



REQUEST FOR APPLICATION

SECOND REQUEST

HEALTHY START SERVICES Brevard County, Florida

For the period of
July 1, 2023 – June 30, 2024

TIMELINE

EVENT	DUE DATE	LOCATION
RFA Advertised – Release	February 27, 2023	www.healthystartbrevard.com
Letter of Intent to Apply (not mandatory, but encouraged)	March 13, 2023 Prior to 4:00 PM	Submit to: Healthy Start Coalition of Brevard County PO Box 560868 Rockledge, FL 32956 Email: jfloyd@healthystartbrevard.com
Questions Submitted in Writing	March 13, 2023 Prior to 4:00 PM	Submit to: Healthy Start Coalition of Brevard County PO Box 560868 Rockledge, FL 32956 Email: jfloyd@healthystartbrevard.com
Answers to Questions	March 31, 2023	Emailed to all those who submitted a Letter of Intent to apply
Applications Due	April 17, 2023 Must be received PRIOR to 4:00 PM	Healthy Start Coalition of Brevard County PO Box 560868 Rockledge, FL 32956 Attn: Jennifer Schwalb Floyd
Anticipated Evaluation of Applications	April 19, 2023	
Anticipated Posting of Intent to Award	April 28, 2023	Posted electronically via the following Internet site: www.healthystartbrevard.com Email notice to Awardee

NOTE: The Healthy Start Coalition, at its discretion, reserves the right to waive minor informalities or irregularities in any responses, request clarification of information from applicant, reject any and all responses in whole or in part, with or without cause, and accept any response, if any, which in the Coalition's judgment, will be in the Coalition's best interest.



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REQUEST FOR APPLICATION (RFA)

1) Statement of Purpose

The Prenatal and Infant Healthcare Coalition of Brevard County, Inc. DBA Healthy Start Coalition of Brevard County (Coalition) is issuing this Request for Applications (RFA) to select a qualified provider to deliver Healthy Start services in **Brevard County**. The award of any contract as a result of this RFA shall be at the sole discretion of the Coalition. Neither this RFA nor any application submitted in response hereto is to be construed as a legal offer. The Coalition Board of Directors will make the final decision on all contracts awarded through this RFA process and reserves the right to negotiate all contractual terms with potential service providers.

The goals of Healthy Start are to reduce infant mortality and morbidity, to improve pregnancy outcomes, and to enhance the health and development of children. This RFA seeks to work with local providers to increase rates in screening, assessments and service delivery to participants identified as at risk. The Coalition is seeking a provider for the following Healthy Start services:

- a) **Healthy Start Assessment Services**
 - i. **Comprehensive Assessments**
- b) **Healthy Start Care Coordination and Referral Services**
 - i. **Outreach**
 - ii. **Care coordination-home visiting**
 - iii. **Parenting Education and support (using the Department of Health approved curriculum Partners for a Healthy Baby)**
 - iv. **Childbirth Education**
 - v. **Nutrition counseling**
 - vi. **Psychosocial counseling**
 - vii. **Breastfeeding Education and Support**
 - viii. **Interconception Care Education and Counseling**
 - ix. **Tobacco Education and Cessation (using SCRIPT curriculum)**
 - x. **Depression Screening (using Edinburgh Screening Tool)**

The submitted application must include all service components listed above. The provider must either provide the service directly or clearly identify how they will link to other organizations providing these services and explain how they will refer participants to these services (i.e., Interagency Agreements, Memorandum of Understanding, etc.). Please refer to Chapter 31 in the Healthy Start Standards and Guidelines https://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/_documents/chapter-31-transition-and-interagency-agreements-2008.pdf

The application must demonstrate an understanding of early education needs and resources in **Brevard County**, including but not limited to the needs of pregnant women and infants at risk for poor pregnancy and developmental outcomes. The application must demonstrate the ability to meet these needs in a timely, effective and non-discriminatory manner.

2) Healthy Start Coalition of Brevard County Overview

The Healthy Start Initiative was implemented in 1992 to reduce infant mortality and morbidity, to improve pregnancy outcomes and to enhance the health and development of children birth to age three. Healthy Start offers universal prenatal and infant risk screening, care coordination, Healthy Start



services, and increases access to comprehensive maternity and well-child care. Authority for Healthy Start Coalitions and Services are provided in Florida Statute 383.216; Rule 64F-2 and Rule 64F-3. Due to differences in geographical needs across the state, individual Coalitions were formed to oversee the coordination of the Healthy Start system at the local level by providing fund allocation, quality assurance, contract management, and advocacy for prenatal and infant care.

Healthy Start is funded with state general revenue dollars and a portion of the federal funds from the Maternal and Child Health Block grant to serve pregnant women and their infants. The Florida Department of Health and the Healthy Start MomCare Network fund the Healthy Start program at the state level. Each local Coalition is responsible for identifying and prioritizing local needs by facilitating a community-wide comprehensive service delivery planning process that occurs once every five years. Local Coalitions update their service delivery plan annually to incorporate new issues and concerns to assure that the mandatory universal Healthy Start screening processes are being performed, and that Healthy Start services are accessible to pregnant women (prenatal) and the 0 to 3-year-old population (postnatal) in their geographical area.

