DEPARTMENT OF HEALTH

Answers to RFP Application Questions

STRONG FOUNDATIONS: EVIDENCE-BASED HOME VISITING RFP SPRING 2022

Questions Updated 5/23/2022

1. Question: Can we include incentives in our budget for staff and families that are fully supported by other funding sources?

   Response: This is not allowed. Incentives can only be proposed for the FTE and associated caseload that is funded directly in the application request. Requests for family incentives not directly supported by the new Strong Foundations grant will be denied. Also, if an agency provides incentives, they must have a policy in place that is applicable to their full program. Please see the Financial Guidance document on the MDH FHV Webpage.

2. Question: For the budget, do we submit our highest year in the 5-year grant?

   Response: The RFP requests first year budgets and Target Caseloads. Please see 1.3 Funding and Project Dates, p. 4 for more details.

3. Question: Pg. 25 of RFP under 3.3 Application Forms – Where exactly do we go to link to Form's A through C?

   Response: Templates for all forms are on the MDH Strong Foundations Website. Answers and forms can be uploaded in the same portal where the Letter of Intent was submitted. As soon as you select Path 1 or Path 2 in the application, the places to upload documents/enter answers will appear.

4. Question: Are there options to train a staff as a MESCH trainer in 2022 and then incorporate a budget for MESCH trainer in our application? (Optional Project Add On: MESCH trainer) or Can we incorporate this Optional Project Add On: MESCH trainer in our application now, with the plan to train a staff as a MESCH trainer in 2023?

   Response: MDH will not be scheduling another MECSH Apprentice Trainer cohort for a while. When we do, we will open up applications and funding for that opportunity. Only current MECSH Apprentice Trainer counties should include that optional budget and workplan in their application.

5. Attachment E: Due Diligence Review Form under Organization: "If the organization has received grant(s) from MDH within the past five years, please list here:" How detailed of information are you seeking? Programs, Dates, Amounts, etc.?

   Response: A brief list of the grant program names is sufficient. For example: SHIP, EHDI, Community Solutions, FHV-MIECHV

6. Question: Our Agency is NOT in a lawsuit, but our county is currently in a pending lawsuit and they are the overall Head of our Agency. Would I include this as a "YES"?

   Response: MDH cannot speak to this since it depends on how your county/agencies are organized. We suggest you connect with your county attorney or authorized representative for guidance.

7. Question: For Path 1, could you please confirm whether the target caseload that we identified in our LOI and that we will include in 1.g. of the narrative is the same as the caseload requested in column H of the staffing plan, the number of family slots (caseload) served by Strong Foundations grant (proposed)?

   Response: Yes, the total for column H is the same as 1.g. in the Path 1 Narrative.

8. Question: We anticipate receiving a certificate of fidelity from HFA based on our recent fidelity assessment. Will this satisfy the model fidelity letter requirement?

   Response: Yes.

9. Question: Are electronic fillable forms available for the due diligence form, conflict of interest form, and indirect cost questionnaire?

   Response: MDH has uploaded Word versions of the three forms on the MDH Strong Foundations Website.

10. Question: Our PAT program engages with a Local Advisory Committee made up of various PAT providers in the Metro area. This has met PAT model requirements for this committee. Would this meet the expectations of MDH for this component if it met at the quarterly frequency stipulated?

    Response: MDH strongly recommends that Advisory Committees include families who have received services and community members who can help advocate and problem solve around recruitment, engagement, and retention. If your advisory committee does not currently include families or community members (not directly associated with agencies implementing services), we recommend including them as an activity in your workplan.

11. Question: In the new workplan the instruction on the Service Area_TC state that the Total Target Caseload needs to match the staffing plan however our staffing plan for 2023 is built off of a new model which allows for a higher caseload per FTE than our previous model. Per MDH guidance we cannot increase our current target caseload. How do we address the two numbers not matching?

    Response: All Target Caseload numbers in your application need to match. You can either adjust the model FTE/target caseload ratio (reasonable adjustment based on agency/region factors) and explain why that is needed or adjust the total FTE that you are requesting. You may also want to review Question 19 and 21 from 5/9/2022.

12. Question: With regard to the budget, it is correct that the budget detail should reflect only the costs of the EBFHV program that are grant funded, based on our target caseload? We see the line on the bottom of the budget details page for 3rd party reimbursement but weren't clear if that means that we shouldn't include any 3rd party reimbursement in the total, OR we should identify here only the portion of 3rd party reimbursement that's not included in the total.

    Response: All 3rd party revenue should be in the 3rd party line of the budget (cell F55). Budgets requests should reflect what your agency is requesting the Strong Foundations funding to reimburse via direct costs. For example, if a home visitor is funded .5 FTE on Strong Foundations, .2 FTE on 3rd party, and .3 FTE on other funding (e.g. TANF, MCH, etc) but using all of those sources to implement an evidence-based model you would only request .5 FTE salary and other expenses on Strong Foundations.

13. Question: Is Number of Families Served on the Budget Template the same as Target Caseload?

    Response: Yes.

14. Question: For Path 1, since we are not allowed to expand our target caseload using grant funding, are we permitted to reasonably expand caseload using 3rd party reimbursement? Or is all or a portion of 3rd party reimbursement expected to be an offset to our grant funding?

    Response: All 3rd party funding directly related to services provided by MDH Strong Foundations funding must be put back into the evidence-based program. Programs can choose to have this funding reduce the amount of grant funding they request, enhance their program, or expand their programming. Regardless of the agency decision, an estimate of all 3rd party reimbursement should be put in the Strong Foundations budget and not included in the Budget Total. Please see the FHV Financial Guidance Document for more information on 3rd Party Reimbursement, prorating costs, and other financial questions.

Questions Updated 5/16/2022

1. Question: Are electronic/digital signatures sufficient for the Due Diligence Review form and Conflict of Interest form?

   Response: Yes, electronic signatures are an acceptable signature for any form in the RFP.

2. Question: Can MDH provide me with the highest percentage of target caseload for our agency since we've been funded?

   Response: These are numbers that agencies would have in their records and not something MDH can provide.

3. Question: For path 1, can the caseload amount submitted on the application differ from the caseload indicated in the letter of intent, if it still meets the parameters of the caseload requirements?

   Response: Yes, the LOI is required but not binding. Applicants can change things in their application as long they are within parameters and guidance of the RFP.

4. Question: As a four-CHB collaborative, we intend that our total collaborative expenses will exceed the maximum budget amount of $130,000. Can our collaborative partners include within their core budgets a line item for collaborative contributions assuming each individual core budget does not exceed $7,000 cost per family? Further, would we display these contributions as revenue (negative amount) on the Collaborative budget? If collaboratively funded, can we request to MDH that these collaborative funds be included within the core budgets be allocated directly to the Collaborative budget to minimize administrative tasks on behalf of the Collaborative fiscal host?

   Response: Collaborative expenses may be included in core home visiting budgets as indicated in the RFP, Section 1.4, Collaboration p. 6. You are correct that collaborative expenses in core home visiting will count toward the per family cap.

