



## **REQUEST FOR PROPOSALS**

**For  
The Provision of Help Me Grow Services To Part C Eligible Children**

### **ISSUED BY**

**HAMILTON COUNTY FAMILY & CHILDREN FIRST COUNCIL**  
(on behalf of the Hamilton County Family & Children First Council Executive Committee, Administrative Agent)

**125 EAST COURT STREET, SUITE 350**

**CINCINNATI, OHIO 45202**

**August 20, 2009**

**Bid#:**

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**I. GENERAL INFORMATION**

**A. TIME TABLE**

<b><i>EVENT</i></b>	<b><i>DEADLINE</i></b>
RFP Public Announcement	Thursday, August 20, 2009
Letter of Intent to Submit Proposal Postmarked by	Thursday, August 27, 2009
Due date for proposals	Thursday, September 17, 2009
Contract Award Notice	Thursday, October 1, 2009
New Contract Effective Date	Thursday, October 1, 2009

**B. BACKGROUND**

Help Me Grow is Ohio’s Birth to Three Early Intervention System providing family-centered services for expectant parents, newborns, infants, toddlers and their families. Help Me Grow targets two unique populations, children “at-risk” of developmental delay and children with suspected developmental delays eligible for Part C services under IDEA federal law. This request for proposals is seeking bids from applicants to serve exclusively Part C eligible children in Hamilton County.

**C. GOALS**

Hamilton County Family & Children First Council (FCFC) receives Part C federal funds from the state of Ohio to implement and maintain a “coordinated, community-based infrastructure that promotes trans-disciplinary, family-centered services for expectant parents, newborns, infants, toddlers and their families.” Activities conducted through the Help Me Grow: Birth to Three System are expected to support the following commitments to family and child well-being:

- Expectant parents and newborns thrive
- Infants and toddlers thrive
- Children are healthy and ready for school

**D. SCOPE OF SERVICES**

The Help Me Grow system has eight program components. (Attachment 1) This Request for Proposal (RFP) seeks bids from applicants who can provide the following Help Me Grow services to children found eligible for Part C services as defined by the Ohio Department of Health Bureau of Early Intervention Services:

**1. Service Coordination/Home Visiting Services**

This component includes service coordination and home visiting services to Part C eligible Help Me Grow children and their families. Please refer to Attachment 2, Service Coordination policy, and Attachment 3, Home Visiting policy, for a detailed description of requirements for this component. Service coordinators are the initial point-of-contact for families after they are referred to the organization

by the central intake and referral site or by other referral sources. The Service Coordinator is responsible for making immediate contact with the family, determining eligibility for Help Me Grow services, and making appropriate referrals for developmental evaluation or community services. The primary responsibility of Service Coordinators is the development, implementation and review of the Individual Family Support Plan (IFSP). Service Coordinators are expected to meet the personnel standards, caseload limits, and supervision and training requirements detailed in Personnel Standards, Service Coordination, and Training Requirements for Personnel policies. In addition, Service Coordinators are expected to be trained in a research-based birth-to-three curriculum approved by FCFC.

The Hamilton County Family and Children First Council expects all providers who contract with FCFC to work collectively to meet the targeted number of Part C clients as determined by the Ohio Department of Health. For FY10, this figure, as determined and issued by the Ohio Department of Health, is 910 (Part C only).

The target number is the combined number of clients that must be on the caseloads of all Hamilton County Help Me Grow providers at any given point. This is not a cumulative number to be served through the year. Applicants can apply to serve up to 910 children but no less than 100. Applicants not applying to serve 910 are encouraged to work with other applicants to assure that 100% of the target will be served.

## **E. TARGET POPULATION**

The target population for these funds is Part C eligible infants and toddlers birth to three years who live in Hamilton County. Part C eligibility is defined by the ODH as newborns to three year olds whom

- 1) Are experiencing a developmental delay of 1.5 standard deviation below the mean in one or more developmental domains (e.g. cognitive, physical including vision, hearing and nutrition, communication, social/emotional, and adaptive development) as measured by a developmental evaluation tool and informed clinical opinion; or have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

## **F. PROVIDER RESPONSIBILITIES:**

### **1. Service Coordination/Home Visiting Services**

- a) Deliver service coordination to Help Me Grow Part C eligible Hamilton County residents and their families pursuant to Help Me Grow program policies and the Individuals with Disability Education Act Part C. (Help Me Grow program policies are available at [www.ohiohelpmegrow.org/professional/laws/policies.aspx](http://www.ohiohelpmegrow.org/professional/laws/policies.aspx))

Provider must assure that all procedural safeguards and due process rights under Part C of the Individuals with Disabilities Education Act (IDEA) are provided to families in writing and in their native language.