In January 2014 the Florida Legislature amended Florida Statutes which resulted in a change to how Healthy Start dollars were allocated. The Agency for Health Care Administration, AHCA, was required to contract directly with an administrative services organization (ASO) representing all Healthy Start Coalitions providing risk appropriate care coordination and other services in accordance with a federal waiver and pursuant to s. 409.906. The Florida Association of Healthy Start Coalitions, FAHSC, created an ASO and obtained 501(c) (3) status. The ASO, aka Healthy Start MOMCARE NETWORK, now oversees the Medicaid Waiver funds for the Coalitions. The Medicaid Waiver contract is supported with certified public expenditures of general revenue appropriated for Healthy Start services and any earned federal matching funds.

The Healthy Start Coalition of Brevard County has been operating since 1992 and was established to address the high infant mortality rates and poor birth outcomes within Brevard County. The Coalition strives to increase community education and awareness of Healthy Start and its impact on maternal, infant and child health.

The mission of the Coalition is “*promote a system of care which enables healthy growth and development for moms and babies*”. The Coalition strives to accomplish this mission through strong community partnerships with private and public sectors, maternal and child health providers, and consumers of services. Like most communities, the Coalition service area does not have the resources to meet all identified needs; therefore, a system of triage and prioritization in service delivery is necessary to provide more intensive services to those with the highest priority needs.

3) Healthy Start System of Care for Maternal Child Health Services

The Florida Department of Health provides thorough definition of all Healthy Start services through their Healthy Start Standards and Guidelines (available at <https://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/index.html>). The Standards and Guidelines detail qualifications for each of the Healthy Start services listed below and responding organizations are expected to identify these requirements in staffing patterns and budgets. Included in the Standards and Guidelines is a complete description of participant levels that are assigned through the Initial Contact and Assessment process. Levels determine the frequency and type of contact required. A thorough understanding of the Standards



and Guidelines is expected to be demonstrated by responding organizations, as this is critical to providing Healthy Start services. *Note: Some Standards and Guidelines are currently under revision.*

The services may be delivered either “Face-to-Face” or “Not Face-to-Face” depending on the nature of the contract or service provided to the participant and in accordance with Healthy Start Standards and Guidelines (available at <https://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/index.html>).

(see Attachment A – Services and Codes).

4) **Summary of Healthy Start Processes and Services**

Healthy Start services are identified below:

- a) **Universal Prenatal and Infant Risk Screening** is used to identify pregnant women and infants at-risk for adverse birth, health and developmental outcomes. All pregnant women and infants are to receive screening for risk factors that make them more likely to experience preterm delivery or delivery of a low birth weight baby, or infant mortality. Upon initial contact, health care providers are required by Florida Statute to offer Healthy Start risk screening to all pregnant women and infants. This screening process serves to “funnel” those most at risk into the care coordination system for additional intervention. Women may also request Healthy Start services as a result of other factors (Chapter 4-Tiers- <https://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/documents/chapter-4-coordinated-intake-and-referral-3-2019.pdf>).
- b) **Assessment Services** may be linked to the risk screening process or provided separately. These services include:
 - i) When a referral from the Coordinated Intake and Referral system is made to Healthy Start, care coordination begins. A comprehensive assessment is made, risks are addressed, and assets available to the participant to offset risks are discussed. In this way, the comprehensive assessment provides an opportunity for the Healthy Start Care Coordinator to make preliminary decisions related to prioritizing service delivery. A plan may be written to identify needs, goals, interventions, and progress towards meeting the goal(s) based on the Care Coordinator evaluation of the participants’ risk and needs.
 - ii) **Comprehensive Assessment** Service delivery activities of the comprehensive assessment include the following:
 - A face-to-face interview with the pregnant participant or infant’s/child’s family with the participant present to assess interaction.
 - Completion of an authorization for release of medical information, as appropriate.
 - Joint determination of participant and family service needs in conjunction with the participant or family. Determination of service needs includes evaluation of:
 - All unresolved risk factors, corresponding need(s), and potential for change
 - Participant’s and family’s concerns, priorities, and resources
 - Child’s or woman’s physical and emotional well-being, safety, and general appearance
 - Ability to continue regular participation in ongoing health care, including verification of past appointment regularity



- Maternal or postpartum depression
 - Ability to comply with recommended treatments, such as obtaining and taking medication or staying on bed rest
 - Type of housing, age and gender of all occupants
 - The home environment (with or without a home visit). A home visit is required for those children prenatally substance exposed (see Chapter 12, “Substance Abusing Pregnant Women, Substance Exposed Children and Their Families,” of the Healthy Start Standards and Guidelines for services to substance exposed newborns)
 - Woman’s and family’s knowledge and attitudes about pregnancy, childbirth, parenting, and family life
 - Mother and child interaction
 - Characteristics of the parent at-risk for child maltreatment which include:
 - Having a personal history of abuse, neglect or violence
 - Lack of knowledge of parenting skills
 - Unrealistic expectations of the child
 - Unmet emotional needs of the parent
 - Substance abuse
 - Social isolation
 - If unmarried, plans for establishing paternity, child support, and involvement of father in child’s life
 - Availability of a social support system
 - Current situation with regards to:
 - Housing
 - Food, including current eligibility for WIC
 - Transportation
 - Family planning services
 - Health services
 - Eligibility and limits for Medicaid or other insurance and ability to access it
 - Knowledge of Medicaid services available
 - School enrollment and participation
 - Family and self-sufficiency goals/economic stability
 - Alcohol, tobacco, or other drug use
- c) **Care Coordination Services** support families in reducing the factors and situations that place pregnant women and infants in jeopardy for poor outcomes. The scope of care coordination includes: (Ch. 11 of standards and guidelines discusses care coordination-
https://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/_documents/chapter-11-care-coordination-3-2019.pdf)



