

Home Visiting
Request for Procurement (RFP)
Updated Consolidated Questions/Messages
For Response Friday, September 11, 2020

Q = Question

R = Response

1	Q	Is this information available in Spanish?
	R	The Home Visiting RFP is only available in English.
2	Q	Is it mandatory for me to make the registration for the conference? And what is the exact reason?
	R	Yes. For those interested in responding to the Home Visiting RFP, register by September 11 for the September 15 Pre-bidder Conference.
3	Q	What time on September 15 th is the mandatory meeting? And, also, explain what we are pre-bidding on.
	R	The Pre-bidder's Conference will run from 8:30 am to 10:30 am and is mandatory for anyone applying for the Home Visiting RFP.

Home Visiting
Request for Procurement (RFP)
Updated Consolidated Questions/Messages
For Response Friday, September 18, 2020

Q = Question
R = Response

1	Q	How will OEC pursue Medicaid reimbursement for home visiting services? Will it be as a fee for service billable visit or a per-member-per-month type model? Will the billing codes be turned on in the medical schedule or in the behavioral health schedule?
	R	Medicaid reimbursement is a longer-term goal that the OEC is working towards, but details have not been finalized yet.
2	Q	How can you help us to learn which mothers are already enrolled in Medicaid, have a PCMC, or PCMH Plus, or are enrolled in Medicaid Intensive Case Management?
	R	This is a longer-term goal that the OEC is working towards, but details have not been finalized yet.
3	Q	Can DCF-involved families enroll in OEC home visiting programs?
	R	Yes, we are prioritizing prenatal enrollment regardless of the number of previous pregnancies and children. A parent with a child in foster care six-months old and under could participate in home visiting if reunification is the plan.
4	Q	Are the target populations simultaneous prioritizations or three separate categories?
	R	The priority populations are three separate categories. It is possible that families will fall under multiple target population categories.
5	Q	Can you speak more about the openness to enrolling families outside of the target populations?
	R	The target populations are prioritization considerations, not eligibility requirements. At this time, OEC is prioritizing prenatal enrollment and families with children up to the age of 6 months; caregivers, including fathers, under the age of 20; and women from racial/ethnic communities disproportionately experiencing adverse birth outcomes. Awarded providers should refer to their model guidelines for specific eligibility requirements.

		Families outside of the target populations may be enrolled when no waitlist for target populations exists. For example, if a program was at capacity and could only take one new enrollee, and there was a teen parent and parent in their 20s -30s, OEC would ask the program to take the teen parent. OEC will be monitoring enrollment demographics through Active Contract Management to assess whether awarded providers are making earnest, good-faith efforts to enroll more families in the target populations.
4	Q	Do the prioritizations mean target populations MUST be served in all proposals, even if other populations are included?
	R	OEC is prioritizing these populations. Proposals may present a different population without serving the target population, but scoring will be impacted. This is described in detail in the RFP.
5	Q	How will that prioritized population be evaluated? Will there be a percentage required?
	R	OEC Program Liaisons will be monitoring priority population enrollment through active contract management.
6	Q	To clarify, you are asking us to focus intake on prenatal up to 6 months, but would like us to provide services up to what age?
	R	Please refer to your selected evidence-based home visiting model(s) to determine the age to which children should receive service.
7	Q	For proposals under innovation, do the enrollment requirements still apply or can you enroll older children?
	R	OEC is prioritizing prenatal enrollment and children up to six months. Innovation is described in detail in the RFP.
8	Q	Is it implied that the focus on prenatal families are first time parents.
	R	OEC is not limiting this priority population to first time parents.
9	Q	If the family also has older children, can we offer the service as a package to the entire family?
	R	OEC is prioritizing prenatal enrollment and children up to the age of six months. If the family has older children as well, home visiting could be offered.
10	Q	How many children are supposed to be served per region?
	R	OEC does not have an exact figure at this moment and is conducting analyses to determine possible ranges of numerical targets. OEC recognizes that different models have different implementation requirements and costs associated with them, which could affect the total served.
11	Q	Can a program serve more than one of the identified target populations?
	R	Yes.

12	Q	How will Latinx populations be prioritized?
	R	Although the Latinx population was not specifically referenced in the RFP as a target population, OEC still considers it a priority to demonstrate the ability to ultimately serve this important community. Applicants should refer to the provider report for additional details about the needs in their regions.
13	Q	Do sites not planning on altering their models need to submit an implementation plan?
	R	Yes, all proposals should include an implementation plan that details home visiting model services, program deliverables and any theories of change to meet program target populations and outcomes.
14	Q	Is OEC looking for exact dates of when reports were submitted to funder?
	R	As the RFP describes, applicants are expected to demonstrate a positive history of compliance and a timely submission of contract deliverables.
15	Q	Do main body attachments count toward the 40-page limit? Is the budget and budget narrative and attachments part of the 40-page limit? What should go in the main body and what can be go in an appendix that doesn't count toward the page limit?
	R	The project narrative counts toward the 40-page limit. A list of approved and relevant attachments which do not count toward the 40-page limit is included in Appendix F of the RFP. Please note: attachments other than the required documents will not be reviewed.
16	Q	Can OEC-provided intake, eligibility, and enrollment forms be included? Will attachments include assessments such as the PICCOLO, EPDS and HITTS?
	R	No, OEC provided documents do not need to be included in the application. Applicants may reference in their narrative that they are using these OEC forms. Applicant-created or evidence-based model intake, eligibility, enrollment or assessment forms may be submitted as attachments.
17	Q	Are applicants committed to the program model named in the letter of intent?
	R	Yes. Letters of Intent are due by November 1 st and must include the model you are proposing to implement.
18	Q	Can you explain what you are looking for in response to the case study on page 35? Is this a concern that proposals must address?
	R	OEC is looking for respondents to clearly articulate how they would respond to the scenario in the case study. OEC wants to understand how a respondent thinks about how this family and the referral source can find home visiting services.
19	Q	What is the rating scale and rubric?
	R	Evaluation criteria and additional scoring details are included in the RFP starting on page 27.
20	Q	Do existing home visiting agencies have to respond to this RFP or is this to secure additional providers?