   The Collaborative budget and the Core home visiting budgets are separate, stand-alone budgets. Applicants should not connect these two budgets with additions or deductions that cross between the two.

   Collaborative work funded in a core home visiting budget needs to stay in the budget it was awarded to. The CHB, Tribal Nation, or non-profit can do a contract with other entities for identified support services, materials, or collaborative work.

5. Question: For Path 1, Could you please clarify what is being asked in a couple of the columns for the Home Visiting Staffing Plan.

   - FTE funded from other Sources to Support Model (cell D3) – if we do 3rd party billing, do we need to include the FTE that is supported by that revenue here?
   - Cell H3 asks for the number of family slots added if the EBHV grant is funded. Since you're not allowing existing programs to expand our caseload, I'm unclear what is being asked here. Are you just looking for the total target caseload, broken out by home visitor? And if yes, how if that different than the next column to the right (cell I3)?

   Response: Yes, 3rd party billing revenue plus other sources (if applicable) should be reported under Column D (FTE Funded from other sources to support Model) on the staffing plan. For column H, report the target caseload supported by Column E - FTE amount funded from Strong Foundations grant (proposed). Column I (Total number of family slots in Model to be served by this HV position) should provide the target caseload of families served by the FTE in Column F (Total FTE in model).

6. The RFP indicates that applicants should edit the work plan to adapt objectives and activities but may not delete them. Are we allowed to adjust the goals?

   Response: Applicants can add additional goals, objectives, and activities. Adjustment to MDH established goals is allowed if the core intent of the goal is still met. In general, minimal editing of the three main

goals would be expected as they were purposefully chosen by MDH to meet expectations of the Strong Foundations RFP.

7. Question: I see a couple objectives and activities that our agency has already accomplished/completed in this current grant period, i.e. establishing billing procedures. How should an applicant manage these elements of the work plan?

   Response: We suggest changing the verb to "maintain" or a something that reflects the developmental stage your agency is in.

8. Question: What does it mean that the "work plan timeline must extend across the period of performance"?

   Response: Objectives and Activities should be worked on across the first year of the grant period. MDH anticipates that agencies will progress from development, to implementation, to maintenance over the course of the funding period.

9. Question: With previous MIECHV there was a requirement that staff needed to be funded at least at a .5 FTE, is there an FTE requirement for staff funded for the Strong Foundations Evidence-Based Family Home Visiting grant?

   Response: Most home visiting models and MDH strongly recommend that a home visitor have at least .5 FTE dedicated to implement an evidence-based model. MDH will be reviewing Total Funded FTE in the Staffing Plan for this recommendation. We recognize however that may not be feasible for areas with smaller populations. If an applicant has a Home Visitor at less than .5 FTE in the staffing plan, they should be clear in the narrative of their application why this FTE fits their community and how they will support this home visitor to implement the model with fidelity and develop the referral networks required to recruit and connect families. As always, applicants should make sure they are meeting model specific requirements throughout the application.

10. Question: We wanted to clarify that this grant does not include Title V - MCH funding.

    Response: The funding streams supporting the Strong Foundations RFP are listed on Section 1.3 Funding (p. 4) and do not include the Title V – MCH funding.

11. Question: Our collaborative has many supporting documents as part of our infrastructure; Best Practice Guide, Outreach Plan, Data Sharing agreements, Funding Source Determination Chart. Is there an option to upload these documents to support the workplan activities?

    Response: Additional supporting documents beyond those requested are not allowed and will not be reviewed. Applicants should answer questions within the provided space in the application.

Questions Updated: 5/09/22

1. Question: Beginning on page 33 in the application, the performance measures and categories are listed. Do all FHV programs report on all of these performance categories and measures? If not all, how many should be selected?

   Response: The table in Attachment C of the RFP lists program evaluation measures that are currently calculated by MDH using IHVE data or are planned for development. Community Health Boards and non-profit organizations will be required to submit program evaluation data to IHVE. Tribal Nations may choose between submitting program evaluation data to IHVE or submitting evaluation data to MDH in a format based on their reporting to their home visiting model developer; see page 17 of the RFP for more information.

2. Question: Can we include letters of support with our completed application?

   Response: We are not requesting letters of support with this application. Applicants are welcome to discuss support from partners in their application narrative if it supports their responses to the questions.

3. Question: We utilize the Family Spirit curriculum and, beginning in 2023, they will have a component for kids up through age 5. Under this FHV grant, will we be allowed to count all children ages 0-5, or only those ages 0-2?

   Response: Only evidence-based home visiting programs may be funded under this RFP. Family Spirit Thrive for ages 3-5 is not evidence-based and not eligible for this RFP.

4. Question: I work for a non-profit health care system in rural Minnesota and I was looking at this grant and wondering if this would be the right platform for something we are trying to do in our rural area. Recently, we have been meeting with the elders of a specific community and are working on a relationship with the elders and women of their community to help educate them in pre-natal and post-natal care. Is this a possible idea for this particular grant?

   Response: MDH cannot comment on specific scenarios of implementation. Please refer to Section 2.2 Eligible Projects (p.11) for a list of criteria that must be met.

5. Question: Does Objective 2.4 in the workplan (for path 1 and path 2) apply to all agencies or only agencies implementing specific models?

   Response: Objectives can be adapted to the model(s) that you are implementing. MDH strongly recommends that each applicant have some type of advisory committee that provides input, can advocate and advise on how to reach and serve families, and ideally involves parents and community members. The advisory committee does not have to be solely focused on home visiting unless required by your model.

6. Question: For Path 1, currently, 1 CHB is grantee and formally partners with another CHB to implement 2 EBHV models. Some counties offer both models and some counties currently offer 1 model. If one county currently offers one model and wants to expand to include a 2nd model, can we propose to begin offering the 2nd model in that county? Essentially, extending the geographical territory of where we already offer MESCH (not starting a new program).

   Response: The guidance on Target Caseload applies to an applicant agency's total funded home visiting program. Agencies can propose shifts of Target Caseload from one model to a different model (regardless of whether it is new or currently implemented) but they cannot increase their total Target caseload. For example, if an applicant has a current Target Caseload of 50 for one model and wants to redistribute that Target Caseload to 40 for Model A and 10 for Model B that is allowed. Please be sure to check model fidelity requirements when proposing such changes.

7. Question: For Path 1, with this new RFP, it appears each CHB must submit their own application and one CHB will submit additional information for the Collaborative Project request? - OR can we still apply together – 1 CHB submits application that includes content for 2 CHBs including the Collaborative Project request information?

   Response: Each CHB must submit their own core home visiting application and one CHB will submit the Collaborative Project Request. Applying together for core home visiting is not allowed.

8. Question: For Path 1, we currently have a target caseload for the MIECHV funds our agency directly receives and in addition we have been receiving EBHV funding through a collaborative project (we were not the fiscal host but invoiced the fiscal host quarterly for reimbursement) which supported an additional target caseload. The EBHV caseload has been reported by the collaborative/partnership fiscal agent on behalf of the partner agencies. Are we allowed to combine these two target caseloads in-order to sustain our current level of evidence-based FHV service/caseload.