- i) Participants referred to Healthy Start entering Healthy Start care coordination services for a **Comprehensive Assessment (CA)** to determine their needs. Some participants will need only “tracking” for follow-up; some will need a thorough assessment to determine the full extent of interventions needed to offset their risk (e.g., tobacco education and support, parenting education, psychosocial counseling, substance abuse treatment, and/or depression screening). Once the Healthy Start participant is opened to care coordination, the provider will use professional judgment and assessment skills in collaboration with the participant/family to determine the services needed.
- ii) **Healthy Start System of Care** services are the foundation for the delivery of Healthy Start services. Healthy Start system of care is based on the concept of risk-appropriate care. The intensity and duration of Healthy Start services are determined by:
 - Presence of risk factors affecting participants
 - Availability of participant or family assets, strengths, and resources to offset the risk factors
 - Participant and family desires, concerns, and priorities
 - Resources of the Healthy Start care coordination provider and the community

The Care Coordinator will determine what services are needed based upon professional judgment, family priorities, safety concerns and immediate needs. The system of care may include:

- Tracking for receipt of services
- Ongoing care coordination and family support plans through home visits/face-to-face visits
- Referrals to other community-based service providers for a specific service (i.e., housing assistance, transportation assistance, etc.)
- Closure to care coordination, with or without referrals to other Healthy Start or community-based services, including more appropriate care coordination providers (i.e., Healthy Families, etc.)
- Referrals at case closure for needed services that ensure continuity of care (e.g. Early Steps, Early Head Start, Healthy Families, etc.)

Care coordination plays an invaluable role, even for those participants who need care coordination only and no other Healthy Start services. By taking advantage of the “teachable moments”—that time when a family is most receptive and motivated to learn about, and practice new behaviors—care coordination can provide the motivation, information, and encouragement many at-risk persons and families need to change the circumstances placing them at risk. Participants receive education based upon assessment in accordance with the Standards and Guidelines.

<https://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/index.html>

Care coordination is the fundamental process for assessing, tracking, providing and referring participants for needed services.

Once the Healthy Start participant is opened to care coordination, the provider will use professional judgment and assessment skills in collaboration with the participant/family



to determine the level of services needed. Most communities do not have the resources to meet all identified needs; therefore, a system of triage and prioritization in services delivery is necessary in order to provide more intensive services to those with highest priority needs.

d) System of Care includes Core as well as Enhanced services:

Core Services:

- i) **Parenting Education and Support** services entail providing face-to-face education to parents/caregivers about care of the newborn, infant, and older child; normal growth and development; anticipatory guidance; encouragement and support; changes in family dynamics; attachment behaviors; nutrition; safety; child injury prevention; and child abuse prevention. The curriculum used in Brevard County is *Partners for a Healthy Baby*. Care Coordinators must receive training, and certification, to provide this service.
- ii) **Interconceptional Care Education and Counseling** educates Healthy Start women about interconceptional care, access to health care, baby spacing, nutrition, physical activity, maternal infections, chronic health problems, substance abuse, smoking, mental health and environmental risk factors to positively affect the health of future pregnancies. Care Coordinators must receive training, to provide this service.
- iii) **Tobacco Education and Cessation** services provide comprehensive tobacco, education and support throughout the pregnancy and postpartum periods to participants, parents/caregivers, their families, and other household members. Tobacco education and smoking cessation counseling includes addressing barriers to tobacco cessation and ways to overcome them, the benefits of quitting, behavior modification, and relapse prevention. Services also address secondhand smoke elimination in the home environment for those families who are not ready to quit. *The Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) Program* is the curriculum mandated by the Florida Department of Health.

Enhanced Services:

- iv) **Childbirth Education** is provided to the pregnant woman and her family to increase their knowledge about the childbirth process to promote a healthy outcome for the woman and her infant. By increasing the mother's knowledge regarding the signs of pre-term labor, how to prepare for delivery, and the labor and delivery process, pregnant women and their families are empowered to be active participants in their childbirth experience and are more likely to have a positive birth outcome. Care Coordinators must hold a current certification from a nationally recognized organization as a Certified Childbirth Educator in order to provide the service.
- v) **Breastfeeding Education and Support** services provide comprehensive education and counseling to prenatal and postpartum women to assist in overcoming breastfeeding barriers. This is done through hospital and/or home visits to assist new moms with breastfeeding initiation and anticipatory guidance to prevent breastfeeding problems that could negatively affect how long the infant is breastfed. Care Coordinators must be certified to code for this service.
- vi) **Nutrition Counseling** services provide face-to-face intensive therapeutic nutrition assessment and counseling to at-risk pregnant and interconceptional women or



family/caregivers of at-risk infants with medical conditions requiring medical nutrition therapy. Nutrition counseling must be tailored to the unique needs, interests, experiences, educational level, environmental limitations, culture, capabilities, and lifestyle of the participant. Nutritional counseling services in Brevard County are provided by WIC, if eligible, otherwise, services are limited.

vii) Psychosocial Counseling services provide short-term, face-to-face psychosocial counseling to Healthy Start participants in order to address emotional, situational, and developmental stressors. The goal is to reduce identified risk factors to help achieve positive pregnancy outcomes and optimal infant/child health and development. Licensed mental health counselors provide support to women and families overcoming environmental, emotional, or social problems that are affecting the health and well-being of the Healthy Start participant and/or their family members. Resources to provide timely Psychosocial counseling services is limited. These services will be offered as resources are available.