	R	Yes, this procurement is for all home visiting funds and existing providers should respond if interested in being considered for future funding.
21	Q	Will we be using pre-Covid or post-covid benchmark data in this RFP?
	R	Pre and post-covid data should both be submitted. The data entry form looks at data from the past 12 months, which encompasses pre- and post-Covid data.
22	Q	Many evidence-based models have strict data and implementation requirements, sometimes creating their own data and accountability systems. How do you see not creating EBP siloes?
	R	OEC is working to address data siloes.
23	Q	Is Sparkler participation mandatory? Even if ASQ completion is over 90%? Can the requirement to use Sparkler be adjusted to say a certain % of completed ASQs?
	R	Sparkler is an initiative of the OEC and must be offered to all families. Families should be deciding their participation. OEC initiatives, such as Sparkler, will be reviewed regularly as part of Active Contract Management.
24	q	Must proposals include a regional data gathering/management system that is shared across all participating agencies or is the focus on ensuring the infrastructure of each program includes a component that ensures timely and accurate submission of data?
	R	Contract deliverables are expected to be met by the awarded contractor. It is the responsibility of the contractor to ensure that all subcontractor data is entered and submitted in a timely manner to the contractor and/or the OEC.
25	Q	Will OEC have a statewide name for home visiting programs to use?
	R	Yes, the statewide name is the "Connecticut Home Visiting System."
26	Q	Does the Board of Directors requirement of 50% of members residing in the towns served refer to the entire region or whatever smaller region a lead may cover?
	R	This refers to the entire region.
27	Q	We are a larger organization with a local office and Birth to Three program in CT. None of our board of directors live in CT. Are you open to exceptions to this rule?
	R	No, at least 50% of the Board of Directors must reside or work in the designated community. If providers not meeting this qualification are interested in conducting home visiting services in Connecticut, please consider joining an applicant as a subcontractor.
28	Q	Will OEC provide job descriptions for home visitors and other key roles? What kinds of qualifications and standards in education and training are you looking for? Do all program supervisors need to be clinical or is MSW, MS?

	R	No, OEC will not be providing job descriptions for home Visitors or other Key Roles. Staffing requirements are specific to each model.
29	Q	Do the staff retention goals apply to the whole organization/agency, or are these primarily retention goals for home visiting staff?
	R	While OEC encourages staff retention throughout the agency/organization these are primarily retention goals for home visitors.
30	Q	What are you looking for as a home visitor to supervisor ratio?
	R	OEC does not have specific requirements on a home visitor-to-supervisor ratio. Agencies should adhere to model requirements. OEC will monitor this through active contract management. Supervisors should be able to effectively supervise and oversee the work of the home visitors and conduct regular reflective supervision.
31	Q	Will IMH endorsement at level 1 or 2 be sufficient for supervisors? I am a current supervisor but do not meet the requirements for a level 3 or 4 endorsement.
	R	Awarded providers are encouraged to develop a plan to pursue level 3 or 4 for supervisors.
32	Q	The RFP states on page 9 that the agency has to have staff in place at the time of the award - how does this apply for proposals of a brand new program?
	R	Proposals must include a detailed implementation process and timeline, including the identification of all necessary steps to operationalizing their Home Visiting Services.
33	Q	Where can we find a directory of existing home visiting providers, areas served, and annual grant amounts?
	R	Current contracts are public information. Due to a transition in data systems, OEC is confirming the exact link to share. OEC will follow up with an update next week.
34	Q	Will the pre-bid attendee list and names of agencies who submit LOIs be circulated? (It is helpful for WBE's to partner and find primary vendors)
	R	Yes, the pre-bid attendee and LOI lists will be submitted as addenda on the OEC and BizNet websites.
35	Q	Can a subcontractor fall under multiple leads? (Within one region?)
	R	Yes, an agency can be listed as a subcontractor in more than one application.
36	Q	Can an agency submit as a lead and another as a subcontractor with another agency proposing to be a lead?
	R	Yes, an agency can submit as a lead agency and be listed in another application as a subcontractor.
37	Q	Will OEC require OEC-funded home visiting contractors to create service agreements through this effort so families can continue in support and service after 6 months?

	R	OEC is encouraging and prioritizing initial enrollment of families up to the child's 6 months of age. The length of time they receive services within the home visiting program is determined by the evidence-based model selected.
38	Q	What is the change for new provider and small organization or business for their RFP to be accepted compare with big and older community leading organizations on child care and social services?
	R	OEC is accepting multiple applications from regions, including smaller organizations.
39	Q	Can you clarify whether OEC is expecting one application per region with fiscal arrangements among agencies/programs/hospitals within a region? Does OEC expect agencies to have MOUs or contractual/fiscal arrangements fully formed by the time bids are submitted?
	R	OEC is accepting multiple applications from regions and will fund more than one application in regions. Applicants should demonstrate their ability to collaborate with other home visiting programs/applicants within their region. If fiscal arrangements are proposed in the application, OEC will allow funds to support collaboration efforts.
40	Q	How will OEC help connect organizations in each region? Will that happen before or after the LOI submission?
	R	The OEC website has a list of current home visiting providers. If a submitted LOI indicates a need for support in connecting to other applicants for collaboration purposes, the OEC will provide the interested applicant a list of other interested providers.
41	Q	The proposal scoring seems to heavily favor partners. Is the OEC opposed to a single organization providing the full array of services?
	R	No, single agencies are allowed to apply. All applications should demonstrate community/regional collaborations that support family needs.
42	Q	How can we know who to partner with if we don't know who will be receiving contracts? Is OEC looking to only fund programs already staffed with home visitors prior to contract start date? Would there be room for new sub contractual relationships?
	R	A list of current home visiting providers is on the OEC website and applicants that are unfamiliar with community or regional providers for collaboration can indicate so on their LOI. OEC will support interested applicants that indicate such need.
43	Q	Can affiliates of a lead agency submit proposals in additional regions?
	R	No, affiliates of a lead agency must be subcontractors in other applications.
44	Q	Is there a preference between multiple proposals coordinated within a region vs one region wide proposal?

