

**Iowa Department of Public Health
Division of Health Promotion and Chronic Disease Prevention
1st Five Healthy Mental Development Initiative: Implementation
Request For Proposal # 58814002**

Interim Written Question and Response Document

Written Questions and Responses for the time period of: June 14-28, 2013

Posted: July 8, 2013

- 1) The funding formula factored in the number of medical practices in the service area. Could we get that baseline information used on medical practices, such as number/location of providers/practices for our service area?**

A 1. IDPH received the medical practice information from the Iowa Health Professions Tracking Center, Office of Statewide Clinical Education Programs at the University of Iowa Carver College of Medicine. Information on the number of current primary care practices in the service area was presented to 1st Five contractors on 5/30/13 and emailed to all 1st Five contractors on 6/04/13.

- 2) We need to increase the number of local primary care providers that use a standardized developmental screening tool by 5%. This higher level of screening in addition to routine surveillance has not been done in our county thus far. Because it would be helpful to know whether practices in the other parts of our CH service area are doing level 2 screening, is there any Medicaid paid claims data available on the number of developmental screenings being done? Or any other data estimates available on level 2 screening by state, region, or service area?**

A 2. The baseline for this measure is based on the current practices involved in 1st Five that are using a standardized developmental screening tool, as submitted on the Current Provider Relationship Worksheet (Attachment C). If none of the practices you are currently working with are conducting the higher level screening, your baseline would be zero and you would need to increase this by 5%.

The Site Coordinator will need to assess use of standardized developmental screening tools within a practice as they continue to build relationships with new providers in the service area.

- 3) The Site Coordinator must collect data on referrals and follow-up from medical practices within the identified data collection tool. In the past, each agency used their own tracking system for referrals/follow-up, with varying levels of sophistication and functionality. There are wide variations in data collection methods to get the data to report to IDPH. Do you anticipate that a standardized system for referral and follow-up data collection will be available for all agencies to use? All agencies must use CARES, but will there be another standardized database for 1st Five referral data for agencies to use?**

A 3. IDPH will develop, with input from local 1st Five contractors, a standardized tracking system for referrals and follow-up for all agencies to use until a comprehensive MCH data system is developed. Agencies will still be required to use CARES and the standardized tool, since CARES does not have the capacity to collect the referral and follow-up information.

4) The Site Coordinator must attend required meetings. So that we can budget for travel expenses, do you know how many required meetings are expected?

A 4. IDPH anticipates that there will be two (2) 1st Five Consortium meetings for each contract year.

5) The Care Coordinator must attend trainings as identified by IDPH. So that we can budget for travel expenses, do you know how many required meetings are expected?

A 5. IDPH anticipates that there will be two (2) 1st Five Consortium meetings for each contract year. Training requirements for Care Coordinators are listed in section 2.03 of the RFP.

6) Will both the Site Coordinator and Care Coordinator be required to attend?

A 6. For required meetings, the Site Coordinator will be the required attendee.

7) The 1st Five Site Coordinator must be at least 1 FTE and spend 50% of their time on infrastructure building activities like working with practices, providing trainings, educating providers/community partners, maintaining data logs and documenting federal cash match activities. This person must also complete core competency staff training requirements. Do you anticipate that the Site Coordinator will provide any care coordination in follow-up to referrals received?

A 7. The 1st Five Site Coordinator must be 1 FTE and spend a minimum of 50% of their time on infrastructure building activities. If the Site Coordinator is not spending 100% of time on infrastructure building activities, he or she may provide care coordination in follow-up to referrals received. The Site Coordinator must complete core competency training to have a full understanding of the program, regardless if he or she is providing care coordination.

8) The Care Coordinator may be assigned both Title V EPSDT and 1st Five care coordination and also must complete core competency staff training requirements. This person is a different person than the Site Coordinator. If this

person is providing care coordination, would most of their time be covered under the Title V/CH grant because those care coordination services are billable? Is there an FTE minimum requirement for this position?

A 8. It is possible for some of the care coordinator's time to be covered under the Title V/CH. There is no minimum FTE for this position; however, the agency must have adequate staff to meet the needs of the service area. For children who are referred through the 1st Five program, the agency should use 1st Five grant dollars to pay for care coordination for clients that are not eligible for Medicaid or to supplement the costs that Medicaid reimbursement does not cover.

9) We must bill Medicaid for “billable care coordination services and physician consultation communication (up to 50 units per month) provided to Medicaid-enrolled children.” For clarification: The billable care coordination is not limited at this point – just the physician consultation communication is limited? And physician consultation refers to the written correspondence in response to referrals received? What is the maximum payment for consultation?

A 9. Physician consultation communication (care coordination by letter) is limited to 50 units per month. There is a 2 unit (30 minute) limit per care coordination letter.

10) A 1st Five Site Coordinator Infrastructure Activity Log is a required monthly report. For clarification: is this to capture the necessary Federal Medicaid Match information for payment? Is there a minimum or maximum amount that we are expected or allowed to document/collect? This cash match revenue is above and beyond the available funds amount, just like the care coordination and physician consultation revenue, correct?

A 10. The 1st Five Site Coordinator Infrastructure Activity Log will be used to have record of the infrastructure building activities that an agency is conducting and will also be used for supporting documentation for Medicaid reimbursement.

The federal Medicaid reimbursement requires a \$1(federal Medicaid) to \$1(state 1st Five) match. If 100% of the 1st Five grant award funds were used for those infrastructure building activities, the maximum amount an agency could receive in Medicaid reimbursement would be the total amount of the 1st Five grant award. It is not likely that this scenario would occur.

The federal Medicaid reimbursement is above and beyond the amount of 1st Five grant funds listed in section 2.04 of the RFP; however, estimated Medicaid reimbursement must be shown in the “Federal Medicaid Reimbursement” column of the budget worksheet (Attachment G). Site coordinators are required to spend a minimum of 50% of their time providing infrastructure building activities, such as working with primary care practices, providing trainings and educating EPSDT providers and other community partners.

For example, if the Site Coordinator's salary was \$50,000:

- 50% Infrastructure = \$25,000 (\$12,500 1st Five grant funds + \$12,500 federal Medicaid reimbursement)
- 50% Other Activities = \$25,000 (1st Five Grant Funds)

11) Please define further the Federal Medicaid Match for physician consultation and community partner education. What is the definition of a unit is it 15 minutes or 1 hour. What is the reimbursement rate per unit? The same as our care coordination rate or the site coordinator's actual salary/benefits?

A 11. Infrastructure building activities will not be billed on a unit basis. Fifty percent of the expenses (staff time, travel, supplies, etc) for conducting eligible infrastructure building activities will be reimbursed from federal Medicaid funds. The other 50% will be paid by 1st Five grant funds.