- e) Number of potential participants and number of services provided to participants in Brevard County** during the 2020-2021 and 2021-2022 fiscal years. The table below summarizes the data. (Data source: Florida Department of Health, Executive Summary, 12/22)

	20-21	21-22
Number of pregnant women in Brevard	4,847	5,161
Number of services provided to pregnant women	4,106	4,432
Number of infants born in Brevard	4,847	5,161
Number of services provided to infants	2,368	2,436

Responding organizations are to provide the following information for each of the services to be provided:

- i) Past experience providing Healthy Start or similar services;
- ii) Proposed strategies to successfully provide services;
- iii) Strength of your organization to provide Healthy Start or similar services;
- iv) Challenges for providing one or more of the services;
- v) Key staff that will provide services and their credentials.

5) Collaboration

The Coalition strongly encourages collaboration between agencies that increase system efficiencies. Therefore, in order to maximize funding dollars, interested applicants are strongly encouraged to form clearly defined, meaningful interagency agreements with other Providers that are cost effective and provide a direct impact on the participants served.

Note: Healthy Start funds should be the last fiscal resource for care services; if a patient is insured or eligible for third party reimbursement, the project and all its contractors must bill/utilize those resources first. Any re-budgeting out of approved patient care costs must have prior Coalition approval.

6) Service Delivery Plan (SDP)

The Coalition is guided by a five-year Service Delivery Plan (SDP). This plan was developed by a community workgroup and is approved by the Coalition's Board of Directors and the Florida Department of Health. Every year the Action Plan section of the SDP is reviewed and updated. The plan may be



accessed through the Coalition's website at www.healthystartbrevard.com . (https://h515b0.a2cdn1.secureserver.net/wp-content/documents/HSBrevard_SDP2021.2026_Final.pdf) Respondent organizations are strongly encouraged to review the SDP in preparing their application.

Some on the maternal child health indicators addressed in the Coalition's SDP are below. Applications are expected to identify methods for improving these indicators, especially those in which the county's rate is worse than the state.

**Healthy Start Coalition of Brevard County
Maternal and Child Health Indicator Summary
2018-2020 Year Rolling Average Data**

Indicator	Brevard	State
Population	604,154	21,538,187
Live Births 2020 Per 1,000 population	8.1	9.7
Indicator- rate per 1000	Brevard	State
Births with late or no prenatal care	10.2	7.2
Indicator - % of births	Brevard	State
Preterm with low birth weight (LBW)	5.5	6.1
Births <1500grms (VLBW)	1.5	1.6
Births <2500grms (LBW)	8.1	8.7
Births <37 weeks gestation (preterm)	9.8	10.4
Indicator –per 100,000 population	Brevard	State
Domestic violence offenses	629.3	495.9
Indicator - Per 100,000 population < 1	Brevard	State
ER visits for non-fatal unintentional falls < 1	4,869.6	4,102.9
Indicator –per 1,000 deliveries	Brevard	State
Fetal deaths	6.3	6.8
Indicator –per 1,000 live births	Brevard	State
Infant deaths (0-364 days)	6.3	6.8

Data source: Florida Department of Health, CHARTS, 12/2022

7) Cultural Competency

Services that are delivered with an awareness of the participants' cultural setting are critical for positive outcomes. The Florida Healthy Start Standards and Guidelines identify the following:

- a) **Awareness** is the ability to recognize one's own reactions to people who are different, as well as understanding the implications of these reactions for effective interaction with others.
- b) **Attitude** is one's values and beliefs about differences among individuals or groups.
- c) **Knowledge** is one's understanding of the facts about individual groups.



- d) **Skills** are the tools and processes used to communicate and interact with diverse individuals or groups.

Respondents are expected to identify and demonstrate how the above components are to be integrated into service delivery and are requested to include a copy of their organization's Cultural Competency Plan.

8) **Participant Engagement and Retention**

Respondents are expected to demonstrate and identify methods that will be implemented to engage prenatal participants and retain them during postpartum periods as needed.

9) **Quality Assurance/Quality Improvement (QA/QI)**

QA/QI is the continuous process for internal and external evaluation and reporting on the structure, process and outcome of the prenatal and infant health care delivery network. The process evaluates the extent to which Providers are in compliance with pre-established standards and includes corrective action planning and implementation aimed at services not meeting standards.

Note: The Coalition reserves the right to request additional reports as necessary to ensure the adequate and appropriate use of funds, including but not limited to QA/QI Monthly/Quarterly Reporting Forms and any other report(s) that substantiate contacts and activities for complying with the stated outcomes.

10) **Resources and Capabilities: Administration and Management**

To be considered, responding organizations are expected to have systems, policies, and procedures already in place for managing funds, equipment, and personnel. Responding organizations who propose subcontracting these administrative and fiduciary responsibilities for the project will not be approved for funding. All successful respondents must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party. The responding organization must have the capacity to hire key personnel, communicate with the coalition, and to coordinate the preparation and submission of required reports. The responding organization will have the primary responsibility for monitoring the progress of the project towards its objectives, including monitoring contract deliverables. Responding organizations are expected to:

- a) Describe your history of involving other grant or contractual funds.
- b) Provide documentation regarding financial stability such as financial statements or audit.
- c) If deficiencies have been noted in the most recent internal/external audit, reviews, or reports on the responding organization's financial management system and management capacity or its implementation of these systems, policies and procedures, provide information regarding the corrective action taken to remedy the deficiency.

