



Child and Adolescent Health Center Program
FY 2015 RFP
Frequently Asked Questions
Updated: September 29, 2014

Q: Our health center plans to serve students from both the Elementary School and the Jr/Sr. High School. The expected enrollment in the district is 900-1000 students. The Jr/Sr High School, where the health center is located, is expected to have 424 students. The RFP states for Clinical CAHC grants the minimum unduplicated patients must be 500 for adolescent sites and 350 unduplicated children for elementary sites. Is there a standard for a minimum number of students if we are serving students from the high school and the elementary school?

A: See page 15 of the RFP for a detailed explanation. Applicants are strongly encouraged to **choose one** of the age groups (5-10 or 10-21). If both populations are served, focus the application on the age group that encompasses the majority of the population that will be accessing the center. If both populations are proposed to be served equally, the applicant must provide a detailed description of how both populations will view this clinic as accessible and acceptable. *The applicant must describe in the narrative how serving young children will not pose a barrier to the teen population accessing this center.* Please note that there are separate Minimum Program Requirements (MPRs) for clinical centers serving those age 5-10 versus centers serving those age 10-21. If the grantee plans on serving both age groups, they must adhere to both MPRs, which are included in *Attachment E*.

If both populations are served, a minimum of 500 unduplicated youth for a full Clinical Child and Adolescent Health Center must be reached. If just an elementary site is chosen, 350 unduplicated children are required. Alternative Clinical sites are required to serve a minimum of 200 unduplicated youth. See page 7 in the RFP for further description. *Attachment B* also describes each type of center and outlines requirements.

Q: The RFP says funding cannot be used to provide clinical services to adults over 21 years of age. As a convenience to teachers and staff, we do plan to offer medical services on site. Would this disqualify us for funding, or would we simply not count adults?

A: Yes, this funding can only be used to serve youth in the 5-21 age range. See page 7 and Attachment A in the RFP for a detailed explanation. Funding may not be used to provide clinical services to adults over 21 years of age. As further explained in Section 31a, Subsection 6 of the State School Aid Act (*Attachment A*), funding under this subsection shall be used to support child and adolescent health center services provided to children up to age 21.

Q: Can operation dollars be considered for local/in-kind match?

A: Yes, in-kind hard-match resources such as cash contributions or money contributed towards operations can be considered. Soft-match resources such as donated space or staff time can additionally be considered.

Q: We are a Rural Health Clinic with the State of Michigan. May we apply?

A: Rural Health Clinics may apply as long as they are designated as a non-profit.

Q: Can an agency be funded for more than one health center?

A: Yes. Many of our currently funded fiduciaries run multiple sites. A current fiduciary can apply for a new site through this RFP process.

Q: Can a social worker serve as a site coordinator?

A: Yes. As long as the minimum mental health requirement is being met at that site (0.5 FTE), additional time can be assigned for Coordinator duties.

Q: Can one Program Coordinator serve multiple sites?

A: Yes. In fact, if one fiduciary has multiple sites, it is recommended that one Program Coordinator serve all sites. It provides consistency across programs.

Q: If centers do not have to be operational until April 1, and the fiscal year is Oct 1 2014 to Sept 30, 2015, can unspent dollars until clinic operational be used for startup (clean up, paint, equipment)?

A: Yes; however, grant funds cannot be used to pay for permanent structural renovations (e.g., drywall), but can be used for equipment, plumbing, wiring, hardware, temporary structures and flooring (e.g., carpeting).

Q: In the application rubric, there are 8 checkboxes of requirements for the cover sheet. The following have no area designated specifically on the cover sheet: funding strategy, projected minimum of unduplicated user number, total children/youth in service area and enrollment at school where health center is proposed (school-based health centers). Should we include this information on the coversheet?

A: Please put this information in the narrative portion of the proposal. See Part C – Grant Program Details on page 16 of the RFP. You can add it to the coversheet, if you wish; however, it is not required.

Q: On the application rubric, it jumps from Part A to Part C. Is Part B missing?

A: Part B of the application indicates that agencies will check written assurance that abortion services, counseling, and referrals for abortion services will not be provided as part of the services offered on the application coversheet. Those assurances can be checked on the application coversheet, located in Attachment D, page 30 of the RFP. There are no points attached to those services, but

reviewers will ensure that assurances will be checked. Reviewers will use page 1 of the application rubric to ensure this.

Q: In two different statements regarding required attachments in the RFP, it mentions the interagency agreement with the school. We understand it is required to meet the MPRs, but from my review of the RFP, only letters of commitment are required for the application and the interagency agreement will be required within the first year of the grant (see #9, F). Please confirm that the interagency agreement is not required with the application.