   Response: The goal of Path 1 is to sustain services. Applicants may propose up to their unduplicated total target caseload from all funding sources listed in Path 1, regardless of whether they were funded directly or through a collaborative. Please see the discussion on Target Caseload in section 2.2 for more information.

9. Question: For Path 1, When will we receive 2021 caseload averages that was discussed being sent to all currently funded agencies after the RFP webinar.

   Response: On May 4th, the 2021 caseload information was sent to the authorized representative and program contact(s) listed for each EBHV, MIECHV, or NFP grant.

10. Question: If we only put .18 for salaries and fringe for example but are actually going to have the CHW/nurse work at least a .25 or more in reality with a mix of funds is that OK? It may look to the grant reviewers that staff will only be working .18 FTE in the models but that will not be the case. This grant is only partially funding the model programs.

    Response: Please see question 50 from 5/2/2022. Agencies should only request funding for FTE that support their proposed Target Caseload for Strong Foundations. In a number of models 1.0 FTE would serve 25 families. If an applicant splits up that FTE across a number of staff, it should still add up to the Target Caseload that is requested. MDH recognizes that many agencies choose to use other funding sources to expand the reach of their evidence-based models. Home visitors funded by other sources should not be included on the Strong Foundations grant. For those that use other MDH funding (e.g. Title V, FHV-TANF, Community Solutions) please remember that all state and federal funding requires FTE and supporting supplies, training, etc. to be prorated. See FHV Financial Guidance document for more information.

    In general, MDH would expect that the core home visiting components would be viewable in the proposed budget. If your agency has nuances or is covering core components in-kind or with 3rd party funding please describe that in your application.

11. Question: For Path 1, What is the font size that is required for this grant considering there are page limits and does the narrative need to be double spaced?

    Response: Please see question 18 from 5/2/22.

12. Question: Regarding Path 1 target caseload and after reviewing FAQs: With a recent change to a new model that allows nurse home visitors to carry a heavier caseload, we are basically starting fresh in 2022. We are actively enrolling new families, which is something we weren't doing in 2021 due to COVID duties and new staff onboarding. Our target caseload was lower than projected in 2020-2021. It's our understanding from other FAQs that with justification, we might not need to right-size our target caseload if we can make a case for reaching our original target number. Is that correct?

    Response: Please see response to questions 1 and 4 from 5/2/22. MDH is not dictating Target Caseload proposals, rather we are asking agencies to not expand their current approved Target Caseload and we are asking them to think carefully about what they propose for 2023. The elements you describe are what we would expect an applicant to review and consider when proposing a Target Caseload.

13. Question: For Path 1, we are currently receiving EBHV funds through a collaborative. If we apply as an individual this time, would we be considered Path 1 or 2?

    Response: If you are receiving EBHV funding in any capacity you must apply via Path 1. Please see question 47 from 5/2/22.

14. Question: For Path 1, I know all of the EBHV grants end December 31, 2022. We have both a MIECHV grant and a Strong foundations grant. Will there still be both grants? Do we need to combine our home visitors for both programs into the Strong Foundations program? If so, can we increase our amount to cover all clients?

    Response: As stated in the RFP section 1.3, MDH will utilize both state and federal sources to fund home visiting programs through this RFP. Funding sources include federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funds (CFDA 93.870), as well as state allocations. All state funding (previously referred to as EBHV or Strong Foundations) and federal MIECHV funding are combined into this RFP and will result in a single application and grant agreement. You will combine current home visitors into a single Staffing Plan. The goal of this RFP is to sustain services. Applicants may propose up to their

unduplicated total target caseload from all funding sources listed in Path 1. Please see the discussion on Target Caseload in section 2.2 for more information.

15. Question: Is there a sample letter or a list of requirements for the letter of commitment requested for the collaborative project request for the RFP?

    Response: There is no sample letter. In general, the letters should provide proof that partners understand they are listed in a Collaborative Request and support the proposed work. Brief letters are encouraged.

16. Question: For Path 1, we are discussing options for those that are transitioning to new Model A but are not yet scheduled to be trained. One option we are looking into is continuing on with our current model until the time counties can be trained in new model A. If this is an option we pursue, wondering how to indicate this on the LOI and eventual RFP.

    Response: On the LOI, please check boxes for both models. In the application, there is a section on changing models. You would complete that section.

17. Question: For Path 1, per our 2022 MIECHV Grant Amendment/budget we are serving 150 families under MIECHV now and also serving 30 families through our EBHV Strong Foundations grant for a total of 180 families. Our letters are only accounting for a portion of this. Please clarify that our current target family caseload is 180 families.

    Response: When a current collaborative reports Target Caseloads, MDH does not receive the details of who is seeing more and who is seeing less than their original approved target caseload. The data is reported as a whole for the current regional partnership. Further, since collaboratives often move funding and target caseloads around among partners MDH cannot verify local caseloads through a partnership. Applicants should reach out to their reporting partner to understand what portion of the target caseload for the collaborative they are allocated.

    MDH reminds applicants that the 2021 reports are just one of many pieces of information that they should use to propose and justify their target caseload for the RFP.

18. Question: For Path 1, I would like to request the data currently 5/4/2022 be included in the report?

    Response: Unfortunately, MDH does not have capacity to re-run data for other time periods. We choose the 2021 data because it covered a 12-month period for all currently funded grantees. Please see Question 1 from 5/2/2022.

19. Question: Is caseload directly based on Home Visitor FTE for max families?

    Response: Each model has guidance on how many families a home visitor should have on their caseload. This is typically related to FTE of a Home visitor, but it may not be the only factor. Size of geographic region, cultural and linguistic needs of families, and number of new cases per month, and developmental stage of program (e.g. first year, 8th year) are some of the factors that may need to be considered when determining target caseload. MDH advises applicants to propose a reasonable and achievable Target Caseload based on all of these factors.

20. Question: Is total Home Visitor FTE used to calculate Reflective Supervisor FTE? Does this remain the same if the reflective supervisor also supports other home visitors not funded by this grant?

    Response: There are two parts to this answer. First, applicants should consult with their model developer for guidance on supervisor to staff ratios and related factors. Second, in general FTE and costs should be prorated across funding sources (See FHV Financial Guidance Document). MDH advises applicants to propose a reasonable solution and to justify their request.

21. Question: For Path 1, we have implemented a new model that allows a larger caseload per FTE. Since we cannot expand our max caseload, would that mean we have to reduce our currently grant funded FTE to not exceed our caseload under this new model? Can we keep our current FTE but simply have a lower caseload?

Response: MDH can't comment on specific scenarios, however we encourage applicants to reframe to what is needed to recruit, engage and serve families. We would also encourage applicants to consider where your program is developmentally. A full-time caseload is reasonable if a home visitor has a balance caseload: 1/3 new, 1/3 in midcourse, 1/3 getting ready to graduate. It is not reasonable if most or all families are new, if staff are new, and/or if new referral partnerships both into and out of the program need to be established or re-established because of COVID-19. Finally, whatever caseload and FTE applicants propose must be explained and justified. Please also see question 12 above.