Note: All Healthy Start Coalition of Brevard County contracted providers will be required to submit copies of their previous year annual audits with their response.

11) **Funding Allocation**

The projected amount of **FDOH** funding identified for this RFA, is **\$262,930.00** for the period of **July 1, 2023 - June 30, 2024, (12 months)**, and is based on the Coalition's current Funding Allocation Methodology Plan. The projected amount of **Healthy Start MomCare Network (Medicaid)** funding identified for this RFA, is expected to be **\$262,932.00** based on of **July 1, 2023 - June 30, 2024, (12 months)** of services.



The Provider will receive funds for services from:

a) Department of Health Service Funds – Disbursed Quarterly

The Coalition shall pay the Provider a fixed quarterly amount of **\$65,732.50** for a total amount of **\$262,930.00**, subject to the availability of funds and the receipt of properly completed deliverables and reports. (Attachment C – Funding Allocation Methodology Plan)

The provider will be required to utilize the Florida Association of Healthy Start Coalition's (FAHSC) *Well Family System (WFS)* for recording services provided with this funding.

b) Medicaid Funds – Disbursed Monthly

The Coalition shall pay the Provider a fixed monthly amount of **\$21,911.00** for a total amount of **\$262,932.00**, subject to the availability of funds and the receipt of properly completed deliverables and reports. (Attachment C – Funding Allocation Methodology Plan)

The provider will be required to utilize the Florida Association of Healthy Start Coalition's (FAHSC) *Well Family System (WFS)* for recording services provided with this funding.

Applicants are **not required** to provide local match; however, the Provider is encouraged to voluntarily match the funds reimbursed under this agreement. Match funds are to be identified in the budget narrative.

12) Budget Narrative and Justification

Provide a narrative that explains the amounts requested for each line in the budget. **The budget period is for twelve (12) months, July 1, 2023 - June 30, 2024.** The budget justification must clearly and concisely describe each cost element and explain how each cost contributes to the successful provision of services, *including* each item in the "other" category (see Attachment D – Budget Narrative).

13) Other Information

a) Cure Process (opportunity to cure mistakes or omissions):

The Coalition staff shall not be held responsible for applicant's failure to meet date, time and location deadlines due to late delivery or omissions by the U. S. Postal Services or other courier or delivery services.

The Coalition has established the option to cure minor omissions in submitted applications within **24 hours of notification**. All applying agencies are solely responsible for contacting the Coalition via e-mail during this cure period, and failure to receive a submitted notification is not subject to appeal.

b) Participation in Coalition Meetings

The Provider must designate an individual to be present either physically or by conference call at the Fetal and Infant Mortality Review (FIMR) Committee Meetings, and the Quarterly Community Connect Meetings. It is highly recommended that the Provider is present physically for the Together and Partnership Sub-Committee Meeting six times per year and by conference call for the weekly one-hour DCF Preservation Call to discuss the shared substance abuse cases.

c) Healthy Start Coalition Logo

The Provider will be required to use the Healthy Start Coalition of Brevard County name and logo in publications or advertisements.



d) Service Delivery Location and Times

The Provider shall ensure that the services are delivered in-person in locations that are reasonably accessible to the target population.

The Provider shall ensure that it provides services during times that are reasonably convenient to the population being served. Offices shall be open at a minimum of 8:00 a.m. to 5:00 p.m., Monday through Friday. Information about after-hours resources shall be given to all Healthy Start participants.

14) Instructions for Response to RFA and Submission Information

a) Submission Dates and Times

The due date for responses under this request for application is 4:00pm on April 17, 2023.

A response will be considered as meeting the deadline if it is received on or before the deadline date and time. The response must be received at the Coalition's office by the deadline indicated above, a POSTMARK with the due date will NOT qualify as meeting the deadline.

The Coalition may authorize an extension of published deadlines when justified by circumstances such as acts of God (e.g. floods or hurricanes), widespread disruptions of mail service, or other disruptions of services, such as prolonged blackout.

Late responses will not be accepted. Responses will not be accepted by fax or email.

b) Grant Application - Response Format and Instructions (Attachment F)

A responding organization is required to submit one blue ink-signed original and five (5) copies of the completed response to:

Healthy Start Coalition of Brevard County
Attn: Jennifer Schwalb Floyd
PO Box 560868
Rockledge, FL 32956

or

Healthy Start Coalition of Brevard County
Attn: Jennifer Schwalb Floyd
642 Eyster Blvd.
Rockledge, FL 32955

Response Format

- Font: Ariel or Times New Roman 12 pt.
- Margins: 1-inch
- Pages should be titled and numbered
- Project Narrative should be no more than 15 pages
 - Not included in page limit:
 - Letters of Commitment & Letters of Support if applicable
 - Previous monitoring reports
 - Budget Narratives



ATTACHMENT A - HEALTHY START SERVICES AND CODES

View a full description of the services at https://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/_documents/chapter-23-healthy-start-coding-3-2019.pdf