A: That is correct. A letter of commitment is required from the school building administration **and** local school district. Commitment letters must demonstrate the assurance that agencies will collaborate to determine the final location of the health center, administration of a health survey to enrolled students in the school, parental consent policy and services rendered in the health center program. If awarded, the formal written approval by school administration and local school board will be required within the first year of the grant.

Q: For FY15, if a local source of funds is paying for the renovation, can that be counted toward match?

A: Yes, local source funds can pay for renovation.

Q: When will we be notified if we are awarded the grant?

A: The anticipated award date will be early November.

Q: Can the funding provided through this grant be used for a mobile based clinic? Specifically we would like to service two high need high schools and up to five schools utilizing a mobile school linked model. Is this within the scope of the grant funding?

A: No. This funding will only be provided to support Alternative Clinical or Clinical School-Based and School-Linked Health care models. Those models are described in detail in Attachment B (page 25) of the RFP.

Q: Are we allowed to put IT cabling in the budget? The cabling would go inside the walls and used to support our computers for our EMR system.

A: Yes, this is an allowed expense.

Q: Objective 5 in the Planning Phase Timeline/Activities Table states by November 30, 2014 the location of the CAHC will be finalized with a detailed plan and timeline for construction and renovations, including anticipated costs, along with a financial plan with sources of secured for construction. The clinic space was already built by the school district. The exam rooms, waiting rooms, and office space is new. The school will donate the space. Can this objective be changed to reflect what our School-Based Health Center will need? Construction and renovations is not needed. The clinic space is ready now at no cost to the agency.

A: State that no renovation or construction is needed, but explain what you would need to do to get the clinic operational and open to serving kids in objective 5 of the Planning Phase Timeline/Activities Table.

Q: If we are unable to meet the October 3rd. deadline for applications, when can we apply again? Is it every 5 years or when the funds are gone?

A: At this time, there are no plans to release more funding.

Q: If we sent in our intent to apply as an Alternative School Based Health Center, may we change it to a Full SBHC?

A: Yes, you may change your plans. Please indicate the type of health center on your coversheet and in your application.

Q: Can the 4 copies of the proposal be double-sided?

A: Yes, the copies you submit can be double-sided.

Q: What is a 6 month Goal Attainment Scaling (GAS) Work Plan detailing clinical services offered?

A: For the planning period, each grantee will have six required objectives. The sixth objective states, "By March 30, 2015, a 6-month Goal Attainment Scaling (GAS) work plan detailing the clinical services offered at the CAHC for the period of April 1 through September 30, 2015, will be submitted." A GAS work plan is a tool for tracking and recording the achievement and completion of health center work plan objectives and activities. The GAS includes a standard clinical section with required objectives, which will be provided to successful applicants.

Q: If the School-Based clinical service funding amount is \$195,000 then the 30% match is \$58,500. Should the total amount requested not exceed \$195,000?

A: Correct, the required 30% match of \$58,500 is in addition to the request of \$195,000 grant of a full clinical site.

Q: Can the application be hand delivered on Friday as long as it is to MDE prior to 5 p.m.? If so, is there a specific building, room, etc. where we can drop it off?

A: Yes, the ORIGINAL proposal, bearing ORIGINAL signatures and FOUR (4) COPIES (for a total of five) of the completed proposal must be documented by delivery agent for delivery on or before Friday, October 3, 2014. Proposals should be mailed via U.S. mail, United Parcel Service, Federal Express or other similar courier in sufficient time as to arrive on or before the due date. It can be delivered to: Michigan Department of Education at 608 W. Allegan Street, Lansing, MI 48909.

Q: Does the 2 page project summary count as part of the 30 page narrative? Also, the rubric indicates that the Attachment F should be used for item 8 - Planning Timeline. Is this part of the narrative page count, or added as part of the attachments?

A: No. The two-page abstract is NOT part of the 30-page written narrative limit. Required forms and support documents (title page, table of contents, certifications and assurances, list of advisory council members, copies of policies and procedures, interagency agreements, budget forms, budget

narrative, planning tables/work plan, and letters of commitment/support and need) are not counted in the narrative page limit.

Q: Should the Medicaid outreach plan also be submitted on the Attachment F? And is so, is that considered an attachment as well?

A: The Medicaid Outreach Plan is not required to be submitted on Attachment F, but you may use that form to complete your preliminary six month plan with proposed activities. It **will** be counted towards your page limit.