22. Question: Do the MECSH Caseload Calculations also account for regular home visitor meetings outlined in FHV Financial Guidance? e.g. Serving families • Participating in meetings and professional development • Providing community education and outreach • Participating in reflective supervision

    Response: Yes, most models account for these additional responsibilities in their FTE recommendations, although agencies should also address changes needed for nuances and initiatives specific to their agency.

23. Question: One of our reflective practice supervisors (.25 FTE MIECHV Funded) sees a few families for home visits. We're wanting to make sure it's okay that she is implementing at ~0.1 FTE for home visits. We realize the goal is to have everyone at 0.5 FTE in MECSH. Also, I'm assuming families she sees (~0.1 of her FTE) would count as part of our caseload totals. Is this correct?

    Response: Yes, the proposed FTE would be ok, especially in light of her general focus on MECSH. Please briefly explain this situation and how this supervisor is supported in your response.

24. Question: For Path 1, we have just resubmitted our Quarter 1, 2022 data in the FHV Quarterly Data Collection form due to a reporting issue. Would it be useful for us to correct 2021 data so that the [2021 Caseload Data Memo] is more accurate? Or is it too late for this? Will this impact our application for next year's Strong Foundations grant?

    Response: As stated in the 2021 Caseload Data Memo, applicants may use additional caseload-related information in their applications to justify their proposed target caseload. This includes corrected caseload information if a grantee's 2021 Caseload Data Memo was incorrect due to known errors in reporting to MDH.

    As stated during the RFP webinar, MDH will review applications based on their content, and applicants are encouraged to provide explanations in their application if there are errors in their 2021 data reporting to MDH. MDH will work with current grantees through normal processes to help them correct their data reporting to MDH, however MDH will not re-issue the 2021 Caseload Data Memos after reporting errors are corrected.

25. Question: In the letter of intent is the target caseload described as the "caseload once the program is at full capacity" refer to year 1 or the target caseload that is intended by year 5? In the RFP it indicates that target caseload may be adjusted in subsequent years so that is why I am asking for clarification on that.

    Response: Applicants should report year 1 Target Caseload in their application.

26. Question: One CHB fiscal host and they partner (and by our local definition, subcontract) with another CHB. Does MDH consider this a subcontract? Or does MDH view subcontracts as Infant Mental Health Specialists contract or alike?

    Response: MDH does not consider current collaborating partners a subcontract. We consider it an equal partnership. One CHB may not fire another CBH, but they may fire or stop contracting with an Infant Mental Health Therapist.

27. Question: Two CHB's are currently collaborating. How do we decide where to put costs for core home visiting services or collaboration budgets?

    Response: The collaborating agencies can determine where the best location for each item is. There may be some items that make more sense to put in the Core Home Visiting budgets and plans and others that

make more sense to put in the Collaborative Request. Applicants should briefly describe and justify collaborative costs and work regardless of where they are placed.

28. Question: For Path 1, our agency is considering changing models, but we are not sure. Should we complete the Path 1 Model Change question?

    Response: The Path 1 Model change question is for any applicant to complete that has determined they are ready to make a model change. If an applicant is unsure and still making decisions, they should not complete the model change form. Changes in the post-award period would be handled under grants management and are not considered an RFP question.

29. Question: For Path 1, if our data indicated that our caseloads on a particular grant consistently were above 100% (148%-171%) would we be able to use those caseloads instead of the one we know we will continue to exceed?

    Response: Expansion is not allowed. Please see Question 4 from 5/02/2022.

30. Question: Should we document the target caseloads by model in the application and LOI? Or do you just want 1 number added together?

    Response: In the application, please document the target caseloads by model in the Service_Area_TC tab in the workplan. The LOI does not allow more detailed answers so please indicate the total proposed target caseload.

31. Question: If an applicant decides to switch models and it becomes clear, despite having done their due diligence, that it's not a good fit, is there flexibility to switch back?

    Response: This is not an RFP question, but a grant management question that would be addressed during the post award period.

32. Question: For path 1 what would happen if agencies decide to submit a collaborative request, and then one of the members is not funded? Would the collaborative request still be reviewed/eligible for funding with the remaining members?

    Response: If the collaborative workplan and budget were still largely applicable MDH would not have concerns about a partner dropping out. Part of MDH's sustaining approach is to prevent defunding current programs and focus instead on right sizing them.

33. Question: For Path 1 our approved workplan for March 2022 – December 2022 states "no less than 9 but up to 15 families". We also had budgeted for 15 families. My question is if our approved work plan says 9 – 15, are we able to request more than 9 families on the RFP?

    Response: You may use information from the FHV Grant Average 2021 Caseload Data Memo that was sent to you. RFP applicants may have additional caseload information not reflected in the data summarized in the memo(s). This additional information may be used to justify a proposed target caseload in the RFP application other than the recommended adjustments.

34. Question: When addressing the eligibility bullet point of "assuring that counties will maintain their current level of effort and local funding for existing home visiting programs." What assurance will you accept and in what form? Is there an example of this assurance from an agency you can share?

    Response: A brief statement to this effect in the narrative is sufficient in the application.

35. Question: Would you be able to share an example of how to demonstrate a county is supplementing, not replacing, existing funds being used for family home visiting services as of July 1, 2019? Would you prefer this in the narrative or budget template (other area)?

    Response: A brief statement to this effect in the narrative is sufficient in the application. If MDH has questions or concerns, we will follow-up with applicants. Please also see question 48 from 5/2/22.

36. Question: For Path 1, do you think it would be useful for use to correct 2021 data so the attached document is more accurate? Or is it too late for this? Will this impact our application for next year's Strong Foundations grant?

    Response: As stated in the 2021 Caseload Data Memo, applicants may use additional caseload-related information in their applications to justify their proposed target caseload. This includes corrected caseload information if a grantee's 2021 Caseload Data Memo was incorrect due to known errors in reporting to MDH. As stated during the RFP webinar, MDH will review applications based on their content, and applications are encouraged to provide explanations in their application if there are errors in their 2021 data reporting to MDH. MDH will work with current grantees through normal processes to help them correct their data reporting to MDH, however MDH will not re-issue the 2021 Caseload Data Memos after errors are corrected.

37. Question: When we send in the letter of intent – if we put in a higher targeted caseload and justify it – will you be letting us know by email before we submit the application if that is a number you are willing to consider or will we be justifying that in the grant application?

    Response: MDH will do limited notifications to LOIs if an applicant has proposed something that is not allowed. We will notify if a proposed Target Caseload is considered expansion, if a proposed model adaptation (e.g Thrive for Family Spirit) is not allowed, or if the incorrect Path has been selected. MDH will not prevent an applicant from submitting an application based on information in the LOI. The LOI is required, but it is not considered the final proposal and will have no weight in the final decisions.