- b) Service Coordination may be delivered through a variety of mediums i.e., telephone calls, mailings, and home visits (home visits shall not be less than thirty (30) minutes in length).
- c) Service coordination activities include the administration of Evaluation Protocols – *All HMG providers are involved in evaluation efforts, requiring service coordinators to spend time scheduling evaluations, recording data or entering data into various information systems as well as the evaluation and assessment of a child to determine eligibility under IDEA Part C.*
- d) Service coordination services must be culturally competent and sensitive to the participant and their families.
- e) Provider must develop, record, implement and provide timely updates to the Individual Family Service Plan (IFSP) pursuant to Help Me Grow program policies.
- f) Provider is responsible for home visit preparation time, travel to and from home visits, creative outreach, child find/marketing activities, and court appearances on behalf of the participant and their families as well as telephone contacts, letters, and visits to other organizations to arrange for participant services. Provider must make reasonable attempts to locate families who drop out of service without notifying provider.
- g) Provider must attend all Help Me Grow trainings mandated by Ohio Department of Health and Hamilton County Family & Children First Council.
- h) Provider must input all required Help Me Grow data into the internet based Early Track Help Me Grow data system according to ODH and Hamilton County FCFC policy.
- i) Provider must provide five (5) financial reconciliation reports including one report for each quarter of the fiscal year and a final report thirty (30) days after the end of the fiscal year.
- j) Provider must have the capability to generate invoices to FCFC on a monthly basis for services rendered.
- k) Provider must draft and submit a budget based upon the approved billing rate. The billing rate will be a monthly per child rate, paid for each child who is determined to be Part C eligible within the Hamilton County Help Me Grow program and who has an active Individual Family Service Plan. This shall be determined by utilizing reports from the Ohio Department of Health Early Track Data System. The monthly per child rate shall be a maximum of \$163.00 per

child subject to the availability of funds from the Ohio Department of Health,

- l) Provider must be able to assess and document participant eligibility utilizing the Prevention, Retention & Contingency (PRC) plan for data purposes only.
- m) Provider must maintain record of the families served by the three (3) funding streams that comprise their award total. Those funding streams may include (1) General Revenue Funds (GRF), (2) Part C and (3) Part C Stimulus.
- n) Provider must be prepared to designate individuals as representatives to Hamilton County Help Me Grow Provider Committee and the Help Me Grow Collaborative.
- o) Provider must insure that all Service Coordinators meet the personnel requirements of the Help Me Grow policies.
- p) Provider must insure and document that all Service Coordinators receive administrative and clinical supervision pursuant to the Help Me Grow policies.
- q) Provider must be able to maintain all service coordination records and documentation for future fiscal and Medicaid audit purposes.
- r) Provider must maintain participant files and documentation pursuant to Help Me Grow policy on Client Records.
- s) Provider must provide thirty (30) days notice of intent to terminate the contract and must be able to service program participants until successful transition to a new provider, as defined by FCFC, has occurred. This transition process can take up to ninety (90) days or more.
- t) Provider must identify any services that will be provided by other providers through subcontracts, assignment and / or delegation. Any additional providers utilized must be identified in this RFP.
- u) Provider must provide professional liability coverage pursuant to the professional liability coverage requirements listed in Attachment 5.
- v) Provider shall be open to receiving technical assistance and monitoring by the Ohio Department of Health and the Hamilton County Family and Children First Council in an effort to ensure Continuous Improvement of the Help Me Grow program.
- w) Provider must be willing to work in concert with other Help Me Grow service providers to achieve and maintain Part C target numbers as set for Hamilton County by the Ohio Department of Health.

## **G. TECHNOLOGY REQUIRMENTS**

- a) Help Me Grow providers are required to use the Early Track Data System, Ohio Department of Health's web-based data collection system.
- b) Providers must have a minimum of Internet Explorer 6.0 on their computer operating systems.
- c) Providers must have or acquire high-speed internet access to facilitate quick connections to Early Track for the uploading of data and information.
- d) Providers must have capacity to use email for administrative purposes.

