CHILD AND ADOLESCENT HEALTH CENTER PROGRAM
FY 2012 RFP Q AND A

This question and answer document will be updated as new questions come in through December 17, 2010. Please send any questions to dollt@michigan.gov.

Q: Our current school-linked clinic is applying for a HRSA grant to construct a new site that would be school based at one of our schools. If we are awarded the MDCH grant; when do we have to be operational as the HRSA grant project is a 2 year project that must be operational by June 30, 2013?

A: All centers and school wellness programs funded under this RFP must be fully operational on October 1, 2011.

Q: Can we receive a MDCH award for the five year period, but decline funding for the first one or two years dependent on completion of the site or would we have to submit an alternative plan before the site is ready?

A: You cannot decline funding for a period of time while a center is being constructed. If the center is not going to be operational on October 1, 2011, the center is not eligible for funding.

Q: We have a unique site and I am unsure what focus areas I should select.

A: No matter what the target population, the focus areas should be focused on the needs of the population. This should be determined through a comprehensive needs assessment.

Q: Is this grant for new funding or will continuation funding be eligible as well?

A: This RFP is open to all eligible applicants. New centers and continuation centers may be funded under this RFP. All centers must be fully operational by October 1, 2011.

Q: Will existing sites be competing for continuation funding, or can they only apply for “enhancements” to their present services?

A: Existing state-funded centers are eligible to apply for continuation funding to support their health center through this RFP. If a health center is currently operating without state funding, the health center is eligible for apply for this funding to enhance current services but funding must not supplant funding.

Q: The RFP states that we need to select either elementary or adolescents populations. We currently serve both populations. How do we need to address this in the grant?

A: See page 18 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 they will ensure that the teen population 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 the 5-10 year old population versus centers serving the 10-21 year old population. If the grantee plans on serving both age groups, they must adhere to both MPRs, which are included in *Attachment E*. If the Adolescent (10-21 year old) population is being served, the applicant **must provide** a teen-friendly clinic atmosphere that is both acceptable and accessible to this population.

Q: Please clarify the construction constraints (p. 76 states "Cost for acquisition and or construction of property are not allowable costs under this RFP"). Is renovation of existing space considered an allowable cost?

A: Renovations *may* be considered an allowable cost. 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: Are award funds secure? When awards are determined, will the funding be there to make them?

A: Awards are based on availability of funding. The CAHC program, appropriated annually by the Michigan legislature, is funded through State Aid and Federal Medicaid match.

Q: We are submitting for an Alternative School-Linked Clinic model within a large facility. Do we have to provide a separate, dedicated entrance to the clinic?

A: A separate, dedicated entrance is encouraged but not required.

Q: Can an Alternative School-Linked Clinic share waiting/reception space with other providers, or must the adolescent clientele be kept separate from other patient populations?

A: There must be separate waiting rooms for the general population and the CAHC program. Part of the goal of the program is to create a teen friendly environment (for adolescent sites) which includes privacy from other adult patients.

Q: On p.17 of the RFP, applicants are directed to fill out all boxes accurately and provide an original signature. We can't find a form for this anywhere in the RFP. Are we just to copy and paste the "PART A" section from that page and create a signature line in a Word document inserted as page 1 of the application? Or is there a form somewhere that must be used?

A: There is not a form to use. Please develop a cover page on your own and make sure that it includes the required information.

Q: On p. 22 of the RFP, applicants are instructed to describe the case-finding system they'll employ to recruit clients. Please provide an operational definition of Case-Finding System.

A: A case finding system is made up a number of methods or strategies to promote, identify and recruit children and youth to utilize the CAHC.

Q: Could you provide an operational definition of "unduplicated youth"?

A: An unduplicated youth, for purposes of the CAHC program, is a unique individual. Each person is counted only once per year in the unduplicated count. For example, if 600 youth were seen, the unduplicated count would be 600. It would not increase based on the number of times these youth returned to the center.

Q: Does the Table of Content have to be double-spaced?

A: No, it can be single-spaced if desired.

Q: Is the project abstract counted in the 30-page written narrative limit?

A: No. The two-page abstract is NOT part of the 30-page written narrative limit.

Q: On page 23 of the RFP states that applicants must select at least two mandatory focus areas. We are confused as to whether applicants must employ two evidence-based programs for EACH of the focus areas (so 2x2=4 interventions/programs), or just one intervention for each of the two chosen focus areas?

A: CAHCs must implement two evidence-based programs for EACH of the two selected focus areas (four total).

School Wellness Program

Q: What is the definition of a "user" for the SWP?

A: An SWP user is an individual who has presented for an individual health service with the Nurse or the mental health provider and for whom a record (chart) has been opened. Once per year, the user is counted to generate the unduplicated count of clients utilizing the center services for that calendar year.

Q: Also, it says the school nurse must be available 30 hours/week. Is this a 4 day/week position?

A: Hours of operation (including days per week) should be based on the needs of your target population. There is no required number of days per week to be open, however your hours of operation should be consistent each week.

Q: Is there any support time or just the 30 hours of "direct service" to the school?

A: The nurse is required to provide direct service 30 hours per week which can include limited clinical care, health education and programming, professional development for school staff and administrative time.

Q: In the application, I believe I read on page 38 of the RFP that SWPs are allowed to close during summer break.

A: Yes, that is correct. While the Clinical and Alternative Clinical centers are required to be open year round, the SWP sites can *choose* to close during the summer months. Note: SWP sites are not required to close during the summer months.

Q: Are we expected to bill for any services at the Wellness Center?

A: Successful SWP grantees should expect to bill for mental health services, to the extent possible, in order to generate additional funds to support the program. The services provided by the SWP nurse are services aimed at the general population of students, which typically cannot be billed to third party payers at this time. However, MDCH and MDE hope that in the future there will be a mechanism to bill and capture reimbursement for at least some SWP nurse services provided to the general population. Therefore, your sponsoring agency may be required to have certain medical supervision and billing infrastructure in place in order to facilitate billing in the future. Should the opportunity become

available MDCH will assist grantees in determining the oversight, policies and procedures that need to be in place to bill.

Q: How many School Wellness Centers are currently in operation?

A: Currently three sites are piloting the program.

Q: Is there a mechanism for billing for mental health services for an FQHC?

A: Yes, there is. You should contact your billing services staff to determine steps for billing for mental health services provided through the FQHC.

Q: For the School Wellness Program it states that a school building needs to have 50% of the population on free and reduced meals. It also states that the services may only be provided at no more than 2 buildings and must provide services to at least 350 students (minimal). Is only one of the buildings required to have the 50% free and reduced meals or would both buildings need to be at 50%?

A: Yes, if the SWP covers two schools, each school needs to meet the 50% or greater threshold.

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