38. Question: One of our supervisors provides supervision to our staff as well as a neighboring CHB involved in our collaborative. Should this supervision time be listed in our CHB budget, or the collaborative budget, since this CHB will be submitting their application separately? Right now we have her full salary and benefits listed in our grant budget but started to question if her salary should be broken out between our program and theirs.

    Response: MDH would recommend that the portion of supervision for the other CHB be placed in their budget as a contract to the CHB providing the service, however it could also be placed under a Collaborative Project Request. By placing it under your core home visiting budget, it will apply toward your per family cap. MDH would not put a hard "no" on this, but it is not a recommended strategy.

39. Question: Could you please clarify, are we to assume that MIECHV dollars may be going away at the end of 2022, or that there may be a combination of funds.

    Response: All current grant agreements end on 12/31/2022. MDH has combined all evidence-based funding sources into one RFP with the goal of providing one grant agreement to awarded agencies. Determination of funding source for each awarded applicant will occur during the decision phase.

40. Question: We currently contract with another CHB for reflective supervision. Is that allowed in this RFP?

    Response: Yes, an applicant may contract with another CHB, Tribal nation, or non-profit to provide services (such as reflective supervision) for their core home visiting program.

Questions Answered: 5/02/22

1. Question: For Path 1, we are wondering whether MDH will factor in pre-pandemic target caseload numbers due to the fact that most agencies across the state had FHV PHNs who diverted to COVID response for much of the year. This question is related to the caseload reduction recommendations on slide 16.

    Response: Please see Section 1.2 Program Description (page 3) for further description of the goals of this RFP and the acknowledgement of the value home visiting has played across the state during the COVID-19 pandemic. As stated in the RFP webinar, applicants to Path 1 of the RFP may have additional caseload-related information not reflected in the Target Caseload data from 2021. This additional information may be used to justify a proposed target caseload in the RFP application other than the recommended adjustments.

MDH is providing guidance on Target Caseload sustainability and right sizing to encourage Path 1 applicants to thoughtfully and purposefully propose a viable and achievable Target Caseload in their application.

Examples of information Path 1 applicants may provide in their justification when proposing the Target Caseload for their application include whether staff are returning to FHV from COVID-19 response activities, history of meeting and maintaining Target Caseload prior to the pandemic, current 2022 approved Target Caseloads and progress toward meeting them, and processes that have been put in place to achieve and maintain target caseload.

MDH reminds all applicants that we anticipate over 100 applications for this competitive RFP. Applicants should not assume that the reviewers for their application are familiar with the applicant's specific circumstances. All applicants are encouraged to submit a clear, concise, and specific justification for their proposed target caseload, associated budget, and all answers to the RFP questions.

2. Question: For Path 1, during the RFP webinar, you discussed target caseload reductions based on 2021 caseloads. Can you please address the issue that local public health organizations had significant competing priorities in 2021, and home visiting staff were pulled away from their normal job duties to respond to COVID, thus lowering their capacity and caseloads during that time. However, this would (hopefully) not be a concern by 2023, so it seems problematic to base our 2023 caseloads off 2021, when 2021 was so unusual.

   Response: Please see the answer to question 1 above.

3. Question: For Path 1, if we are moving from a collaborative project to a single project and we are the grant holder, when answering question F on the narrative, do we answer to just our agency caseload history or the collaborative as a whole?

   Response: Each applicant should report their individual caseload history.

4. Question: For Path 1, our county is projecting an increase in caseload due to the change in models. Please advise if we are able to continue forward with our increased caseload projection or if we should re-submit our Letter of Intent with our current caseload level.

   Response: Applicant agencies should only submit one LOI. If information needs to be changed, MDH can re-open an applicant's LOI so that they can make corrections. Please contact health.homevisiting@state.mn.us and one of our staff can assist your agency. We strongly advise that applicants limit the need to make changes by taking time to read the full RFP and carefully think through their answers before submitting the LOI or their response to the RFP.

   > The RFP does not allow expansion of target caseloads for Path 1. Please see section 2.2 Target Caseload (page 12) for further guidance. MDH has determined that expansion of programs is not a viable option given our goal to provide stability to FHV programs and families. Based on community input MDH increased the per family cap to $7000/family. We expect that this will result in higher costs for core home visiting services. MDH is concerned that further expansion of some programs would force the state to defund other viable and sustainable home visiting programs.

5. Question: For Path 1, under parameters for funding in the RFP (page 4), the estimated maximum award is 1.4 million/year. In order to sustain funding, and continue at current capacity, we will need to request more for our budget. Can we submit a budget over $1.4 million to sustain our current caseload capacity if we meet the current cost per family parameters?

   Response: The maximum and minimum awards listed in the table on page 4 of the RFP Instructions are estimates they are not required parameters for applicants.

6. Question: For Path 1, page 12 of the RFP states: "Target caseloads should be informed by current and past success at achieving and maintaining prior approved target caseloads." What timeframe should we use for "past success at achieving and maintaining prior approved target caseloads?"

Response: Applicants should use or reference a timeframe that helps justify and support their proposed Target Caseload and is relevant to their current agency circumstances.

7. Question: Page 12 of the RFP states that we must "select and implement one of the following models long-term evidence-based visiting models…". Does this mean we can only choose one model? Or if we currently operate more than one model, is it ok to choose more than one in order to sustain our current implementation?

   Response: Applicant agencies can choose to implement 1 or more of the models listed. This is a typo on that page, but it is correct in the online submission options.

8. Question: Page 12: Path 1: "Applicants for this path are not allowed to propose expansion of their target caseload apart from in the rare exception that a CHB, non-profit organization, or Tribal Nation is adding a currently unfunded county or Tribal Nation. Applicants should carefully select a target caseload that they can meet by the end of the first grant year and maintain at a minimum of 85 percent throughout the grant award." But then (page 12): Applicants must maintain or right-size their current home visiting program.

   For providers that implement more than one model, can we shift caseloads from one model to another (e.g. shift funding/caseloads from Healthy Families to Parents as Teachers) as long as the overall budget for our programs remains the same? If we were to do this, it would look as if we're expanding our current caseload for Parents as Teachers, but in reality, our overall caseload would remain the same across all models as a whole.

   Response: The guidance on Target Caseload applies to an applicant agency's total funded home visiting program. The proposed shift described in the question would be allowable.

9. Question: For Path 1, how do we reflect current work being done via a collaborative grant award with a different fiscal host that is now moving directly under our application? We would like to continue that work, but it may look like we are requesting new work in our application because the funding was previously funneled to us via a collaborative grant award with a different fiscal host. We want to make sure it is clear to MDH that we are just proposing to sustain work that was previously funded through a collaborative grant award with a different fiscal host, we are not proposing expansion.

   Response: We encourage applicants to briefly address situations like this in their Project Narrative.

10. Question: Do we need to submit a collaboration project request for each of the agencies that we subcontract with to deliver home visiting services?

    Response: A Collaborative Project Request does not include subcontracting for core home visiting services. Applicant agencies that subcontract for core home visiting services do not need to submit a Collaborative Project Request.

