

## Questions From Interested Practices Received during the Q&A Session and via Email and HealthySteps National Office Responses

(Updated January 21, 2022)

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1. Are the six new sites going to be organizations or site-specific clinics? For example, is an organization with nine pediatric health centers is only considered one site that will be funded?
    - National Office response:
      - A site is determined by the physical location of where well child visits take place (e.g., pediatric health center). We are hopeful organizations with multiple pediatric health center locations will be interested in responding to the RFP.
      - Please also refer to the National Office response to, “Is there a budget ceiling for this RFP?” item on the [Question and Response document posted on January 13th](#).
      - **The total number of awards** will depend on the number of eligible RFP responses.
  
  2. Regarding the ratio of HS Specialists to children receiving Tier 1 services on page two of the exploration guide: would an applicant be expected to have more than one HS Specialist if it served more than 2,000 children ages 0-3 annually, or could the applicant pilot the program and scale later, as needed?
    - National Office response:
      - We strongly encourage a practice to hire a billable behavioral health clinician to provide services as this individual has a greater potential to receive reimbursement for their services (reimbursement potential varies by state). The number of HS Specialists needed depends on the number of children birth to three in a practice. For example, one full-time HS Specialist can help a practice serve up to 2,000 children birth to three. This assumes a site is following the tiers of service (outlined in the RFP) and risk stratifies to ensure that the HS Specialist can see families most at risk. Criteria setting for the tiers is up to each site. Some smaller sites provide all tiers of service to all families while other sites use risk stratification to allocate resources.
      - In addition to the total number of children ages 0-3 in a practice, other factors to consider when evaluating HS

Specialist capacity include payer mix, unique needs of the population served, accessibility and availability of community services and supports, and criteria outlined for each tier.

- Please also see the [HealthySteps Exploration Guide](#) for additional information.
- Please also see our [Frequently Asked Questions website](#) for additional details about our HealthySteps (HS) tiered approach.

3. On the list of LOI components on page 7 of the RFP, Questions #3 and #7 are identical. Do applicants need to address this question twice?
  - National Office response:
    - There is a duplicate on page 7 of the RFP document, Questions #3 and #7 (Statement of why the entity is seeking to implement HS and the value it can bring to the entity and individual practice(s)). You only need to answer this question once in your LOI.
4. Can you provide more details regarding allowable expenses beyond HS Specialist salaries and training costs?
  - National Office response:
    - Allowable expenses include but are not limited to printing/coping expenses, lap-top and other technological items, and possible local travel between sites if applicable.
    - Please also see response to question #1 on this document.
    - Please see “How much does HS cost?” on our [Frequently Asked Questions webpage](#).
5. Does the licensed behavioral health professional have to provide all Tiers of services, or could they supervise non-licensed coordinators to take care of lower tier services?
  - National Office response:
    - HS is based on three tiers of service (please see the RFP for additional details). Each site must deliver the Core Components of the model, including Tier 1 services that must be provided to all children 0-3 (i.e., HS Specialists should not be responsible for delivering Tier 1 services practice wide). Larger HS sites use risk stratification to allocate resources efficiently in Tiers 2 and 3. Within smaller sites, all families may be able to receive services across the three tiers, leveraging one HS Specialist.

- The implementation of HS involves practice transformation whereby workflows are developed to include other personnel within the office, including but not limited to other staff who may be administering screenings which are later reviewed by the provider and HS Specialist.
  - Please see pages 6-7 of the [HealthySteps Exploration Guide](#) and the [Tiers and Components of the HealthySteps Model](#) for additional information.
  - Please see, “How does HS affect practice workflows during team based well-child visits?” on our [Frequently Asked Questions](#) webpage.
6. For the Budget, should we only include expenses for which funds are being requested or a full projected program budget (including in-kind or other external/internal funding outside of Healthy Steps)?
- National Office response:
    - Please do not include expenses outside of HS in your budget.
    - Please also see page 3 in the [HealthySteps Exploration Guide](#) for a sample budget worksheet for the purpose of this RFP.
7. If we apply for only one site, can the HS Specialist still provide services to other clinic sites virtually?
- National Office response:
    - It is not recommended that a HS Specialist provide services to practices that have not implemented HS.
8. How many sites can one organization propose? And does each site require a HS Specialist?
- National Office response:
    - Our goal is to onboard more than six sites and the funding allocation has been designed with the baseline assumption of six sites needing everything for staffing at least one HS Specialist (i.e., HS Specialist salary and fringe benefits, printing/copying expenses, lap-top and other technological items, possible local travel between sites if applicable). To maximize this opportunity and extend the funding as far as possible, we encourage applicants to assess their current staffing and identify what exactly they will need to become a HS site.
    - Each site should have a HS Specialist. Occasionally, depending on the number of children 0-3 in a clinic, clinic workflows and scheduling of well child visits, and proximities of clinics, HS sites within the same organization may be able to share a HS Specialist.
    - Additional details and examples provided in question #1 in this document.