## **H. SUBMISSION REQUIREMENTS**

Proposals must be submitted using the following guidelines:

1. Only one electronic version of the complete proposal must be submitted.
2. The narrative response portion of the proposal should not exceed 5 pages and must be submitted electronically utilizing 12-point font, and one inch margins.
3. Budget figures, including unit cost, are to be in whole dollars only (no cents).
4. Proposals should be straightforward, concise and focused on the RFP requirements.
5. **Completed proposals must be received no later than 4:00 p.m. on Thursday, September 17, 2009 at the following address:  
fcfc.info@hamilton-co.org**

## **I. HELP ME GROW FUNDING**

Help Me Grow funding consists of three separate funding streams including (1) General Revenue Funds (GRF), (2) Federal IDEA Part C funds and (3) Federal IDEA Part C stimulus funds. All three funds are used to compensate providers that deliver Help Me Grow services.

Hamilton County Family & Children First Council reserves the right to determine how each funding source will be utilized within Hamilton County for each contract awarded. Providers who are awarded contracts agree to follow the reporting requirements of FCFC as detailed in the contract. Specific reporting requirements will be designated by FCFC based on funding streams allocated in individual contracts. Providers must establish a separate account number for recording revenues and expenditures for Help Me Grow.

The Part C stimulus portion of the award must have its own identifying account number as well. The provider must adhere to all reporting requirements by both the federal and state government as outlined in the established Auditor of State of Ohio Bulletins for the Auditor of State Stimulus Tracker and ARRA 1512 Reporting Requirements OMB ARRA

Title XV, section 1512 (c) and Budget Memo 09-15. The ARRA 1512 is a separate reporting requirement and is in addition to the Auditor of State Stimulus Tracker.

The Family & Children First Council is requesting proposals for the delivery of services for the nine-month period of October 1, 2009 through June 30, 2010. Subsequent one-year renewal option may be exercised for the period July 1, 2010 – June 30, 2011, at the discretion of the Hamilton County Family & Children First Council. One-year renewal options may be based upon satisfactory performance in prior years and the continued availability of funds.

The total anticipated funding for the initial nine-month agreement period shall not exceed one million five hundred thousand dollars (1,500,000). Funding for subsequent one-year renewals, if granted, and the approved per child unit rate, may be at different levels than funding for the initial nine-month period. Total available funding for subsequent renewals will be contingent upon the receipt of funds from the Ohio Department of Health.

More than one (1) contract may be awarded; however the number of awards will be based on (1) state funding allocation and target numbers for SFY 2010, (2) the results of the proposal review process (See Section L), and (3) provider's demonstrated ability and capacity to service a minimum of one hundred (100) Part C eligible children.

The Family & Children First Council reserves the right to establish defined services, unit costs, evaluation requirements, and final award amounts.

The Hamilton County Family and Children First Council will not consider a monthly per child unit rate of greater than \$163 per child. For a child to be eligible for this rate, the child must have an active Individual Family Service Plan, which will be verified through the Ohio Department of Health Early Track Data System.

#### **J. LETTER OF INTENT**

Those who wish to submit a proposal must e-mail a letter of intent by Thursday, August 27, 2009 to: [fcc.info@hamilton-co.org](mailto:fcc.info@hamilton-co.org) The letter of intent should include the name, address, phone number and email address of the contact person for the organization's proposal. All letters of intent received by the FCFC office will be confirmed with an e-mail notification to the sender from the FCFC office. If you do not receive confirmation of receipt by the letter of intent deadline, you must call the FCFC office at 513-946-4990 to verify receipt of your organization's letter.

## **K. PROGRAM CONTACT**

Questions about the RFP may be directed *VIA EMAIL ONLY* to:

**[fcfc.info@hamilton-co.org](mailto:fcfc.info@hamilton-co.org)**

Responses to all questions will be sent by email to all registered applicants (i.e. those who have submitted a letter of intent) and will be posted on the FCFC's website at [www.hamilton-co.org/hcfcfc](http://www.hamilton-co.org/hcfcfc).

Phone calls to FCFC regarding the RFP will not be accepted.

## **L. PROPOSAL REVIEW**

### **1. Review Committee**

Only proposals submitted pursuant to the rules and deadlines stated herein will be reviewed. Late proposal submissions, or those that otherwise do not follow the instructions contained herein will not be reviewed.

The Review Committee is comprised of agency representatives with considerable experience with this population and FCFC staff. The Review Committee will not include employees or board members of applicant agencies.

The Review Committee will make a recommendation to the Family and Children First Council Executive Committee, who will make the final selection of providers for the Help Me Grow Service Coordination program.

