

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

QUESTIONS & RESPONSES

Component A

1. **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?

Response: The collaboration must include the local health department. While the Request for Applications does not specify that the health department must be the lead agency, the application should clearly demonstrate that the health department has a prominent role in the Welcome Baby! program.

2. **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?

Response: The home visiting team must include a public health nurse, who will conduct the initial assessment. Other team members, including social workers, paraprofessionals, etc., can conduct additional home visits under the direction of the public health nurse.

3. **Question:** 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?

Response: The answer is yes. Regardless of the model proposed, a public health nurse will conduct the initial assessment.

4. **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?

Response: As stated in the RFA, home visiting must be provided by agencies that are Certified Home Health Agencies (CHHA) or Licensed Home Care Service Agencies (LHCSA). County health departments must either be an approved Article 36 provider or subcontract with a CHHA or LHCSA to provide home visiting services.

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

Response: The highest scored application from each region will receive the award. The five boroughs and Long Island represent a region of the state where at least one applicant will be funded. The successful applicant is required to target an entire borough or county, and not the entire region. For example, if the successful application targeted Brooklyn, it is expected that all of Brooklyn would be targeted.

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

Response: Applications submitted by agencies that meet the minimum eligibility requirements on page 6 of the Request for Applications (RFA) will be reviewed. All applications that are reviewed will be scored on the basis of responsiveness to the RFA.

7. **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 should be discussed with the county's legal department and appropriate safeguards should be taken to ensure the confidentiality of information is maintained.

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

Response: The minimum qualification for a Public Health Nurse is a Bachelor's degree.

9. **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?

10. **Response:** Participation in a prenatal home visiting program is not a requirement for providing home visits to postpartum women. The Welcome Baby! program will outreach and offer home visiting, education and referral services to pregnant and postpartum women. Referrals can be made to existing comprehensive home visiting models in communities when needed and where they exist. As stated in the RFA "For those pregnant and postpartum women contacted in-person, the public health nurse will provide information regarding comprehensive home visiting programs in the catchment area when appropriate, conduct an assessment for immediate needs, provide health information and support as needed, and where no comprehensive home visiting programs exist or when women are identified who are not eligible for or do not need comprehensive home visiting programs, the applicant may provide home visits until appropriate services are in place and conduct follow up activities to assure utilization of services."

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

Response: Page 3 of the Request for Applications references access to sustained, home visiting services that have been shown effective in improving child health and development. As stated in the RFA “Comprehensive home visiting programs include Nurse Family Partnership Programs, Healthy Families New York programs, Community Health Worker Programs, Healthy Start programs and any other programs that provide home visiting on a long term basis. Outcomes have been assessed to some degree for all these programs to determine the level of effectiveness on the target population. The RFA also requires that for those applicants proposing to refer to comprehensive home visiting programs other than those contained in this RFA, the organization, focus and objectives of the home visiting program must be clearly described.

12. **Question:** What is the Department's expectation for number of families/babies to be served by successful applicants?

Response: The number of families to be served will depend on the staffing pattern and intensity of services required for each family depending on their need. Based on their past experience providing home visiting services, each applicant can propose the number of families it intends to serve.

13. **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, who will determine service need and intensity.

14. **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 effective family planning methods, including enrollment in the Family Planning Benefit Program, Family Planning Extension Program or other public insurance programs for which they are eligible; enrollment in timely and continuous primary and preventive health care, including enrollment in Medicaid, Child Health Plus, and WIC, for those eligible; information about HIV, sexually transmitted infections (STIs), oral health, breastfeeding, immunizations, lead poisoning prevention, risk factors associated with prenatal substance use, domestic violence, depression screening and early childhood development screening. Applicants may also propose methods by which these activities will be effectively accomplished through a group process.

15. **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.)?

Response: 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. Documents which

can be submitted to substantiate collaboration include support letters, 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. The letters of collaboration should be included as an attachment to the application and will not count against the page limits.

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

Response: Applicants other than a local health department may apply, but the application must demonstrate a strong collaborative proposal and must demonstrate that the local health department has a prominent role in the Welcome Baby! program.

17. **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?

Response: The program must target the entire county or borough and cannot select a sub-population to receive services.

18. **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 universal 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.