	R	There is no preference. All applications should demonstrate collaboration that meets the needs of families and the region.
45	Q	For region-wide proposals, is it required that all home visitors follow the same model?
	R	No, model selection should be based on the community and regional needs.
46	Q	Are proposals expected to offer all 4 of the preferred programs or a subset of them? Are multiple models preferred or encouraged? Will only the 4 models mentioned on the RFP be considered?
	R	No, the proposals are not expected to offer all four of the models. Other models will be considered but respondents must clearly articulate how this model will address the three outcomes OEC has identified and provide a theory of change.
47	Q	Will there be added value for proposals that include clinical models (such as Minding the Baby) that require regular reflective supervision by clinical supervisors and involve training for home visitors and supervisors that meet requirements for them to obtain and maintain Infant Mental Health endorsement?
	R	Please see answer above.
48	Q	Why is Child First not listed as one of the approved programs?
	R	OEC identified four models from the approved HOMVEE list. These models best addressed the three outcomes of OEC. Model selection is described in detail in the RFP.
49	Q	Is OEC going to host a meeting that provides detailed information about the four HV models identified in the RFP?
	R	OEC does not plan to host a meeting about the models at this time.
50	Q	Would Parents as Teachers be a program that meets requirements?
	R	Yes, Parents as Teachers is one of the identified models.
51	Q	Is this model solely to be focused on birth to 6 months? Or can there be an array offered for the early childhood continuum?
	R	OEC is prioritizing prenatal enrollment and families with children up to the age of 6 months. The age to which children can receive services is determined by the specific models.
52	Q	Will there be negative value associated with proposing an alternative model that meets HHS criteria for evidence of effectiveness (including a clear justification of effectiveness in addressing OEC prioritized outcomes) versus only the four models named in the RFP? What is the OEC's view on this?
	R	Other models will be considered, but respondents must clearly articulate how this model will address the three outcomes OEC has identified and provide a theory of change.
53	Q	Is there any specific reason that Minding the Baby (MTB) wasn't included as one of the models listed in the RFP given that MTB has a focus on early engagement and primary prevention with young parents,

		and has outcomes in line with those highlighted in the RFP? If so, what was the reason? If not, was this an oversight?
	R	The RFP describes in detail how the models were selected.
54	Q	What will the referral and intake system look like? Will there be an OEC Gatekeeper or triage process in each region to help with referral flow, especially as each model differs in intensity (duration and dosage), or is that all to be done by the lead agency? Will OEC be giving the regions a centralized intake / referral form?
	R	Applications should indicate a referral process that meets the needs of the region/communities and connects families and providers looking to refer families, to home visiting. The OEC will be working with awarded contractors to develop a state-wide intake form that meets the needs of OEC and funded organizations.
55	Q	The centralized intake/referral process was noted as being data driven, are you able to identify some of the variables to be prioritized?
	R	The process for identifying target populations and outcomes followed a data-driven and family-focused approach, as detailed in the RFP. OEC will work with awarded providers on a standardized intake system. For referral systems, OEC expects applicants to propose what works for them in their community and/or region.
56	Q	Do you envision a connection with existing intake and referral "systems" already in process, but sometimes duplicative -- thus a problem that might best be resolved in terms of more systemic case practice?
	R	Applicants can utilize existing referral sources available to them within their region/community. The OEC does not have an encouraged or preferred referral system and is expecting applicants to propose what works for their community and/or region.
57	Q	To clarify the difference between "standardized intakes" and "unified referrals for the community". The way that sounds is OEC will be working with providers on intake but the "centralized referral process" is region specific and providers must explain their plan?
	R	The OEC will be working with awarded providers on a standardized intake. Referral processes will differ by regions and communities and should be determined by applicants and/or collaborations as to how community providers and families and can refer to home visiting.
58	Q	Can you speak to the number of referrals you expect per region based on population statistics that meet criteria identified target populations?
	R	The OEC cannot provide an estimate at this time, as the number of referrals depends on factors beyond population statistics alone.