9. To clarify, salaries outside of the HS Specialist are not allowed. For example, Physician Champion time to support buy-in and clinic integration?

- National Office response:
  - See the National Office response to question #1 on this document.
  - Please also see the National Office response to the question, “Is a Project Coordinator/Manager an allowable expense” on the [Question and Answer document](#).

10. Is the HS Specialist required to have a physical location at every health center at which they will be located?

- National Office response:
  - It is required that the HS Specialist have access to a private space where they can see patients, preferably outside of an examination room as to not disrupt clinic flow.

11. Can we request funding for two HS Specialist for one site, if the site has more than 4,000 0-3 patients?

- National Office response:
  - As described in the [HealthySteps Exploration Guide](#), ideally, funding one full-time HS Specialist allows a practice to serve up to 2,000 children age 0-3 annually. From that population of 2,000, HS Specialists can provide short-term child development and behavior consults (Tier 2) to up to 300 children annually and comprehensive services (i.e., ongoing, preventive team-based well-child visits, or Tier 3) to up to an additional 300 children annually. With more than 4,000 children age 0-3, this site would likely require an additional HS Specialist.
  - Please also see the National Office response to question #2 on this document.

12. Can you explain the role of Welly when implementing the HS program?

- National Office response:
  - Welly is a HIPAA-compliant, mobile-friendly, care coordination and data reporting web-based platform. Developed in response to HS Specialists’ needs for an easier reporting process as well as needs for care coordination, Welly is a multi-faceted tool built to match HS Specialists’ workflows. HS Specialists played an integral role in the development process and considerable design expertise was brought to bear to provide a highly intuitive user experience. Welly will change over time, as feedback from sites is gathered and updates are made to best suit the needs of HS Specialists.

- Additionally, please visit this [page on Welly](#) to better understand this web-based platform.

13. Are we requesting funds that will last until July when the new Medi-Cal benefit starts, or can we fund the HS Specialist for a longer period of time?

- National Office response:
  - Please see the National Office response to question #1 on this document.

14. For the LOI, should we number our responses for ease of reading?

- National Office response:
  - Each applicant may format the LOI as appropriate, while answering the prompts on the RFP.

15. Just for confirmation, one organization can request the funding to support multiple health centers, but we have to take into account that there is only funding for a total of 6 HS Specialists for two years?

- National Office response:
  - See the National Office response to question #1 on this document.

16. Is the HS Specialist required to be a licensed behavioral health provider (as opposed to a health educator, for instance) because they are billable or based on the work they will do?

- National Office response:
  - The HS Specialist is not required to be a licensed behavioral health provider. However, for sustainability of the model, we encourage practices to hire a licensed behavioral health provider as their HS Specialist, increasing the likelihood of reimbursement for HS services rendered, especially with the upcoming new Medi-Cal dyadic benefit.

17. I know the Practice Assessment is embedded in the full application questions; how do we differentiate for other non-practice assessment questions?

- National Office response:
  - For the purposes of completing the application, it is unnecessary to differentiate the practice assessment questions from the non-practice assessment questions. All questions are required to be answered by applicants

to be considered for funding, and the National Office will consider all responses when making funding decisions.

18. Where is the resource link posted?

- National Office response:
  - [Funding Opportunity for California Practices](#)