19. **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: Welcome Baby! is a universal prenatal and postpartum home visiting program that aims to offer home visits, assessment, education and referrals to all pregnant and postpartum women. Applicants that currently provide home visiting services should clearly demonstrate expansion of the numbers and types of women served. Applications should include a description of home visiting services currently being conducted and numbers of families currently served and a description of the expansion of services and target numbers to be increased. Applicants can also review county vital statistics and program utilization data to determine the need for

services. These data could be used as a guide to determine whether or not to apply for this grant.

20. **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)?

Response: Welcome Baby! programs outreach to Prenatal Care Assistance Programs, WIC sites, Ob/GYN providers, pediatricians offices and clinics to increase identification and referral for home visiting; and identify newly pregnant women, assess their risk and provide home visits. The health support services provided through the Medicaid Obstetrical Maternal Services (MOMS) program include conducting presumptive eligibility, psychosocial assessment, nutrition counseling, and other services in support of clinical services provided by physicians. When receiving referrals from a MOMS provider, the Welcome Baby! program coordinator should coordinate with the MOMS HSSP to ensure the coordination of home visiting and other services provided to women.

21. **Question:** 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: Participation in other programs would not preclude a client from enrolling in Welcome Baby! However, applicants must clearly demonstrate coordination of services with other programs in which women may be enrolled and expansion of the numbers of women served using these funds. Furthermore, funding cannot be used to allocate additional slots in existing programs. Please refer to page 4, paragraphs 3 and 4 of the RFA.

22. **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, such as the Community Health Worker Program, Nurse Family Partnership, Healthy Family New York, or provide for additional slots on those programs. The funding that is available is to be used to support services described in the RFA. For those local health departments that currently provide home visiting services, the application must also demonstrate an expansion in the numbers and types of women served.

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

Response: Home visiting services can be billed for if they are considered "billable visits." The services provided must be ordered by a physician as part of a written plan of care which must be reviewed by the physician every 60 days. Like other NYSDOH grants, revenues generated under the grant must be returned to the program and used to expand the resources available for the Welcome Baby! program.

24. **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 by successful awardees for Component A. 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.

25. **Question:** What is the timeline for the curriculum and will Public Health Nurses need to participate in the training?

Response: The Department expects curriculum development to be completed within six months of making an award to 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 services.

26. **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.

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

Response: Yes.

28. **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.

29. **Question:** Can a community health nurse substitute for a public health nurse?

Response: A community health nurse cannot substitute as a public health nurse, unless the community health nurse meets the requirements for public health nurse in the state sanitary code.

30. **Question:** Is the Public Health Nurse expected to conduct home visits?

Response: The public health nurse is expected to conduct the initial assessment of the family during a home visit. Applicants can propose alternate models to extend this delivery option, which may include paraprofessional or social workers. Regardless of the model proposed, the public health nurse is required to conduct the initial assessment, and other members of the home visiting team may conduct additional home visits under the direction of the public health nurse.

31. **Question:** How can we target a population without using zip codes?

Response: Welcome Baby! is a universal prenatal and post partum home visiting program, which seeks to make home visiting the norm. The target area consists of an entire county or borough and applicants for Component A will target pregnant women and new mothers for services.

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

Response: Applicants should 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 required documentation.

33. **Question:** What is the expected project caseload?

Response: Each program's caseload will depend on factors such as the number of staff, the intensity of services required by each family based on the assessment by the public health nurse, and the availability of case management services to refer families in need of comprehensive home visiting services. Applicants for Component A should indicate expected case loads based on experience providing home visiting services and the number of staff to be hired using grant funds.

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

Response: In order to be eligible to receive funds for Component A for home visits provided by public health nurses, the applicant must either be an approved Article 36 provider or subcontract the home visiting services to an approved Article 36 provider.

35. **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 access to maternity wards for the purpose of 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 another party. At the point where release is necessary, consent documents must be in place.

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

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

37. **Question:** Can there be collaborations of local health departments?

Response: As stated in the RFA, collaborations of multiple local health departments are encouraged.

38. Question: Can a list of Application Conference Call attendees be posted?

Response: The Department did not identify attendees to the conference call.

39. Question: Do you expect applicants to have agreements in place or are letters of collaborations sufficient?

Response: Established agreements with other agencies will strengthen an application. Letters of collaboration should describe the nature of the contribution, and the roles and responsibilities of both parties in the collaboration.