59	Q	Would an application to cover the intake and referral process statewide be entertained? Or would the service and intake need to remain within the same application? (Rephrasing, one vendor to complete intake and refer to all provider organizations statewide)?
	R	No, for this RFP, applicant agencies must provide home visiting services. However, funds can be used to support referral partnerships within a region.
60	Q	Does OEC have an anticipated length of stay in mind for families participating in services?
	R	The length of stay will depend on the home visiting model the family is enrolled in.
61	Q	How many families are expected to be served in each region through this funding?
	R	OEC does not have an exact figure at this moment and are conducting analysis to determine possible ranges of numerical targets. Through the LOIs received, OEC hopes to get a sense of what the potential service array might look like in different parts of the state.
62	Q	If a region goes for separate contracts, does each area of the region have to offer the same services?
	R	No. However, the application must identify the evidence-based home visiting model that will be used in the proposed service area.
63	Q	What is the caseload expectation for each home visitor?
	R	Caseload expectations can vary by model. Please refer to your selected model's requirements.
64	Q	Are proposals expected to include plans to service the entire region, or can proposals be for a portion of a region?
	R	Proposals can be submitted for a portion of the region, but must also demonstrate the capacity to meet the varying needs of families or their ability to connect families within their proposed service area to the necessary resources. Community partnerships and collaborations should be demonstrated to successfully address the nature of the relationship(s).
65	Q	How will you be ensuring that all towns will be served if applicants are at liberty to propose to serve subsets of a region?
	R	Any town that is not being proposed as the applicant's catchment area should include an explanation, including identification of the other home visiting programs/models that are proposing to service with and MOA, already have non OEC funds servicing it, or demonstrate a plan id awarded to move forward with collaborations in their region.
66	Q	What is the guiding document replacing the manual - there were going to be fact pages as announced by OEC last year when a decision was made not to revise the manual? What guidance beside the RFP and model plans re these Home Visitors required to follow?
	R	OEC is working on a procedures manual.

67	Q	Is the regional award amount per year or for the total contract period?
	R	The regional awards are per year.
68	Q	The salary range for some positions is significantly higher than the current ranges at our organization. How quickly does the OEC expect organizations to step up to the \$50k salary range for home visitors?
	R	OEC recognizes that a transition period will be necessary and does not expect all providers to be able to upscale salaries immediately. Progress towards meeting salary guidelines will be tracked through active contract management, along with other organizational metrics like staff retention. OEC's intention is not to create additional financial burdens on providers; rather, OEC hopes that its funding can create better working conditions and a more sustainable home visiting workforce.
69	Q	Will benefits be taken into consideration if salary guidelines are not met?
	R	Willingness to meet salary guidelines will affect proposal scoring. However, the salaries listed are guidelines, not criteria. OEC recognizes that a transition period will be necessary and does not expect all providers to be able to upscale salaries immediately. Progress towards meeting salary guidelines will be tracked through active contract management, along with other organizational metrics like staff retention. OEC's intention is not to create additional financial burdens on providers; rather, OEC hopes that its funding can create better working conditions and a more sustainable home visiting workforce.
70	Q	How much higher than the median range are the established salary ranges?
	R	For most of the roles, the current median is lower than the midpoint of the recommended salary range. In particular, there are three positions where there is a larger gap between the current median and the recommended midpoint: Home Visitor, Clinical Supervisor / Program Manager, and Care Coordinator. OEC believes that these recommended salary ranges can support a strong home visiting system in Connecticut by sustaining viable career paths in this field.
71	Q	Are the salary suggestions based on a 40 hour work week?
	R	Yes.
72	Q	Will these OEC salary guidelines be expected of current OEC home visiting providers as well?
	R	Yes. These are guidelines for proposals, not requirements. Active Contract Management will be used to monitor retention and ensure a more sustainable home visiting workforce.
73	Q	Is OEC in talks with other State agencies funding Home Visiting programs for similar salary guidelines?
	R	These salary guidelines are specific to OEC.

74	Q	What are the start-up, training, and ongoing quality assurance costs for each model: a) Healthy Families America (HFA); b) Nurse Parent Partnerships (NFP); c) Parents as Teachers (PAT); Early Head Start?
	R	Please refer to model developers for these details.
75	Q	How much of the first year budget can be directed at "infrastructure development" -- expenses that should decrease over time?
	R	There is no set amount. OEC will evaluate budgets as outlined in the RFP.
76	Q	Will budgets need to include model training costs? Can the OEC take a role in coordinating trainings for like programs across the state in order to reduce/share costs?
	R	Yes, budgets will need to include model training costs. Awardees will need to contact the national office of their chosen home visiting model to arrange training.
77	Q	Is this a state funded or federally funded grant?
	R	Both.
78	Q	Should applicant budgets distinguish between state and federal funds? It's my understanding that MIECHV and State data needs to be tracked separately, does it mean that we have to explicitly say what and how much is MIECHV and State in our budgets? If so, do you have guidelines around that?
	R	No, applicants should submit their budgets without consideration for state vs. federal funding. OEC will work with awarded providers to determine funding allocations.
79	Q	Please clarify the requirements around administrative caps in the budget. The statement limiting the admin costs to 10% seems to contradict the statement that follows that applicants should use their federal rate if they have one. (This is on RFP page 21.)
	R	Please refer to federal guidelines on administrative expenses: https://www.federalregister.gov/documents/2020/08/13/2020-17468/guidance-for-grants-and-agreements https://www.govinfo.gov/app/details/CFR-2014-title2-vol1/CFR-2014-title2-vol1-part200/context
80	Q	Can you please define a federal administrative cap? Is that the same as a federally negotiated cost rate?
	R	Organizations that expend federal funds and allocate and claim indirect costs must negotiate an indirect cost rate with their cognizant Federal Agency. The cognizant Federal Agency is generally the agency that provides the largest amount of direct Federal funds to the organization. When the cognizant agency approves an indirect cost rate, the rate is accepted by other federal agencies to determine the amount of indirect costs that apply to their grants.
81	Q	RFP page 35 states that OEC will allow funding to be used to support partnerships for referrals. Can OEC clarify what it means by this. Is this to incentivize referrals? Or is the funding for a sub contractual relationship between partners who are both doing home visiting work?
	R	Please see the scope of services section in the RFP for additional details.