11. Question: For Path 1, we currently receive funding MDH funding for multiple evidence-based home visiting programs. Based on the estimated 1.4 maximum award identified in the RFP, must our proposal reduce current programing to a maximum budget of 1.4 million dollars? If not, should a combined budget for all three programs which exceeds 1.4 million dollars be submitted, or how else would you prefer it to be submitted?

    Response: The maximum and minimum awards listed in the table on page 4 are estimates they are not required parameters for applicants.

    Applicants proposing implementation of multiple evidence-based home visiting models should submit one combined budget. In the descriptions and narrative please briefly identify which costs apply to each home visiting model and those that are shared across programs.

12. Question: We will submit workplans for multiple evidence-based models. How should the workplans be formatted to incorporate all three programs?

    Response: MDH recommends that each model workplan is submitted on a separate tab in one Excel Workbook uploaded to Foundant. However, if an applicant chooses to combine the workplans into one

comprehensive workplan that is also acceptable. Regardless of which option is chosen, applicants should make sure that workplans are clear and address required components for each model being implemented.

13. Question: For Path 1, we are proposing a model change in our application and the RFP requests anticipated number of clients served, the two models differ in the number of cases served by each home visitor. Does that case/staff number difference need to be reflected in our proposal? If so, how should that calculation be reflected?

    Response: The target caseload/staff for the proposed model(s) needs to be reported in the Staffing Plan. The Target Caseload and home visitor staff proposed should by informed and reflect fidelity to the evidence-based model(s) that will be implemented. Please also see guidance above in #4.

14. Question: For Path 1, MECSH will be a new proposed model to our home visiting program. As we prepare this RFP proposal, is there a contact person we can consult regarding MECSH program specific elements, if needed?

    Response: MECSH fidelity information is contained in the MN MECSH Addendum.

15. Question: For Path 1, as we seek continued program funding, should we include current Agency IHVE outcome data and MIECHV Performance Measures in our proposal? If included, should they be submitted by each specific program? Which measures would be of greatest interest?

    Response: Applicants are welcome to include data in their application if it supports their responses to the questions.

16. Question: As referenced in the RFP, initiating a new evidenced based model requires more time and financial expenditure to implement than an existing program. Is it possible to request additional model startup funds for this first budget year?

    Response: Start-up costs are allowed if they fit within the $7000/family cap.

17. Question: For Path 1, when reviewing our current cost per family data, which past years data should we use?

    Response: Applicants should use or reference a timeframe that helps justify and support their application and is relevant to their current agency circumstances.

18. Question: For Path 1, what will the formatting requirements be for the Path 1 narrative portions of the request?

    Response: MDH requests that all Path 1 applicants submit documents with reasonable font and margin width for each narrative portion. Suggested font size for general text is a minimum of 10 point font or higher. Tables and any references may be smaller font.

19. Question: For the Collaborative Project Request, would MDH consider requests for collaboration between Public Health and other community services departments in our own organization? For example, a request to work more collaboratively with our county's Social Services/Child Protection or Pathways to Prosperity programs?

    Response: For this specific RFP, Collaborative Project Requests that span across multiple CHBs, Tribal Nations, or non-profit organizations are allowed. Applicant agencies seeking to innovate within their agency may propose such expenses within their core home visiting budget as long as they do not exceed the $7000/family cap.

20. Question: Can you please address the following questions regarding geographic service region for the Strong Foundations RFP?:

    The RFP mentions that funding will be prioritized for [Path 2] programs serving counties identified as at-risk through the 2020 MIECHV Needs Assessment, and also mentions that expansion [for Path 1] is only allowable if the provider is expanding to a county or tribal nation not currently served by MDH

competitive home visiting funding. Do you have a list available of counties that are not currently being served by MDH competitive home visiting funding?

Response: The question is combining aspects of Path 1 and Path 2. Based on eligibility, applicants must apply to Path 1 or Path 2. Applicants attempting to apply to both paths will be disqualified. On page 11 the RFP states that Kittson and Nobles are priority counties.

21. Question: Is it preferred that the geographic service region is identified by county rather than by city?

    Response: Applicant should state the county(ies) or tribal nation(s) to be served and provide details if services will be limited to specific areas.

22. Question: Each CHB, tribal nation applies separately, but if there will be collaboration a separate collaborative application has to be submitted? For example, a CHB with 4 partners would submit 4 separate applications, plus an application from one partner for the collaboration components.

    Response: Please refer to Section 1.4 Collaboration (page 6) of the RFP instructions for a more detailed description. All CHBs, Tribal Nations, and non-profit organizations must submit an individual application to this RFP for their core home visiting program. Multi-county CHBs must submit one application and will be funded as one entity. Each collaborative project will select one primary applicant (CHB, Tribal Nation, or non-profit organization) to submit the collaborative project request with their core home visiting application.

23. Question: Our organization is currently funded for evidence-based home visiting under the MDH Healthy Communities for Healthy Futures grant. Does this allow us to qualify for this new grant opportunity? Or is there a specific MDH funding source that we must currently have in order to apply for this grant.

    Response: There is no required funding source organizations must have to apply for this Request for Proposals, but current funding does impact which Path an applicant is eligible to apply for. Please see Section 1.4: Eligible Applicants (page 5) of the RFP instruction to determine which path you should apply to based on your current MDH funding.

24. Question: For Path 1, our agency implemented a new evidence-based home visiting model in the first quarter of 2021 and as a result we had an increase in our caseload capacity. Please advise how this information will be taken into account for funding in the FHV RFP.

    Response: Please see the response to question 1 above. Please also see Section 2.5 Review and Selection Process for more information on review and scoring. Attachment A describes Application Evaluation Criteria.

25. Question: For Path 1, how do we right size caseload without limiting the potential for growth over 5 years (i.e. can we increase our budget and caseload numbers in year 2-5?)

    Response: Please see answer to question 1 above. Please also see Section 2.2 Eligible Projects (page 11 – 12): *Applicants must maintain or right-size their current home visiting program to achieve a minimum of 85 percent of target caseload by end of first 12-month budget period.*

    > For information about future year budgets, please see Section 1.3, Project Dates (page 4). Annual budget awards in subsequent years will be based on several factors including: staffing retention and capacity, spending trends and changing needs, satisfactory performance in achieving workplan goals, adhering to financial policies and meeting target caseload, successful recruitment and retention of families and adherence to model fidelity.

26. Question: Can metrics be reconsidered for caseload size in small counties based on additional admin work without the same infrastructure as large counties (promotion, outreach, etc.)

    Response: Applicants that are proposing caseloads that are outside of typical model guidelines should address the reasons for that in their application. MDH advises that small counties (and other small applicant agencies) may benefit from participating in a multi-CHB/Tribe/Non-profit Collaborative Project

Request to share resources and build collective infrastructure. Regional and geographic requirements that were in previous RFP's have been removed to allow more flexibility in collaborative partners.

27. Question: Can smaller counties have a smaller caseload?

    Response: Yes. MDH would anticipate that smaller agencies (counties, tribes, non-profits) would have smaller caseloads as appropriate.

