Investing in Children RFP
• 11-02 Health Services

Early Screening and Intervention Perinatal Care Services

#	Question	Answer
1.	What is the definition of healthy birth?	A baby born free of substance/alcohol/tobacco exposure as determined by use of the 4 P's Plus tool and subsequent treatment program and baby weighing more than 2500 grams
2.	Is general perinatal care outside of substance abuse covered in this RFP?	General perinatal services are not included in this RFP
3.	In the Perinatal care area, if we only provide outpatient services do we have to include in-patient services?	Agency may provide out-patient services only.
4.	Does a mother have to be pregnant to receive Perinatal Care Services?	A woman must be pregnant to receive Perinatal Care Services under this RFP however care coordination related to postnatal health care must center on eliminating substance/tobacco use and exposure to the child through the baby's first year of life.
5.	Do we have to submit a different proposal for each service delivery model?	A proposal must be submitted for each Service Delivery Approach.
6.	I have used my own curriculum "Before you were born". Can I continue to use this curriculum?	First 5 does not outline a curriculum in relation to perinatal care services for health education.
7.	Is there still funding available for women and children in treatment	Funding is limited to substance abusing women.
8.	Is the mother eligible for Perinatal Services after birth?	A pregnant woman that is enrolled as a participant and gives birth can continue to receive postnatal health care services, through the 12 month follow-up, that center around eliminating substance/tobacco use and exposure to the child through the baby's first year of life. (Please see page 3 of Exhibit A)
9.	RE: Qualified SB CO ADS providers. If proposers care coordination/case management while sub-contracting substance abuse treatment providers; will this strategy satisfy this requirement?	A proposal may include sub-contractors (please refer to the RFP Section V, Contract Requirements and B Contracts General Responsibilities VI, Subcontracting). The entire model must be implemented.
10.	RE: target population: Can the proposer address one specific type of substance abuse (i.e. tobacco) or must provider address substance abuse over-all?	Agency may apply to deliver services to one substance abuse program
11.	We have substance abuse for pregnant women at one facility and we provide substance abuse for women and children at another facility. Will we be required to submit (2) separate RFP's?	Agencies are not required to submit separate proposals for programs within the same Program Focus Area and same Service Delivery Approach but operated in different locations.

12.	If we propose to offer outpatient substance abuse and/or inpatient substance abuse will we need to submit (2) separate RFP's?	Given that the inpatient and outpatient services are within the same service delivery model, you can submit one (1) proposal.

Early Screening and Intervention Perinatal Care Services

#	Question	Answer
13.	We are currently providing services/education to parents, caregivers and pregnant mothers who smoke or who have quit smoking and have a child under the age of five years old. Under Exhibit A, Request for Proposals for Health Services (RFP 11-02) -Funding Requirements and Expectations/ Program Focus: Perinatal Care Services, the target population described is pregnant women 1) Is the target population only for pregnant women? 2) Can we continue to target parents/caregivers in addition to pregnant mothers for our target population? 3) Can we also include substance abuse pregnant women to our target population or does it have to be solely to substance abuse pregnant women?	The target population for Perinatal Services is pregnant women only. This target population can include either pregnant women being served for substance/alcohol abuse or those using tobacco products. Proposers providing tobacco cessation services only are not required to be certified by Alcohol and Drug Services with San Bernardino County.