82	Q	What percent of the proposed budget should be allocated to administrative components of the referral system versus direct home visiting services?
	R	There is no set amount. OEC will evaluate budgets as outlined in the RFP.
83	Q	Will OEC provide funds for IMH endorsement and trainings?
	R	OEC is still determining these details
84	Q	How should providers budget for rate card if we do not know what the payments would be? Does the total funding include rate card allocations?
	R	The total funding includes rate card allocations. However, applicants do not need to budget for the rate card at this time. The details of the rate card are still being determined (e.g. chosen metrics; amount of funding tied to rate cards) and will be announced to the applicants when they are finalized.
85	Q	Can OEC share the current total funding for each of the 6 regions?
	R	Applicants can look at publically available contracts to calculate current funding allocations by region.
86	Q	The funding amounts listed by region are annual amounts - so for each budget period that budget is requested - we will have the full estimated amount for each budget period? Should we pro-rate the amount for the first budget period which is less than 12 months (4/1/21-6/30/21? So 4 budgets and budget narratives are required?
	R	The submitted budgets should cover the following time frames: 4/1/20-6/30/20; 7/1/20-6/30/21; 7/1/21-6/30/22; 7/1/22-6/30/23. The corresponding narrative should also reflect the associated timeframe.
87	Q	How are providers reimbursed? Is there a charge per visit? Is it a pre-establish annual amount to be awarded (based upon the proposed budget) & paid lump sum to the providers, to be accounted for with allowable expenses?
	R	Awardees will be paid at the start of each quarter. Final amounts will be determined during contract negotiations.
88	Q	Does the proposed salary for home visitors correspond with higher credential requirements?
	R	No, the salary guidelines for home visitors and other roles were calculated based CT's self-sufficiency wage for a family of two and the median salaries of current home visitors. We are encouraging all clinical supervisors to have an infant mental health endorsement at level 3 or 4. Please check the endorsement requirements at https://www.ct-aimh.org/endorsement-2/ .
89	Q	Is OEC supporting the allocation of funds designated to meet families' basic needs?
	R	Yes.
90	Q	On RFP page 7 applicants are asked to upload to BizNet the Notification To Bidders Parts 1-4. Where should these be uploaded? As a PDF? Or are we to fill out the CHRO Workplace Analysis Affirmative Action Report, Employee Information Form within BizNet?

	R	All of these items should be directly uploaded to BizNet.
91	Q	Will BizNet be converted to CTSource before 12/1/20? Should we upload all forms to BizNet or CTSource?
	R	No, BizNet will be used during the entire procurement period. All forms mentioning the state contracting portal should be uploaded to BizNet.
92	Q	Do new contractors also have to upload applicant-created and evidence-based model intake, eligibility and enrollment forms if they have not yet been created?
	R	For new contractors, this is not a requirement.
93	Q	Are letters of support, commitment, or MOUs allowed or required? This RFP does not ask for letters of referral or contact information for references as has been required in the past.
	R	As mentioned in the RFP, MOUs are encouraged to demonstrate collaborative partnerships. Letters of reference and support are not required but can be used as appendices to support relevant submission questions.
94	Q	If the audit is filed with the state electronically, do you still require a printed copy?
	R	No.
95	Q	Is 25MB the total for all the documents or per document for the size of the email files?
	R	The 25MB maximum is the limit for what OEC's email servers can receive. All proposals should not exceed this limit to ensure the file submission is successfully received.
96	Q	If proposing as a regional collaborative, should we submit a single aggregated Data Form or a separate form for the primary contractor and each subcontractor?
	R	The data form is only required for the primary contractor. Additional material required for subcontractors can be found in the RFP.
97	Q	Are all of the forms required for the lead organization also required of partners and subcontractors?
	R	No, only the lead provider is obligated to submit proposal forms. However, please refer to the RFP for any required subcontractor documentation.
98	Q	If an agency applies as a "lead" do the subcontractors need to submit their own separate applications, or is their information included only in the lead agency's application?
	R	Subcontractors do not need to submit their own applications.
99	Q	What will happen if you receive an application AND the applicant did not attend the mandatory webinar today?
	R	Per the RFP, attendance at the webinar was a mandatory requirement for submission. Any proposers who missed the conference are required to have submitted in writing a request for an exemption for review by OEC.

100	Q	If we have questions moving forward we send them to Sondra Crute at OEC.RFP@ct.gov which will be answered every Friday?
	R	Yes.
101	Q	Will new contracts begin 4/1/2020 or 4/1/2021?
	R	04/01/21. This was a typo and has been corrected.
102	Q	What would you say are the top 3 areas needing improvement in the existing home visiting program?
	R	The RFP outlines the priorities for improvement.
103	Q	Are you looking to award agencies to regions based on the home visiting model they propose to match that region's documented need?
	R	OEC is looking to Respondents to describe how they chose their model based on OEC identified outcomes, priority population and regional need.
104	Q	Given the upstream nature of the OEC programs, why did the proliferation of DCF programs in a region impact regional funding decisions?
	R	As background information, OEC factored in the presence of relevant DCF-funded home visiting programs (Child First, Family Based Recovery, and Parenting Support Services) into the funding allocation exercise. These programs were reviewed for two reasons: <ol style="list-style-type: none"> 1. Often, DCF-funded programs are present in towns with other related social services available for families. We inferred that the towns without DCF-funded home visiting services may be limited in other services for families as well and allocated more funding to these areas. 2. Though OEC is focusing upstream, there will be some resources available for families with children over the age of six months. To best support these families, we accounted for the availability of DCF-funded home visiting services
105	Q	How many contracts will be awarded in each region? Will OEC accept more than 1 Lead Agency per region (it says a "minimum of 1 contract per region" but we want to confirm that they will accept more than 1).
	R	OEC will accept more than one proposal per region, but is looking for all towns in each region to be covered and for families and referral sources to know how to connect to home visiting.
106	Q	Can you please clarify if a proposer will be penalized if they do not cover every town in a region?
	R	Points will be awarded to respondents who have a strong and coordinated regional plan that includes how every town will be covered.
107	Q	So if you are a lead in one region? you can also be a subcontractor in another application? or does that mean a subcontractor in another region is acceptable?
	R	Yes, you can be a lead in one region and a subcontractor in additional regions.