Table 1 is a Conversion Table for Time Spent to Number of Services

Table 2 is an inclusive list of Healthy Start Services and how they may be coded

Table 1-CONVERSION TABLE FOR TIME SPENT TO NUMBER OF SERVICES			
Minutes	Service Units	Minutes	Service Units
1-22	1	83-97	6
23-37	2	98-112	7
38-52	3	113-127	8
53-67	4	128-142	9
68-82	5	143-157	10

Table 2 – INCLUSIVE LIST OF HEALTHY START SERVICES

Category	HS Service	HS Code	# Units	Face-To-Face/Not Face-To-Face, Either*
Comprehensive Assessment	Needs tracking only	3201	1	Face-To-Face
	Plan ongoing Care Coordination	3202	1	Face-To-Face
	Attempt to contact	3203	Multiple	Face-To-Face**
	Declines services	3210	1	Face-To-Face
	No further services needed	3211	1	Face-To-Face
	Receiving or will receive Care Coordination from CMS/Early Steps	3212	1	Face-To-Face
	Receiving or will receive Care Coordination from another provider not CMS/Early Steps (ie: transfers to HS in another county)	3213	1	Face-To-Face
	Unable to locate	3214	1	Either
	Initial Assessment service units	3215	Multiple	Face-to-face
	Unable to provide completed Initial Assessment	3219	1	Either
	Attempt to contact	3303	Multiple	Either
	Declines services	3310	1	Either
	No further services needed	3311	1	Either
Ongoing Care Coordination	Receiving or will receive Care Coordination from CMS/Early Steps	3312	1	Either
	Receiving or will receive Care Coordination from another provider not CMS/Early Steps (ie: transfers to HS in another county)	3313	1	Either
	Unable to locate	3314	1	Either
	Ineligible for services	3315	1	Either
	Care Coordination Face to Face	3320	Multiple	Face-To-Face
	Care Coordination tracking or not Face-To-Face	3321	Multiple	Not face-to-face
	Initial Family Support meeting	3322	Multiple	Face-To-Face
	Update Family Support Plan	3323	Multiple	Face-To-Face
	Transition from Prenatal to Interconception	3324	1	Either
	Nutrition Assessment/Counseling	R001	Multiple	Face-To-Face
	Psychosocial Counseling	R002	Multiple	Face-To-Face
	Parent Support and Education	R003	Multiple	Face-To-Face
	Childbirth Education	R004	Multiple	Face-To-Face
System Of Care And Some Referrals	Breastfeeding Education and Support	R005	Multiple	Face-To-Face initially
	Interconceptional Education and Counseling	R006	Multiple	Face-To-Face
	Smoking Cessation Counseling	6620	Multiple	Face-To-Face

*Contact may be either face-to-face or not face-to-face depending on setting and circumstances

**In an attempt to complete a face-to-face comprehensive assessment



ATTACHMENT B - QA/QI STANDARDS

Providers are expected to address all Core Outcome/Performance Measures.

Core Measures
Core Outcome/Performance Measures
95% of participants who are in need of an Initial Assessment will receive a face-to-face assessment or attempted assessment within five (5) working days after the receipt of the Initial Intake.
90% of Healthy Start records with a documented Initial Assessment or attempt will contain documentation that the status of the Initial Assessment has been communicated to the healthcare provider within thirty (30) calendar days of completion of the Initial Assessment.
90% of Healthy Start records will have documentation that the Individualized Plan of Care is re-evaluated at each encounter.
95% of all substance exposed children referred for Healthy Start Services will receive an Initial Infant and Home Assessment attempt within three (3) calendar days of notification of the referral.
100% of completed Infant and Home Assessments will be reported to the designated protective investigator within seventy-two (72) hours if DCF is providing services.
95% of all participants, with a documented Initial Assessment who indicate a history of smoking on the HS screen or who smoke, will be referred to smoking cessation education.
95% of pregnant all participants, enrolled in Ongoing Care Coordination who indicate a history of smoking on the HS screen or who smoke, will be provided smoking cessation education.
80% HS participants will be screened using the Edinburgh Postpartum Depression Scale at the appropriate intervals (between 26-30 weeks prenatal, 30 days postpartum, and by 60 days postpartum) or within 30 days of enrollment.
90 % of HS participants scoring 8-12 on the Edinburgh Postpartum Depression Scale will be offered the Mothers and Babies program.
95% of HS participants scoring above 12 on the Edinburgh Postpartum Depression Scale will be referred to Mental Health Services.
80% of eligible Healthy Start participants will receive ICC services.
80% of Medicaid post-partum women enrolled in the ICC pathway shall receive education on the Florida Family Planning Waiver.
80% of children in Healthy Start will receive developmental screening as measured by the Ages and Stages assessment tool at the appropriate intervals.
95% of children in Healthy Start identified as needing further evaluation for any potentially handicapping conditions will be referred to the Early Intervention Program.
85% of children enrolled in Healthy Start will have a medical home.
95% of Healthy Start participants will receive a completed family support plan at the initial assessment.
85% of participant satisfaction surveys completed by HS participants will indicate satisfaction with services provided.
85% of pregnant women participating in Healthy Start prenatally with at least an Initial Assessment will give birth to a healthy baby as defined by a birth weight >5.5 pounds.

Reports

The following reports are required within fifteen (15) days after the end of each quarter of service.

1) Staff Training Report

The Provider shall submit a report documenting trainings staff received and dates of completion.

2) Care Coordination Record Review Summary Report

The Provider shall submit a report documenting the findings from the record review.