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

Response: Applicants can propose the model of outreach and home visiting that best meets the needs of the target population in the geographic region to be served. Applicants should specify the role of staff in outreach and home visiting, and should clearly outline the role of supervisory staff in both.

41. Question: Can a list of the registrants be shared?

Response: Yes. See response to question 38.

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

Response: Depending on the number received, review committee members may score applications from both components.

43. 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.

44. 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.

45. Question: Does the requirement that all new mothers receive a contact imply screening or a home visit?

Response: All new mothers must be contacted and offered home visiting services. The number of mothers receiving a home visit will depend on staffing and caseload, and the mother's desire to participate in the program.

46. Question: Until forms are developed for the Welcome Baby! program, will the public health nurse determine the initial assessment criteria?

Response: 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.

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

Response: No. The term refers to all mothers who give birth in the program’s target area. As stated in the RFA, all new mothers will receive a contact from the Welcome Baby! program.

48. Question: Will the public health nurse do an initial assessment, triage and refer the family to other programs already in place?

Response: The public health nurse will conduct the initial assessment and refer the family to available programs and services. If the family is assessed as needing comprehensive home visiting services, then a referral will be made to a Community Health Worker Program, Healthy Families New York or Nurse Family Partnership program in areas where they exist. Where comprehensive home visiting programs do not exist or where women are ineligible, the Welcome Baby! program will provide home visits until all appropriate services are in place.

49. Question: Does the initial assessment done by the public health nurse have to occur during a home visit?

Response: Yes. Once the woman agrees to participate in the Welcome Baby! program, the initial assessment must be done by the public health nurse during a home visit.

50. 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.

51. 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 supervisory roles and relationships between the lead agency and the subcontractor, and should describe how supervision and oversight of program activities will be monitored. The applicant must ensure that staff are qualified to supervise personnel at the subcontracting agency.

52. 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 April 1, 2008 to June 30, 2009, and the amount of the first contract will be prorated to reflect a 15-month period. 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.

53. **Question:** Staff under component A will need training. How do we budget for the travel required to attend training?

Response: The program budget should be constructed to 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 training will be held in Albany.

54. **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 services required under this grant.

55. **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.

56. **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.

Component B

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

Response: Not-for-profit organizations that are incorporated meet the minimum eligibility requirements for Component B of the RFA. A not-for-profit organization could apply for Component B in collaboration with a county health department, but must the application must be submitted under the auspices of the not-for-profit.

58. **Question:** 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 to fund up to nine projects. The number of public health nurses and paraprofessionals will depend on the amount of funding and the staffing patterns proposed by the successful applicants.

59. **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.” 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: No, this requirement pertains to the 40 hours of comprehensive training, 40 hours on maternal and child health topics, and training on additional topics based on needs assessments.

60. **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, the application should note those resumes will be forwarded at a later date.

61. **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 and other means of obtaining feedback from Welcome Baby! program staff.

62. **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 Universal 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.

63. **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.

64. **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”. Will the successful applicant develop the curriculum? If so, what is the expected timeframe for curriculum development? Will any pilot trainings be expected?

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

65. **Question:** 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)

Response: The curriculum meeting the requirements outlined under Component B will be developed in collaboration with the Department.

66. **Question:** When would the Department want trainings to begin?

Response: The Department expects trainings to begin as soon as the curriculum is finalized and staff are hired for successful applicants for Component A of the RFA. The successful applicant for component B should expect to begin training within six months of receiving the award.

67. **Question:** What is the required training provided by the Department? (p. 8, third paragraph – Section III, b)

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. All successful applicants for Component A are expected to ensure professional and paraprofessional staff complete training offered by the Department.

68. **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.

69. **Question:** What are the guidelines for development of the training curriculum?

Response: The successful applicant for Component B will review existing curricula and develop the curriculum to be used to train professional and paraprofessional staff. The curriculum will consist of 40 hours of comprehensive introductory training on topics including cultural competence, outreach, community education, assessment, goal setting and others. An additional component on maternal and child health topics such as women's health, pregnancy, infant health, child development and perinatal health will require an additional 40 hours of training. In addition, the successful applicant will design and implement training on other topics as determined using a needs assessment.