108	Q	How do you envision the care and data relationship with other state agencies, including WIC/DPH, DSS, and DCF
	R	OEC continues to work with other state agencies on data relationships.
109	Q	Do you envision a statewide structure for like, outside of OEC, like B-3 CDI at UW CT?
	R	We are currently looking to each region to describe a referral process for families and referral sources.
110	Q	Does OEC see this model partnering with DCF on the Federal Families First submission with this particular RFP?
	R	OEC and DCF continue to work closely together to coordinate services for families.
111	Q	I think I heard Ms. Bye say we can only focus on one region to be considered for the grant application. Is that correct?
	R	Yes, this is described in detail in the RFP.
112	Q	Can you please define "upstream"?
	R	OEC defines upstream as intervening with families as early as possible, prioritizing enrolling families prenatally and with children up to six months of age.
113	Q	Is the OEC still placing value on making a menu of services available to families as part of the statewide home visiting system, as discussed over the past few years? If not, what is the rationale for this shift? Is this being left completely up to the discretion of the regional agencies? Will it be considered a strength if a proposal includes multiple models?
	R	The RFP describes in detail the process that OEC took to arrive at both the priority population and the outcomes. The RFP awards points based on the evaluation criteria, so please carefully read the RFP.
114	Q	Aileen, when you think "Innovation" what would be 3 keywords or adjectives that come to your mind?
	R	OEC encourages innovative approaches that support the prioritized populations and identified outcomes. The RFP describes this in detail.
115	Q	Is the OEC still placing value on making a menu of services available to families as part of the statewide home visiting system, as discussed over the past couple of years? If not, what is the rationale for this shift?
	R	The RFP describes in detail the process that OEC took to arrive at both the priority population and the outcomes.
116	Q	Is there a plan for another OEC RFP (or other source of funding) focused on higher intensity interventions than those listed in the RFP, also so that the state system will still include programs with a multi-generational, clinical focus?

	R	As noted in the RFP, OEC has a total of 19 million dollars in state and federal funding to support home visiting. We anticipate allocating all of this \$19 million in this RFP process. We do not know what other state agencies or other funders' plans are to fund home visiting.
117	Q	Does OEC foresee any implementation complications due to COVID and trainers being based out of State?
	R	No, currently most of the home visiting services and trainings that are taking place are virtual and have been successful.
118	Q	What qualifies as home visiting considering the pandemic restrictions? Will virtual visits be qualified long-term considering families may not want anyone in their home even if and when restrictions are lifted to maximize on safety?
	R	During the pandemic, services that are provided and are maintaining fidelity to the model, either virtually or in-person, are considered home visiting services. The long term consideration for virtual home visits has been discussed but decisions have not been made at this time.
119	Q	What would visits look during pandemic of if state shuts down?
	R	Visits would be completed virtually, as they were when the state shut down in March through June.
120	Q	Could the transition process begin in January so that this fall allows us to focus on the grant proposal and our program?
	R	Transition planning is currently underway and will continue to be developed over the next few months. OEC will be intentional about engaging the provider community in co-developing this plan.
121	Q	Is there an expectation that we discharge our current clients to create capacity for "younger" population?
	R	No. OEC's priority is to provide support to programs to minimize disruption in services to families. As families exits an existing program OEC expects those slots to be filled based on the identified target population. Providers switching to new models should also highlight their transition plan for families currently served that no longer meet service requirements.
122	Q	Did the researchers who identified the 4 models offer recommendations or models on how to transition non-target families being served under the current program? What is the plan/stance of the OEC regarding families currently being served through state funds on the current HV grant in models that aren't listed in the RFP (i.e., Child First, Minding the Baby, Family Check-up)?
	R	OEC is in the process of developing transition plans that are focused on limiting disruptions to children and families. This will be a collaborative process with incumbent providers.
123	Q	Would it be correct to say that applications from organizations using other models should include a transition plan as part of their application?

	R	Providers switching to new models should also highlight their transition plan for families currently served that no longer meet service requirements.
124	Q	Will there be any help in regards to paying staff from 1/1-3/31?
	R	For current providers a contract extension will be issued from 1/1/21 to 3/31/21. Newly awarded program contracts will start April 1, 2021
125	Q	Is it possible to receive a recording of the webinar?
	R	At this time the webinar is not available. However, the slide deck of the presentation is posted on the OEC website.
126	Q	Is the family visiting program separate from enrolled children at the center? How can daycare providers help?
	R	Home visiting programs and child care programs are different. A child can be enrolled in a child care program and receive home visiting services.
127	Q	In the future will existing providers of center-based services be able to reallocate resources to move to the home visitation model based on needs?
	R	Childcare funding and home visiting funding are separate funding streams and cannot be blended.
128	Q	How can we create programs that strengthen the relationship between parents who are in an "out of love relationship," showing them that they have a common goal and can still work together even though they are not together?
	R	Please refer to your selected model's best practices. OEC encourages the inclusion of both care givers.
129	Q	There is a strong literature on the multi-generational impact of racism, poverty and trauma AND its' impact on pregnancy and birth outcomes. Boston is a great example. It's kind of SDOH plus. What is your thinking on this?
	R	As the RFP stated, we highly encourage innovative practices. Please see the RFP for details.
130	Q	Could OEC and UCONN SW create a statewide Higher Ed learning collaborative, so that all regions can be incentivized to partner with regional or local higher Ed for research, evaluation and accountability?
	R	OEC looks forward to working with awarded contractors on encouraging state-wide initiatives.
131	Q	And a question supposedly in the pandemic cove 19 can we take care of the family licensing procurer we can take care of 12 children or not? And what happens we the \$ for CTCARE some providers get paid and we still waiting?
	R	This is licensing question. Please contact the licensing help desk.
132	Q	I attended today's webinar. Please advise, I told I need to sign in for attendance purposes. There was a link in the chat but I was unable to copy and paste. I did attempt to type the link in but it was very long and didn't work. Could you please send the link again?