Applicants should be prepared to be available during the week of September 21<sup>st</sup> or September 28, 2009 to meet with the Review Committee. If a meeting is deemed necessary, applicant will be contacted in advance for scheduling.

The Review Committee and FCFC Executive Committee will make their decisions within the time frames described in the RFP Timetable.

Each proposal will be reviewed and rated on five dimensions using the following criteria and weightings:

- A. Target Population (30 points)
  - 1) Evidence of applicant's experience with the Part C target population;
  - 2) Evidence of applicant's experience implementing home visiting programming for families with children birth to age three;

- 3) Evidence of applicant's experience and knowledge of the Ohio Help Me Grow program and regulations including Federal Part C regulations;

B. Quality (20 points)

- 1) Applicant's timeline for implementation of the program;
- 2) Evidence of applicant's ability to deliver high quality services, such as national accreditation achieved, results from quality assurance processes or letters from community partners;
- 3) Applicant's plan for achieving the goals and objectives of the program including the Part C target numbers to be served;
- 4) Applicant's experience with managing blended caseloads of both Part C eligible children and children "at-risk" of developmental delay;
- 5) Applicant's measurable objectives for the program.

C. Budget (10 points)

- 1) Review for completeness and accuracy;
- 2) Proposed budget matches the proposed scope of this project.

D. Current and Proposed Staffing (20 points)

- 1) Evidence of applicant's ability to hire and retain sufficient number of staff with appropriate qualifications to run the program [Attachment 6];
- 2) Applicants should clearly demonstrate the ability of each staff to service a caseload of 35- 40 children;
- 3) Evidence of applicant's ability to manage client caseloads as required by ODH policies;
- 4) Applicant's capacity to serve a minimum of one hundred (100) Part C eligible children (**the number of children applicant proposes to serve should be indicated**);
- 5) Applicant's plan for training staff to work with target population;
- 6) Applicant's plan to increase the cultural competence of their personnel.

E. Organizational Capacity (20 points)

- 1) Evidence of the applicant's organizational capacity to serve the population and meet administrative requirements;

- 2) Includes technological and administrative support (e.g. Information Technology, Finance, Human Resources);
- 3) Evidence of applicant's success with projects similar to this program.

## **2. Final Selection**

Contracts will be awarded to the responsible applicants possessing the ability to perform successfully under the terms and conditions of the proposed procurement. Each proposal will be reviewed independently. If no suitable applicant is found, the FCFC reserves the right to make other arrangements for the provision of these services.

The Review Committee, FCFC and FCFC Executive Committee reserve the right to reject any or all submitted proposals. The Review Committee's evaluation will include, but will not be limited to:

- 1) Criteria and scoring used in the Review Committee's process;
- 2) Ability of the proposing agency to provide the services requested;
- 3) Overall responsiveness and completeness of the proposal;
- 4) The proposal which best meets or exceeds expectations;
- 5) Scope of service being proposed; and
- 6) Experience with a similar program of comparable size and scope.

It is the intent of the Family & Children First Council to make notice of awards on Thursday, October 1, 2009.

Phone calls to FCFC regarding awards will not be accepted.

## **II. PROPOSAL FORMAT**

### **A. Proposal Cover Page**

The proposal cover page should be limited to (1) typed page and should include the following information:

- 1) Agency Name (must include any dba)
- 2) Address (include city, state, zip, phone and fax numbers)
- 3) Organizational type (government, not-for-profit, for profit)
- 4) Employer Identification Number (EIN)
- 5) Tax exempt status
- 6) Contact person's name, title, phone number and email address

### **B. Proposed Services Narrative (5 page limit)**

The following items should be addressed in a narrative statement. .  
The headings should be addressed in the order below; however, the

content within each heading can be addressed in any order the applicant wishes.

1. Organizational Capacity (1 page limit)
  - a) Give a short overview of the organization.
  - b) Describe any and all projects similar to this program organization has undertaken.
  - c) Describe your current technological capacity. This should include staff level of computer skill and current level of use, internet access, source of technical support, ability to enter data in a web-based environment and use of appropriate software applications.
2. Target Population (2 page limit)
  - a) State whether your agency is applying as a current contracted Help Me Grow provider or as a new provider.
  - b) Describe your agency's current services to the Help Me Grow Part C target population. If you will be a new provider, describe how you propose to carry out the Help Me Grow Service Coordination component as described in this RFP [Attachment 1]. Please be very specific.
  - c) Describe your experience working collaboratively with other providers of services to infants and toddlers and their families. Include discussion of the agency's involvement with the Hamilton County Help Me Grow Collaborative and other relevant committees engaged in planning and evaluating early childhood services.
  - d) Describe your organization's experience providing services to infants and toddlers with developmental delays/disabilities or at risk for developmental delays and their families. Include any specific strategies that you would propose to use to identify and serve infants from birth to age three in order to increase the number of children for whom Part C services are provided. Discuss agency staff's knowledge about Federal IDEA laws and regulations related to young children birth to age five (Part C and Part B). Indicate your current level of knowledge related to Ohio Department of Health policies for Help Me Grow.
  - e) Describe your understanding of the federal regulations for access to Part C services. Describe how your agency proposes to assist in ensuring Part C children are never assigned to a waiting list.