28. Question: For Path 1, can you clarify to whom the 2021 caseload information will be delivered at the county level? Should EBFHV supervisors be looking for that email or public health agency directors? And can you clarify when you were planning on sending it out? Some of us heard yesterday, and others next week.

    Response: The caseload information will be sent to the authorized representative and program contact(s) listed for each EBHV, MIECHV, or NFP grant. 2021 Caseload Data Memos will be sent by May 4, 2022. Please also see question 1.

29. Question: Are interpreter costs allowed? If so, is there any cap on the dollar amount?

    Response: Yes, interpreter costs are allowed. All costs must be reasonable and allocable. Please refer to the FHV Financial Guidance document posted on MDH website (https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf) and referenced in the RFP for more information.

30. Question: Are MECSH Apprentice Trainer and Supervisor FTE (salary and fringe) calculated into the per family cap and target caseload?

    Response: Please refer to Section 2.2 Eligible Projects: Optional Project Add-ons: MECSH Trainer costs (page 14). The last sentence states: A separate MECSH Trainer Budget is required and does not count toward the cost per family cap for the core home visiting program. Supervisor FTE for core home visiting services does count toward the family cap and should be included in the applicant's main budget.

31. Question: For Path 1, we are applying as a multicounty sustaining CHB because we are part of a collaborative grant for this current cycle. In this current grant cycle only one of our counties ended up participating and will have no EBFHV visits or caseload for 2021. They may have some for 2022 because are currently using the grant funds to start training employees in HFA. I want to say we would be able to change our targeted caseload because technically we will be adding a county in our CHB to an EBFHV model because they are really just in training in 2022 and only MAY start the FHV's themselves yet this year.

    Our CHB is also adding a new model for the CHB for one county. Because of that model change – the model requirements and the ability to increase fidelity with this model we can say with confidence that are targeted caseload would definitely be able to be tripled. If we cannot be considered in expansion could we use changing/adding a model as the reason to change target caseload? If we cannot use situation described above to add to the target caseload can we use the same target caseload for current model and add a target caseload for new model?

    Response: Expansions for Path 1 would not be allowed in this case. See section 2.2 for eligible projects. MDH recommends that for the current funded FTE, the applicant should review current target caseloads, their progress toward meeting them, and use this information to propose/justify a Target Caseload in their application.

32. Question: For Path 1, when we identify a target caseload in the grant application I am assuming we cannot increase that over the 5 years of the grant related to budget issues. If we have more individual families that fit the model are we able to admit them under the model but once we reach our target caseload any additional families would be billed to other sources including tax levy if need be – is that acceptable?

Response: Please see question 25 above. If an applicant agency is able to serve families with other funding they should continue or initiate providing services with those funds.

33. Question: Are page limits based on single spaced pages?
    Response: Yes.

34. Question: Is there a page limit on the Collaboration Request?
    Response: Yes. On 5/2/2022 MDH will upload a corrected version of this document with page limits identified. Collaborative Project Request questions 1-3 have a combined page limit of 10,000 characters (approximately 3.5 single spaced pages).

35. Question: For Path 1, with regard to recommended target caseload, if an applicant has been a part of a regional collaboration from 2018-current and has reported caseload data quarterly as a region, may the applicant propose a target caseload that is based on the percentage of the regional caseload met?
    Response: Applicants should reference the current approved target caseload for their agency. Please also see question 1 for other information that should be considered.

36. Question: For Path 1, what should the approach be for an applicant that has exceeded its target caseload? Can they increase their target caseload in this application?
    Response: See response to question 4.

37. Question: We are in a multi-county partnership under implementing the same model. Can individual applicants use the same letter of model fidelity for the partnership for the application, or does it need to be addressed separately to each county?
    Response: If a letter addresses the requirement, MDH has no concerns to whom the letter is addressed.

38. Question: In the collaboration request, question 6, it says: "Submit a separate Collaborative Project Work Plan. The work plan should reflect the goals, objectives and activities identified in question 7a." We don't see a question 7a…what does this refer to?
    Response: This is a typo, it should say "question 1".

39. Question: Under Supplemental Documents (page 27), you ask for an org. chart with clear indication of where staff funded via the application reside. What specifically are you asking for here? Their work location by city, or by county? Or the location of whatever organization employs them? If staff work from home, these answers may not be the same.
    Response: MDH is not concerned with physical location of a staff member (e.g. home, city, workoffice, etc.). This question is asking for a clear picture of how your teams are organized. Reside refers to where a staff member is organizationally placed in terms of work units, sections or other organizational structures characterizing your agency.

40. Question: When developing the individual applicant work plans, if components of the work plan are tied to a collaborative effort that will be addressed in the collaborative project work plan, is it acceptable to just refer to that work plan? i.e. "see collaborative partners work plan for details."
    Response: In general, writing that is clear and brief is encouraged. MDH recommends providing additional clarity such as "Reflective Practice Supervision will be provided through the Collaborative Project Request for *Healthy MN Babies*". Reviewers will not have access to other applications when scoring, so if core home visiting components are covered under a Collaborative Project Request, individual applicants should provide enough clarity and details so a reviewer knows that a core component has been addressed.

41. Question: What criteria will be used to determine successful client retention? Currently, our Agency assesses client graduation/retention as those clients who have graduated from the program based on each Model's graduation definition. Does the RFP retention definition also include clients that are currently active and enrolled as successfully retained?

Response: Please see Attachment C in the RFP for a discussion of Program Evaluation Requirements and Measures. Retention of families is described in the Table of Family Home Visiting Program Evaluation Measures (page 35).

42. Question: For Path 1, for applicants providing more than one Evidenced Based Model, does the RFP 3-page limit on the narrative sections in path 1 require combining all Models into one narrative, or completing a narrative for each Model for which funding is being requested?
    Response: Applicants may combine all models into one narrative or separate the narrative by models. Applicants must adhere to the page limits for each section regardless of how many models are implemented.

43. Question: After submitting the Letter of Intent and during the grant planning process, the agency determines the need to change something proposed in the letter, will it be possible to change any elements proposed in the submitted letter?
    Response: Please see response to question 4 above.

44. Question: Our current target caseload is based on our current model however we will be transitioning to a new model in May, fully implementing that model in 2023. The new model has a higher caseload allowed per home visitor. Would it be appropriate to increase our target caseload to align with the new model caseload expectations?
    Response: Please see response to questions 4 and 13.

45. Question: Can an active statewide or regional coalition apply for the optional collaborative project opportunity (p 14) through one of its funded agencies, as long as they are a CHB, tribal agency or nonprofit organization?
    Response: Yes this allowable. Also, please note that Collaborative Project Requests do not have restrictions on regional or geographic boundaries. This allows CHBs, Tribal Nations, and non-profit agencies across the state to work more collaboratively on shared interests and enhancements that may or may not be regionally focused.

46. Question: Is there a possibility to be funded but not for full amount asked for?
    Response: Yes. Please see Section 1.3 Funding for the total amounts of funding available through this RFP. In the event that total proposal requests for each Path exceed the amount available, MDH may offer a reduced award to applicant(s). MDH intends to fully award available funding, but we cannot award more funding than exists.