	R	As long as you pre-registered, you met the RFP requirement to be considered for evaluation.
133	Q	Are we to late, we like to bid on this opportunity? I think we missed the deadline.
	R	No. The Letter of Intent is due November first and proposals are due December 1.
134	Q	Will this Q&A document, the pre-bid conference slide deck, and the Home Visiting RFP be available in Spanish?
	R	OEC is looking into the possibility of translating exploring documents. Translation of the RFP will not be feasible for this procurement cycle, but OEC will consider this for future procurements.

Home Visiting
Request for Procurement (RFP)
Consolidated Questions/Messages
For Response Friday, September 25, 2020

Q = Question
R = Response

1	Q	What is the desired client to home visitor ratio?
	R	Please refer to your selected home visiting model.
2	Q	How many recommended home visits are required per home visitor?
	R	Please refer to your selected home visiting model.
3	Q	Could we offer a monthly incentive for program participation?
	R	This is possible. During contract negotiations and budget review, federal and state allowable costs will be reviewed.
4	Q	Please provide the program/agency name for all current OEC funded HV/State/federal programs with amounts for Region 3.
	R	All current contractors are listed by region on the OEC website, and their contracts will be posted on Biznet with the complete list by early next week.
5	Q	Please provide a list of all attendees at the Pre- Bid conference categorized by Region if possible.
	R	The home visiting pre-bid conference attendance is posted on the OEC website, however they are not categorized by region.
6	Q	The OEC is interested in family choice for home visiting . How does the OEC think that the four preferred or selected models should be distinguished? They are all similar programs offering similar services. How can families “choose” among them. What information can be provided so that families can tell the programs apart?
	R	The RFP asks applicants to choose the appropriate model(s) for their community/region to best achieved the outcomes listed in the RFP.
7	Q	The OEC did an analysis after a study which resulted in a recommendation for an enhanced salary scale for program staff will add significant amounts to program budgets . Was a similar budget analysis done to consider the impact of past insufficient funding of other portions of the program budget necessitating inkind contributions by agencies, the expectation to self-fund increased expenses due to COVID such as PPE, technology, virtual visits, cleaning and space considerations due to social distancing,, as well as the impact of

		no annual increases in base funding? Will the OEC give recognition to more than just increased salaries when evaluating budget proposals as there are other factors important to running a program?
	R	There was no analysis completed to consider the impact of past insufficient funding. The recommended salary ranges was created to bring home visitor salaries to the CT living wage and support staff retention.
8	Q	Page 10, Section 12 of the RFP, states that “Respondents can only submit one proposal for a specific region ...”. Would you confirm that Respondents with different EINs, DUNs, CEOs, SAM registrations and Boards of Trustees would each be eligible to submit a proposal for the region in which they are located? Yale New Haven Health is structured in this way and would like to know if Bridgeport Hospital, Yale New Haven Hospital and Lawrence + Memorial Hospital could each submit a proposal in their respective regions.
	R	Affiliates and member organizations of a lead agencies must be subcontractors in other applications.
9	Q	Pg. 24, §4.27 - Will OEC be providing IMH and Reflective Supervision training? If registration is not available before 12/1, for the March 2021 training through CT Assoc. of IHM, will it be sufficient and acceptable to state that we have full intention to have Clinical Supervisors trained?
	R	Yes, the OEC anticipates supporting IMH and Reflective Supervision. We are encouraging all clinical supervisors to be endorsed in level 3 by the end of the 3 year contract and a work plan detailing intention can be submitted.
10	Q	Pg. 10, §12 - Stipulates that an organization may only serve as the lead on one regional proposal. YNHHS currently has programs in three regions that are led by Bridgeport Hospital, Yale New Haven Hospital and Lawrence + Memorial Hospital as separate legal entities. We are proposing the same structure for the responses to this RFP. Some of our partners have asked for confirmation from our legal team that we would be eligible to submit as prime through these three separate entities since they are all part of YNHHS.
	R	Affiliates and member organizations of a lead agencies must be subcontractors in other applications.
11	Q	Pg. 6, 22-23, 3, D - ECIS is often malfunctioning, inaccessible, inaccurate, and pending tech attention, yet the RFP designated ECIS as the mandatory platform for data usage and entry. This creates a scenario in which home visitors need to use program time for additional or duplicative data entry actions. ECIS sometimes assigns multiple SASIDs to youth and families entered or sometimes won't find or enroll a client; how does OEC propose respondents reconcile this reality? There are APR failures or inconsistencies of ECIS data. Are proposers expected to speak to ECIS as if it is a working and functional platform in hopes it is working properly by the next contract period start date? Will all of the performance measures cited be “capturable” in ECIS?
	R	OEC is aware of the challenges related to ECIS and is currently working to address the issues and align ECIS with the RFP.

