthy” and mature program has new families coming in all the time, and has ongoing families moving through the levels to less frequent home visit schedules over time. Some families will also naturally leave services as they move away, are no longer available for visits, or reach the program’s age limits. However, families and programs vary, so there is no hard and fast rule about this. Individualized technical assistance from OCCF is available.

6. Are we sticking with the HFA model with these reductions?

Answer: Yes. We are sticking with the HFA model, because it is a proven best practice model and we know from our own local data that it greatly reduces child maltreatment. Additional federal opportunities may be available for programs following such evidence based models.

7. It is not clear how programs are expected to meet Performance Indicator #1 around screening with reduced staff.

Answer: It is more critical now than ever for programs to document unmet need through screening. That is the only way to gain additional funding.

In addition, screening 50% of all first births is a requirement of our Medicaid agreement. If we are not able to screen 50% of first births, it could significantly reduce our MAC reimbursements.

Strategies for screening that some counties have found to be effective include: using volunteers, staff from partner organizations, or AmeriCorps or Vista members. Technical assistance around screening is available from OCCF. Successful screening programs are also great resources.

8. Is distance supervision allowed by HFA, and how does it work?

Answer: Yes. HFA is open to and interested in this strategy. We are one of two large state systems piloting this strategy for HFA.

The Healthy Start clinical program supervisor does not need to be physically in the same location as the Family Support Worker (FSW). The two of them can use technology (phone, email, and web cams) instead of face-to-face supervision meetings when distances are great. However, it is essential to have a strong relationship between the Supervisor and the FSW, so on-site meetings are recommended as often as possible.

9. What does “on-site staff support is required for staff safety...” mean? How do you envision this being managed?

Answer: If the Supervisor and the FSW are not in the same location, then someone else needs to be accountable for the FSW’s safety. FSWs need to have someone know where they are when they are out in the field who can be reached by cell phone and who can respond to their needs in emergency situations.

10. Will the cost per family continue to be tracked?

Answer: Yes, this is the total number of families served throughout the year divided by the total general fund allocation. This is helpful information; it is just not the way funds are allocated according to the new method.

11. How much FTE is needed for Supervision and for Program Management?

Answer: The Supervisor FTE depends on the number of FSWs on staff. A 6:1 ratio of staff members (not FTE) to Supervisor is required. This is pro-rated for part time Supervisors. All programs are required to have additional FTE allocated for program management. The amount of FTE needed depends on the size of the program, local needs and the local investment in outreach and advocacy. We suggest a minimum of .20 FTE for program management for small programs.

12. Do regional programs need to have separate advisory groups for each county?

Answer: No. Each program should have only one advisory group. This advisory group should include representatives from each county included in the regional program.

13. How is it assured that all counties in a regional receive fair access to services?

Answer: This should be addressed in the local Memorandum of Understanding (MOU) developed by the LCCFs involved. This could also be a role of the local Healthy Start Advisory Group.