Early Screening and Intervention Asthma/Bronchitis and Obesity

#	Question	Answer
1.	How is the reduce hospitalization rate going to be measured?	The agency must submit their strategy to measure reduced hospitalization rates. Hospitalization is inclusive of ER/ED Visits and/or inpatient hospital treatment.
2.	Does the proposer define low, moderate, high risk?	Agency must define and substantiate their program model that distinguishes the risk factors of Low, Moderate and High based on professional and industry standard. The agency will determine and propose the level of care coordination and how it applies to their program model. (Please see service model page 5 of exhibit A) Successful candidate will work with First 5 to validate the terms for data collection purposes.
3.	Is a child shows up at the hospital, is that a hospitalization?	Hospitalizations is inclusive of ER/ED Visits and/or inpatient hospital treatment
4.	If a child is obese and has asthma do we have to separate the proposal?	An agency must submit a proposal for each service delivery approach. Although combined on the same line of Appendix A, these are 2 different service delivery approaches.
5.	How do I account for children under two programs?	Each program will be delivering unique service. Each client will be accounted for under appropriate program, the service deliver should not be duplicated.
6.	In reviewing the proposals will the reviewers consider how multiple proposals from the same agency integrate together (to coordinate, make cost effective activities that address more than one program area e.g. obesity, asthma, care coordination) or will reviewers not access to more than one proposal at a time (budget, if all parts are kept separated in the proposals, may not reflect savings to be realized by integration of proposals and consideration of multiple proposals.	Integrating service delivery approach is not an acceptable approach for this RFP.
7.	If an agency provides services that address more than one strategy within one health focus eg. Asthma and obesity. How can we integrate budgeted positions that address the same activity meeting both needs (eg. A care coordination, or	F5SB views each Service Delivery Approach as a separate program. If an agency is funded for more than one proposal, they are responsible to identify the staffing and duties related to each program. The agency must make decisions in regards to the budget and percentage

	outreach worker) 1 position/1 activity how do we split the budget lines if we are doing several separate proposals using the same activities /same children?	designated for FTE's.
8.	If a client ages 2-5 is obese, can the family be treated?	The primary recipient is the child, however the agency must demonstrate how they are going to provide service which will or may incidentally benefit the family.
9.	In regards to being able to provide items to parents that would reduce/eliminate asthma triggers in the home, would items such as mattress, spacers, cleaners or nebulizers for children be called Hard Goods?	In the Health Focus area these are not considered Hard Goods, rather program support and should be line itemed as such

Early Screening and Intervention Asthma/Bronchitis and Obesity

#	Question	Answer
10.	Will care coordination take place for only the High Risk clients?	Care Coordination will be provided across the spectrum. Agency must define and substantiate their program model that distinguishes the risk factors of Low, Moderate and High based on professional and industry standard. The agency will determine and propose the level of care coordination and how it applies to their program model. (Please see service model page 5 of exhibit A) Successful candidate will work with First 5 to validate the terms for data collection purposes.
11.	Is an obese family high priority?	The primary recipient of services under this service delivery approach is the child, however the agency must demonstrate how they are going to provide service which will or may incidentally benefit the family. Based on Body Mass Index an agency must define and substantiate their program model that distinguishes the risk factors of Low, Moderate and High based on professional and industry standard. The agency will determine and propose the need of care coordination. (Please see service model page 5 of exhibit A and Section IV Program Requirements definition)

Health Care Access Health Insurance Screening

#	Question	Answer
1.	Is it a plus that in Asthma program, we screen children for Health Insurance?	Per RFP Section V Contract Requirements, D. Fiscal Provisions, (10) Payor of Last Resort – contractor is expected to screen for eligibility to other funded service and demonstrate quality coordination and collaboration with pediatricians and health care providers. This is not a plus in the Asthma Intervention services.
2.	What do we mean by Healthy Kids?	The Healthy Kids Program serves children who do not qualify for no-cost Medi-Cal or the Healthy Families Program. First 5 San Bernardino funds the premiums for Healthy Kids ages 0 -5.
3.	If we apply for Obesity and HCA are they separate proposal?	They are separate proposals because they are different service delivery approaches
4.	Can we have more than one program focus in on proposal?	There will be one proposal per service delivery approach
5.	An agency will not know if a child is currently on health insurance until an intake/assessment is completed. There are two service delivery approaches. We will still have to apply for two proposals?	Health Care Access has two service delivery approaches. One approach is inclusive of the Healthy Kids Program which serves children ages 0 -5 who do not qualify for no-cost Medi-Cal or the Healthy Families Program, and First 5 San Bernardino funds the premiums. The other approach does not include the cost of premiums. Both must implement Care and Coordination services model.
6.	In the 2 service delivery approaches for Health Care Access, please clarify the difference between them. Can children on Medi-cal be considered for care coordination under both or is one for Healthy Kids enrollees only?	Health Care Access has two service delivery approaches. One approach is inclusive of the Healthy Kids Program only. All children, including those on Medi-cal are eligible and must be served through Care Coordination, under both service delivery approaches.
7.	Can you get the 3,6,12 month follow-up information by pulling data/reporting to verify utilization rather that one on one contact?	Agency must use the F5SB Follow-up survey to gather the information for the purpose of evaluating retention and utilization.
8.	Within the Health Care Access strategy is there an availability to provide incentives after an increase of on-going of medical home provider?	First 5 will not fund gift cards or vouchers as incentives. However, incentives that are program related may be awarded at the successful completion of the program.
9.	If a proposing agency also serves as sub-contractor providing services under another agency proposer (either separated by activity of geography), how will documentation collected?	Clearly defining the necessary documentation and/or information that is needed for the program is the responsibility of the proposer.
10.	How do I become a Healthy Kids Insurance provider?	Qualified to successfully meet the health care needs of the community; offering full service health