The Provider will review a minimum sample of forty (40) records or 5% of the total number of screens and referrals received for a given quarter, whichever is greater. Records for review each quarter are to include a proportional representation of prenatal, postnatal, and Substance Exposed Newborn participants.

3) Services Report

The Provider shall submit a report documenting intensity and duration of services provided to Healthy Start participants.

4) Core Outcome and Performance Measures Report

The Provider shall submit a report on the progress towards meeting the core outcome/ performance measures included in the contract.

5) Care Coordination Continuous Quality Improvement Report

The Provider shall submit a report on the findings from the QA/QI Review, develop a plan for improvement, and develop a corrective action plan for any services not meeting contractual requirements and the *Healthy Start Standards and Guidelines*.

Coalition QA/QI Record Review and Site Visit

The Coalition shall monitor and evaluate, (monthly, quarterly and annually) the Provider's quality of service provision and documentation. Monitoring and evaluation may include, but is not limited to, a review of the site facilities, Healthy Start participants' charts, reports and data requested by the Coalition, reports and data submitted by the Provider, interviews with Provider's staff and training.



ATTACHMENT C - FUNDING ALLOCATION METHODOLOGY FOR 2023-2024

Department of Health Funding Allocation Methodology

Contract Year	Data Source
2023-2024	Healthy Start Coalition Statewide Allocation Methodology FY 2023-24

Direct Service funds are contracted on a fixed amount using the Department of Health Funding Allocation Methodology.

Medicaid Funding Allocation Methodology

Contract Year	Data Source
2023-2024	Healthy Start MomCare Network Allocation Methodology FY 2023-24

Medicaid Waiver Direct Services funds are contracted on a projected dollar amount using the Healthy Start MomCare Network's Medicaid Funding Allocation Methodology. There is a ceiling for each contract.



ATTACHMENT D – HEALTHY START BUDGET NARRATIVE

July 1, 2023 – JUNE 30, 2024 – \$525,862 (inclusive of DOH and Medicaid Funds)				LINE ITEM JUSTIFICATION
CATEGORY	TOTAL BUDGET	HS FUNDS	IN-KIND	
A. Personnel				
1. Salary and Wages				Indicate how expense was calculated. Include the org chart and % of FTE.
2. Fringe				Indicate how expense was calculated.
3. Unemployment				Indicate how expense was calculated.
4. Workman's Comp				Indicate how expense was calculated.
Category Subtotal				
B. Operating Expenses				
1. Utilities				Indicate how monthly cost is calculated.
2. Advertising/Recruiting				Indicate types of advertising and costs.
3. Cell Phones				Indicate which positions have cell phones and how monthly cost is calculated.
4. VPN and Air Cards				Indicate the number of VPN and Air Cards and how monthly cost is calculated.
5. Educational Materials				Indicate type of materials, intended audience and cost for each item.
6. Equipment Rental				Indicate type of equipment and how monthly cost is calculated.
7. Housekeeping/Janitorial				Indicate how monthly cost is calculated.
8. Insurance				Indicate the type insurance and how monthly cost is calculated.
9. IT Service				Indicate how monthly cost is calculated. State services costs are not allowable.
10. Maintenance				Indicate how monthly cost is calculated.
11. Office Phones				Indicate how monthly cost is calculated.
12. Office Rent				Indicate how monthly cost is calculated.
13. Office Supplies				Indicate estimated cost of office supplies and how monthly cost is calculated.
14. People First				Indicate how monthly cost is calculated.
15. Postage				Indicate estimated cost and how monthly cost is calculated.
16. Printing/Copying				Indicate estimated cost and how monthly cost is calculated.
17. Training				Indicate type of training and cost for each training.
18. Travel				Indicate cost of travel by local and out of town travel.
Category Subtotal				



CATEGORY	TOTAL BUDGET	HS FUNDS	IN-KIND	LINE ITEM JUSTIFICATION
C. Operating Capital Outlay				
1. Equipment				
a. Computer(s)				Indicate desktop or laptop and who will be using the computer.
b. Computer Hardware				Indicate type and cost of hardware and how it will be used.
c. Computer Software				Indicate type and cost of software and how it will be used.
d. Copier(s)				Indicate type and cost of copier(s) and how it will be used.
e. Printer(s)				Indicate type and cost of printer(s) and how it will be used.
f. Scanner(s)				Indicate type and cost of scanner(s) and how it will be used.
2. Office Furniture				
a. Bookcase(s)				Indicate cost of bookcase(s) that needs to be purchased or replaced.
b. Chair(s)				Indicate cost of chair(s) that needs to be purchased or replaced.
c. Desk(s)				Indicate cost of desk(s) that needs to be purchased or replaced.
d. File Cabinet(s)				Indicate cost of file cabinet(s) that needs to be purchased or replaced.
e. Table(s)				Indicate type and cost of table(s) that needs to be purchased or replaced.
Category Subtotal				
Up to 10% indirect				Indicate what this will cover.
Budget Total				

Don't forget to include a separate written justification for each line item.



Mission

The Healthy Start Coalition of Brevard County's mission is to promote a system of care which enables healthy growth and development for moms and babies.

