

July 30, 2020

Questions Posed by Interested Sites During Optional Q&A Session #2 and HealthySteps National Office Responses

- Please clarify if health systems with existing HealthySteps (HS) sites at distinct and standalone hospitals and affiliated clinics are eligible to apply?
 - National Office response:
 - Please see the RFP for additional details on entities eligible for scholarship funds.

- If an entity is considering applying for training and onboarding at one site initially, but has multiple sites within the same entity that it wants to implement HS over several years, does the initial site staff train the other sites?
 - National Office response:
 - Prior to ZERO TO THREE subsuming HS, all sites had the opportunity for natural expansion that happened organically, and the first site would train other sites within a health system. The HS National Office is currently in the process of formalizing a new training model whereby the first site, if doing well and implementing the model to fidelity, will then work with the National Office to expand the model to other sites, without the need for the complete HS extensive training curriculum originally received. The new National Office protocol will rely on site “local leads” at the first HS site (assuming implementation is going well and the site is working towards fidelity as expected), to work with the National Office to receive training on bringing other sites up. The National Office will provide training materials via asynchronous e-learning. If the entity wants to expand to another site and is not close to reaching fidelity, the National Office will work with the initial site on fidelity and require additional supports. There is some flexibility as site expansion will depend on how the first site is performing on fidelity. The National Office will always offer support depending on the site’s needs. Given the need to create onboarding materials and training materials, there may be a minimal fee for training additional sites, but nothing to the level of initial onboarding costs.

- Is there a model for how well child visits are disbursed among HealthySteps Specialists (HS Specialists)? Would a site need to hire someone with a master’s degree and license and how many individuals could a HS Specialist see in a week?
 - National Office response:

Specialists are employed by an outside agency to work in the HS practice, there should be a clear pathway for reimbursement that is addressed in the proposal. Applicants will also receive follow up documentation and implementation activities that will need to be completed by the pediatric practice implementing the model.

- Is there a limit to the number of staff that can attend a training?
 - National Office response:
 - No there is not a limit. The training is structured in certain sessions which encourage maximum practice participation. At the initial training session, everyone in the practice should attend to gain an understanding of the model and know their role and feel accountable. For the second session on implementation planning, a smaller group is required and preferred. For the third session targeted to HS Specialists and clinicians, all are welcome to learn more about what happens in the well child visit with the HS Specialist during a well child visit.
- If a HS site is an academic medical center, are externs and interns eligible to participate in training even if they are not permanent staff?
 - National Office response:
 - Yes.
- If an entity is looking to train more than one HS site, do they need to submit one proposal or more than one?
 - National Office response:
 - All sites can be grouped under one entity's proposal.
- Is it 2000 children birth to three for one HS Specialist?
 - National Office response:
 - Yes. Some sites extend the model to birth to 5 but this is optional. Data reporting required from the National Office is only for children birth to three.
- Can you provide an elevator talking pitch to share with other clinicians in a practice to articulate why HS is important?
 - National Office response:
 - HS is transforming the promise of pediatric care through a unique approach that integrates a child development specialist into the pediatric care team. Families are the center of care and receive the knowledge, support, and resources they need to foster their children's growth as well as their social-emotional and cognitive development. HS is a signature program of ZERO TO THREE, the nation's leading

nonprofit working to ensure all babies and toddlers have a strong start in life. Visit healthysteps.org to learn more. Additional talking points can be gleaned from the HS website.

- In addition, when sites commit to implementing the model, the National Office provides a lot of support and also places demands on sites. Requirements include drafting an initial Implementation Plan including how core components will be implemented and updating the Plan throughout implementation. Sites are also required to create an Implementation Team that includes key staff members in the practice that play essential roles. Additional details on members of the Implementation Plan are included in the RFP.
- Does the National Office have a partnership with Ages and Stages?
 - National Office response:
 - Given the current pandemic and that so many sites are trying to conduct screenings over the phone and via telehealth, the National Office is actively exploring a partnership, but there is unfortunately no immediate remedy for the expense incurred related to owning and providing questionnaires.
 - What percent of our sites are federally qualified health centers (FQHCs) and what should FQHCs know in advance about the model?
 - National Office response:
 - About 33% of our sites are FQHCs.
 - FQHCs are a one-stop shop for HS caregivers and their children, often times serving as the key access point for well-child visits in a given area as well as the primary care provider for the entire family. In many communities, FQHCs are the main or the only health care clinic available to families. This allows for more complete medical record documentation of the caregiver if adults are patients at the FQHC. FQHCs also allow for a built-in warm handoff when needs are identified on both the child and caregiver side during well-child visits, and HS can serve as an internal referral source which can generate additional revenue for the FQHC, as appropriate.
 - Regarding considerations, unlike non-FQHC settings, it is challenging for FQHC providers to bill for additional services provided to children and caregivers outside of a routine clinic visit. For example, providers often face limits on billing for various screenings and other services conducted during a well-child visit. There may also be same day billing restrictions that prevent behavioral health providers from billing for their services on the same day as a physical health visit.
 - What percent of our sites are within private medical practices?
 - National Office response:

- The National Office does not currently collect this data from our site network.
- Where are questions and responses located for the previous optional RFP Q&A call?
 - National Office response:
 - Responses can be found using the link in the RFP and as specified below.
<https://www.healthysteps.org/article/the-healthysteps-institute-site-scholarship-fund-rfp-q-a-166>