12	Q	What is the guiding document replacing the manual? We had the impression there were going to be fact pages as announced by OEC last year when a decision was made not to revise the manual. What guidance beside the RFP and model plans re these Home Visitors required to follow? The latest memos from the commissioner are COVID-specific, but for the long term and non-COVID time, what is standing guidance?
	R	Applicants should follow their evidence-based model requirements. OEC will provide program guidance to awarded contractors through active contract management and a procedure manual.
13	Q	On this week's webinar, staff mentioned that the current home visiting grant amounts are public information. Can you tell us where to find that information or can you share it?
	R	The current home visiting contracts will be posted on Biznet with the complete list by early next week.
14	Q	* Page 17: RFP footnote #8 defines "community organizations" as: "A public or private organization that provides services at a local level to improve the well-being of individuals in the community. At least 50% of the board of directors must reside or work in such designated community." * We are a company based in another state with a local branch office in CT. We have held a Birth to 3 Contract since 2012, however, none of our board of directors live in CT. Are there exceptions to this requirement or can this requirement be reconsidered?
	R	No, at least 50% of the BOD must reside or work in the designated community. If providers not meeting this qualification are interested in conducting home visiting services in CT, please consider joining an applicant as a subcontractor.
15	Q	* Page 21: Budget requirements: RFP states "In addition to required compliance with the published cost standards, Respondents are advised that a responsive budget must limit annual administrative costs to 10% of the total over the activity budget. Respondents with a federal administrative cap must use the federal percentage. State or federal funding, by activity, will be determined at point of contracting for final determination of administrative cap." * If we budget 10% for admin but our actual costs are less than that (ex. 8%), are we able to keep the difference?
	R	All unexpended funds will be returned to the OEC. Budget revisions may be submitted for approval during the contract years to re-allocate funds to other allowable expenses/line items if needed.
16	Q	* Page 21: Budget requirements: RFP states "Per OPM Cost Allocation guidelines, unused/unexpended State funding at the end of the State Fiscal Year (SFY) has to be returned to the State and cannot be carried forward to the following SFY. Federal Funds can be carried forward to the next Federal Budget year with OEC review and approval." * Does this mean an organization cannot keep any margin on this contract?

	R	All annual unexpended funds must be returned to the OEC regardless of funding stream.
17	Q	<p>* Page 24: Performance Incentives: RFP states “Through this RFP, OEC will continue its progress toward performance orientation for multi- generational services and utilize rate cards as a measurement tool and a mechanism to encourage providers to focus on achieving meaningful outcomes. Though the rate card outcomes have not been defined for the contracts awarded through this RFP, they will likely be closely related to the metrics in the “Performance Measures” section.</p> <p>The total amount allocated to rate card payments and the payments per outcome achievement will be determined by OEC after the contracts are executed, when available appropriations for this purpose are clearer.”</p> <p>* During the pre-bid meeting, it was explained that rate card payments are based on performance and in addition to contract payments. Are rate card payments factored into the total contract amount when 10% admin limit is applied? Are organizations able to retain these amounts as a profit margin?</p>
	R	No, rate card amounts have not been determined at this time, but will be upon contract executions. Awarded contractors do not budget for rate card funds and any earned funds must be spent within the home visiting programs allowable costs.
18	Q	Can you clarify the board member requirement on page 17 that at least 50% of the board members must be residents or work in the designated community? Does this mean that companies that do not have board members that work directly in the specific CT region are not eligible to bid on this solicitation?
	R	No, at least 50% of the BOD must reside or work in the designated community. If providers not meeting this qualification are interested in conducting home visiting services in CT, please consider joining an applicant as a subcontractor.
19	Q	Please clarify if the budget counts toward the 40-page narrative page limit.
	R	No, the budget does not count toward the 40-page narrative page limit.
20	Q	If an applicant has a subcontracted partner, does the subcontractor also need to submit a full budget? If yes, does that go toward the narrative page limit or should that be in an appendix?
	R	Yes, the subcontractors within a lead agency are required to submit a budget. These budgets are attachments and do not count toward the page limit.
21	Q	Please describe what OEC is looking for in a cost schedule for subcontractors. Is this just a budget? Or is a cost schedule different from a budget?
	R	Subcontractors must include a budget within the lead agency’s application.
22	Q	Please clarify: for the initial budget period (4/1/20 – 6/30/20), should applicants use the pro-rated amount based on the annualized funding available?

	R	Yes.
23	Q	Where in the proposal are applicants to include the Data Entry Form with outcome data requested in Section 4.51 Meeting Performance Data Outcomes? Can we include the Data Entry Form as an attachment in Section E? Or are we to include the Data Entry Form within the narrative so it counts toward the 40-page limit?
	R	Yes, the data entry form should be included in the proposal as an attachment and does not count toward the 40-page limit.
24	Q	Please clarify where on BizNet the Notification To Bidders Parts 1-4 form should be uploaded. There is no specific place on BizNet the way there is for the other administrative forms.
	R	Click on the following link for instructions on how to upload Affidavits and Non-Discrimination forms: https://portal.ct.gov/-/media/DAS/DAS-Procurement-Services/Contracting/Admin-Instructions.pdf?la=en
25	Q	Can OEC send a receipt of submission when they receive proposals by email so applicants can be sure that their submission was received?
	R	Yes, the Official Contact will confirm receipt by email.
26	Q	The RFP budget form on the website seems to auto populate annual salaries for the first 3 month period (April 1-June 30 th), under the "proposed position tab, instead of breaking into a quarter salary budget. Is there a way to have this fixed?
	R	The budget form has been revised and updated on the OEC and Biznet websites.
27.	Q	Will proposals that include a model other than those listed be considered?
	R	Yes, other models will be considered, but the proposal must demonstrate how they will meet the target populations and outcomes, include model-developer approval for any modifications and provide a theory of change. Please refer to the RFP for details on scoring.