GRANT APPLICATION

SECOND REQUEST

HEALTHY START SERVICES

Brevard County, Florida

For the period of

July 1, 2023 – June 30, 2024

for both the Florida Department of Health and the Healthy Start MomCare Network



APPLICATION FOR FUNDS

Cover Sheet: Applicant Agency Information

1. Agency Legal Name:	
a. Main Administrative Address:	
b. Phone Number:	
c. Fax Number:	
2. CEO/Administrator/Director:	
a. Phone Number:	
b. Email:	
3. Agency Contact Person:	
a. Phone Number:	
b. Email:	
c. Fax Number:	
5. Type of Entity:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Corporation <input type="checkbox"/> Private Not-For Profit <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Other (Specify: _____) </div> <div> <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Unit of Government <input type="checkbox"/> State <input type="checkbox"/> City </div> </div>
6. Federal Identification Number:	
7. Agency Website:	

Name of Responsible Official (Print) _____

Title _____

Signature _____

Date _____



Application Narrative (15 Page Limit)

Section 1: Agency Detail

1. Provide a concise description of the applying Agency. Include:
 - I. Agency's history and years of operation
 - II. General services mission and how that mission relates to Healthy Start
 - III. Primary services provided and population served
 - IV. Past experience providing services
 - V. Strategy to successfully provide Healthy Start services
 - VI. Strength of your organization to provide services
 - VII. Weakness or challenge in providing one or more of the services
2. Demonstrate your capability and success in working with children and families on related programs and services.
3. Attach a copy of your Agency's organizational chart including organizational plans for proposed Healthy Start program. Position(s) responsible for the direct supervision of program staff should be clearly noted. *(Not included in page count)*
4. What is the Agency's fiscal year? Beginning: _____ Ending: _____
5. What type(s) of insurance does the Agency carry?
6. Has your organization conducted a formal organizational assessment of effectiveness in the last three (3) years? Please describe.

Section 2: Proposed Staff Information

7. Describe how the program will be staffed. List all positions that will be providing direct and support services. Include the number of staff in each position, position title, minimum education, experience requirements, primary duties, and the percent of each position's time that will be devoted to this program. Service Provider requirements for Healthy Start services are outlined in the Healthy Start Standards and Guidelines. (Available at <http://www.doh.state.fl.us/family/mch/hs/hs.html>)
8. Include a timeline for hiring and training of staff and when you expect to begin providing services.
9. Due to the nature of the program, staff continuity is essential for efficacy. Describe what efforts you will make to maintain trained, experienced staff and reduce turn-over within the program. Describe current staff turn-over within your agency as well as staff recruitment and retention efforts.

Section 3: Coordination with Community Partners

10. Relationships with support services available in **Brevard County** are necessary for the success of a program. Describe other existing support services that are available in the community. Demonstrate your knowledge of those services and how your program will fit into that continuum of care. Describe history of successful community collaboration.



Section 4: Service Provider History

11. Has the Agency been sanctioned for non-compliance, including corrective action or performance improvement plan*, with any contract, government law, or regulation within the past three (3) years?
_____ Yes _____ No

If yes, please provide a summary of the findings with any explanatory information you would like considered and attach a labeled copy of the report to this application.

If no, provide a statement to that effect.

12. Clearly state your commitment to work with the Healthy Start Coalition in providing participant focused services.

Section 5: Participant Focus

13. Describe the innovative or Best Practice approach and specific strategies the organization will utilize to maintain and/or improve rates of completed Comprehensive Assessments, "Face-to-Face" units and other services as applicable.
14. Describe specific strategies you would implement to maintain or exceed each of the maternal child health indicators identified in Attachment B – Quality Assurance/Quality Improvement Standards.
15. Identify how culturally and linguistically competent services will be provided.
16. Describe the approach to ensure quality improvement/assurance is maintained.
17. Client engagement and retention is a strong indicator for success. Explain in detail how you plan to engage and retain clients in services and innovative practices you plan to utilize.

Section 6: Budget Narratives

18. Due to the method in which Healthy Start funds are earned and allocated, please explain how you will monitor and adjust your budget and expenditures based on actual earnings. Note: the Healthy Start Momcare Network is approximately 3 months behind in payments due to Medicaid reimbursements.
19. Healthy Start Budget Narrative and Written Justification - Attachment D. *(Not included in page limit)*



ATTACHMENT F - CHECKLIST

Please include this checklist with your response.

Applicant Agency/Organization:

Logistics

Proposal was received by April 17, 2023, by 4:00 PM

Signed, original proposal was submitted

5 copies of the proposal were submitted

Proposal is not longer than 15 pages

Font Ariel or Time New Roman 12 pt.

Margins are 1-inch

Pages are titled and numbered

Sections and Attachments

Cover Sheet – Applicant Agency Information

Section 1 – Agency Detail

Section 2 – Proposed Staff Information

Section 3 – Coordination with Community Partners

Section 4 – Service Provider History

Section 5 – Participant Focus

Section 6 – Budget Narrative and Written Justification

Healthy Start Budget Narrative – Attachment D



ATTACHMENT G – REVIEW SHEET

Please score each section 1 to 5, with 5 being the highest. Include any narrative with the score as needed. A maximum of 30 points can be awarded.

Applicant Agency/Organization:

_____ **Total**

Please place a check mark by the mandatory items.

Proposal was received by April 17, 2023, by 4:00 PM

Signed, original proposal was submitted

5 copies of the proposal were submitted

Proposal is no longer than 15 pages

Sections and Attachments

_____ Section 1 – Agency Detail

_____ Section 2 – Proposed Staff Information

_____ Section 3 – Coordination with Community Partners

_____ Section 4 – Service Provider History

_____ Section 5 – Participant Focus

_____ Section 6 – Budget Narrative and Written Justification