47. Question: Wanted to verify if we would be path 1/existing program. We are part of a partnership now, planning to switch models. We receive EBHV funds now, but through a partnership.
    Response: You would apply as Path 1 and complete the model change section.

48. Question: For Path 1, wanting to better understand how we demonstrate funding is supplementing and not replacing existing funds. We currently have EBHV funding but switching models, I want to be sure I answer this correctly.
    Response: All current EBHV/Strong Foundations, NFP, and MIECHV grant agreements terminate 12/31/2022. Current funding from these sources are not considered supplanting because those funding sources will end before this grant award starts. For further information about supplanting please see the section on supplanting of funds, page 3, in the Financial Guidance Document (https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf) .

49. Question: Concerns with determining funding amounts off of 2021 caseloads. 2021 was largely COVID work for are home visiting staff, in addition to hiring 2 new staff 12/2020 who have only been able to focus more exclusively on home visiting in the last several months. In addition, we took WIC back in house as of January 2022. Have been seeing an increase in referrals since then and anticipate that to

continue. 2021 caseload would not be an accurate representation of anticipated caseloads moving forward.
Response: Please see response to question 1.

50. Question: If we have existing EBHV funding and we are currently doing MECSH, do we include all evidence-based home visitors in expected caseload size or only the home visitors that are funded through the grant?
Response: Applications should only include FTE for home visitors that will be directly working to support the proposed Target Caseload and other activities in their proposal. Home visitor FTE funded by 3rd party, local levy, or other grant funds should not be included in the proposal.

Questions Answered 4/25/2022

1. Question: We are currently funded by MDH for Evidence-Based Home Visiting and we are trying to access the portal for the Strong Foundations RFP. Unfortunately, when we try to access the portal using the applicable email addresses at our organization it says there is no account that matches any of them.

   Response: All Strong Foundations Spring 2022 applicants will need to create an organization account on the Grant Interface portal (Foundant). Please create only one account per applicant organization. If multiple users need access to the submission system for the organization's application, please contact health.homevisiting@state.mn.us to have users added to the organization account.

2. Question: When I try to create an account in Foundant, it will not accept the phone number.

   Response: This was a technical glitch in the Foundant interface. This was corrected on 4.18.2022 at 10:30 am.

3. Question: Will there be a recording for Informational Webinar on RFP: **April 27, 2022, 9-10 am CDT** ?

   Response: Yes the Informational Webinar will be recorded and posted. Please refer to Section 1.5, page 8 of the RFP instructions. This meeting will be recorded, and a link posted on Family Home Visiting: Funding and Grants Management (http://www.health.state.mn.us/communities/fhv/grant.html).

4. We understand that CHBs must apply separately but can coordinate service delivery with collaboration. We are wondering how to handle when a CHB is providing direct services to a neighboring CHB as part of the existing work? For example, our agency employs the supervisor and home visiting staff that conduct the FHV services. Would that CHB still need to apply separately, or can we write for that service delivery and caseload in our application? Would that CHB just include the intent to contract with our agency to carry out those FHV services in their budget?

   Response: The RFP does not limit the geographical region that an applicant proposes to serve. Both options would be acceptable. The CHB providing the home visiting services could apply and include both geographic regions and associated costs in their application. Conversely, if the two CHBs want to apply separately, contracting for services from another CHB is an option.

5. Question: I see under the Collaboration heading in the RFP that there is consideration for "data infrastructure" when programs elect to work cooperatively. It asks "do partners have a formal agreement to exchange data about families to support and enhance service delivery?" We were hoping to have an example of what MDH would find acceptable…is this yet forthcoming?

   Response: The items for consideration under the Collaboration section of the RFP are intended as guidance for applicants to consider when determining whether to submit a Collaborative Project Request. They are not meant as a list of requirements that collaborative projects must meet. However, if partners plan to share client data to coordinate services to families or other reasons, we strongly encourage Collaborative Projects to explicitly address data access and sharing among partners, for example in a memorandum of understanding or joint powers agreement. MDH does not have an example of language to use in an agreement, as this may vary depending on the purpose and extent of the data sharing between partners.

6. Question: How do we know if we have a Foundant profile account set up and who our contact person is for it?

   Response: MDH-Family Home Visiting purchased our own license for the Grant Interface: Foundant. Even if an applicant has applied to another MDH program (e.g. MDH-COVID funding, Rural Health) that used Foundant, they still need to set up a completely new account to apply for Strong Foundations through MDH-Family Home Visiting.

7. Question: We have an MDH Evidence Based Home Visiting grant already so unless there is an entirely new interface since the last RFP, I believe our organization has an account already and I just need help accessing it. If you are saying that you are sure we do not already have an account, I'll set one up. I believe we do have an account, though.

   Response: MDH-Family Home Visiting just purchased the Foundant software 1.5 months ago in March 2022. It is an entirely new interface. All applicants need to set up an account to apply for the Strong Foundations grant.

8. Question: What is Strong Foundations? Is it a new evidence-based home visiting program?

   Response: "Strong Foundations: Evidence-based Family Home Visiting" is the name of the latest grant request for proposals from MDH Family home visiting. More information for this RFP can be found on our website https://www.health.state.mn.us/communities/fhv/grant.html#Example1.

9. Question: I am seeking clarification/understanding of the new RFP for the Strong Foundations home visiting grants. From what I read, local school districts would not be included in the grant application targets. Is that correct?

   Response: Both Minnesota Statute 145.87: Home Visiting for Pregnant Women and Families with Young Children (https://www.revisor.mn.gov/statutes/cite/145.87) and Minnesota Statute 145A.145: Nurse-Family Partnership Programs (https://www.revisor.mn.gov/statutes/cite/145A.145) and state the commissioner of health shall award grants to community health boards, nonprofit organizations, and Tribal nations. All applicants must meet this eligibility criteria.

10. Question: Can you further explain the $7,000 per family/per year spending cap? Does this cap apply to all applications, or will the State be willing to negotiate with current grantees to continuing to provide programming that exceeds this cap?

    Response: The maximum cost per family for core home visiting services is $7,000 per family for the12-month period, see page 13 in the RFP for more details.

11. Question: Are all counties in a multi-county Community Health Board required to implement the same evidence-based model?

    Response: No. Each county should select the evidence-based model that best meets the needs of their workforce and community.

12. Question: If a multi-county Community Health Board chooses to participate in a Collaborative Project Request, is each individual county required to participate in the collaborative project?

    Response: No. Participation in a Collaborative Project Request is voluntary and is not required.

13. Question: If in a Collaborative Project will the collaborative fiscal and management lead still be submitting all data and invoices to the grant or are CHB's doing that independently due to the individual CHB applications?

    Response: Each CHB will submit their own invoices, data and reports to MDH for core home visiting services. The Collaborative Project Lead will submit invoices and reports to MDH specific to the Collaborative Project workplan and budget.

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