		plans for managed care, with core systems and processes that make up a health plan, achieve key dimensions of care, service and efficiency and implement the Care Coordination service model requirements.
11.	If we target pregnant women in the Health Care Access service delivery approach, during care coordination she has her baby. Would the follow-up continue with the child and mom?	The follow-up would be targeted to the mother only, with any services to the child being incidental as related to substance/alcohol/tobacco cessation in postnatal care and education.
12.	Are pregnant women a target population for health insurance screening and enrollment and care coordination?	F5SB seeks to improve health outcomes for children and create a medical home for children 0-5 and pregnant women. Per RFP Section V Contract Requirements, D. Fiscal Provisions, (10) Payor of Last Resort – contractor is expected to screen for eligibility to other funded service and demonstrate quality coordination and collaboration with health care providers.
13.	Are we writing for a one, two or three year proposal?	An agency can propose a program for one, two or three years.
14.	What are the expectations for the 3, 6, and 12 month follow up under the Health Care Access Strategy?	The expectation is that follow-up will occur with the participant in the 3, 6 and 12 month intervals and will consist of a face-to-face or phone call survey conducted to measure retention and utilization.

Oral Health

#	Question	Answer
1.	Recruiting of Dentist, Is First 5 saying that we have to find dentist and training?	F5SB is seeking proposals whose programs would successfully recruit and train dentists that are willing to serve most specific - children birth to 3 years of age.
2.	Pediatric Dentist cannot serve pregnant woman?	Providing the services to pregnant is a priority component under Oral Health services. General or specialist dentists are being sought to provide these services that are not covered under any other funded program. (See RFP Section V Contract Requirements, D. Fiscal Provisions, (10) Payor of Last Resort – contractor is expected to screen for eligibility to other funded service and demonstrate quality coordination and collaboration with health care providers.)
3.	If we hire a 2.5 FTE dentist, would we have met the expectation of RFP?	Proposals must meet the service delivery approach outlined in Exhibit A, targeting the birth- age 5 populations with qualified provider. Contractor would provide services that are not covered under any other funded program. (See RFP Section V Contract Requirements, D. Fiscal Provisions,(10)

		Payor of Last Resort)
4.	If we provide training to an existing dentist in our practice that enables them to treat children 0-5 will we have met the program requirements?	An agency's proposal must meet all funding requirements and expectations for each service delivery approach outlined in Exhibit A, targeting the birth- age 5 populations with qualified provider.
5.	RE: priority components/partnership with hospitals/ER. Does community health clinics including oral health screenings (ie RHC) satisfy this requirement?	Proposer must clearly define the partnership and ability to produce the necessary documentation and/or information that is needed for the program. Agency must meet all funding requirements and expectations for each service delivery approach outlined in Exhibit A, targeting the birth-age 5 populations with qualified provider.

Healthy Cities/Healthy Communities

#	Question	Answer
1.	Is there a definition of Capital Improvement?	Please see page 9 of the RFP
2.	Is this a reimbursement contract?	Please see page 26 in the RFP
3.	If a city is still in a process of developing a collaborative, would they still be able to apply for this grant if it show the process and initiatives they planned on implanting?	F5SB is looking to support communities that wish to become a Healthy City/Community. They must provide a copy of their Letter Of Intent sent to San Bernardino County Department of Public Health.
4.	It states that a LOI must be provided to the department of public health, did you mean MOU?	Please see page 11 in Exhibit A; the letter of intent speaks to coordination and accomplishment with the requirements of Public Health to become a Healthy City/Healthy Community. The MOU is required one a proposal and all of its participants are established.
5.	Can a proposal include a formal evaluation? And will First 5 pay for it?	This would be acceptable for the communities wanting to become a Healthy City or Healthy Community