3. Current and Proposed Staffing (1 page limit)

- a) Describe the organizational structure related to the requirements of this RFP. Identify all personnel who will be directly involved in Help Me Grow activities in your organization including their relevant qualifications pursuant to RFP Attachment 6. Describe plans for hiring and training, as necessary. Include position descriptions for any new positions that would support this project.
- b) Indicate the number of children your organization has the capacity to serve, in relation to the target goals as set for Hamilton County by the Ohio Department of Health.
- c) Describe actions your organization has taken to ensure that staff is trained to be culturally competent and to provide care to the Help Me Grow Part C target population with diverse values, beliefs and behaviors, including tailoring delivery to meet the target population's social, cultural and linguistic needs. Cultural Competency is defined as possessing a set of academic and interpersonal skills that allows individuals to increase their understanding and appreciation of culture (system of values, beliefs, attitudes, traditions, and standards of behavior) differences and similarities within, among and between groups and individuals.

2. Quality (1 page limit)

- a) Discuss any evidence of the quality of these services, such as accreditation, results of quality assurance processes, or special recognition by external groups or agencies.
- b) Describe organization's plan for achieving the goals and objectives of the program.
- c) Describe organization's plan for selecting and reporting measurable objectives for the program.

**C. Budget and Budget Narrative**

- a. A list of non-allowable costs under this contract is included in Attachment 7.
- b. Itemized budget for each proposed service must be completed using attached format [Attachment 8]. The budget should cover the 9-month initial contract period. Please include the following information:
  1. Budget information on revenue and expenses

- 2. Number of Full-Time Equivalent (FTEs) of staff providing services by position and responsibilities within HMG program
- 3. Proposed units of service that will be provided
- c. Submit a budget narrative which demonstrates how costs are related to the service presented in the proposal. The budget narrative should detail the justification for your requested budget. It should be very specific. By reading the budget narrative, the reviewer should be able to tie your proposed program to the request for funding.
- d. Describe any additional funding available to your organization for the proposed services, or other funding for the proposed services for which your organization has applied. Based on your proposed budget, provide an estimate of how many children your organization proposes to serve.
- e. Describe in-kind contributions, if any.

**D. Additional Documentation Required**

- a. Agency Organizational Chart
- b. Most recent agency audit report
- c. Letters of support from community partners (limit of 3)

**III. RFP ATTACHMENTS**

- Attachment 1 Help Me Grow Program Components
- Attachment 2 Help Me Grow Service Coordination Policy
- Attachment 3 Help Me Grow Home Visiting Policy
- Attachment 5 Insurance Requirements
- Attachment 6 Help Me Grow Personnel Standards Policy
- Attachment 7 Non-Allowable Costs
- Attachment 8 Proposed Budget

# Attachment 1

## HELP ME GROW PROGRAM COMPONENTS

PROGRAM COMPONENTS	DESCRIPTION
1. Outreach/Child Find/Intake/ Procedural Safeguards	<ul style="list-style-type: none"> <li>• Central Intake and referral</li> <li>• Public awareness activities</li> <li>• Education to physicians/health care providers/other community providers</li> <li>• Partnerships with local schools/Head Start to continue child find activities to identify children 0-3 with delays and disabilities</li> <li>• Provide information on parent’s rights for Part C and assure that a system is in place to address complaints</li> <li>• Attend required trainings</li> </ul>
2. Prenatal Visit	<ul style="list-style-type: none"> <li>• Home visit to include health and prenatal education to expectant parents</li> <li>• Provide education and materials on maternal and child health/development, safety, and literacy (i.e. Wellness Guide and other materials)</li> <li>• Identify and establish a medical/health home</li> <li>• Information on all available community resources</li> <li>• Referrals to other programs (e.g. CHIP, WIC, CFHS)</li> <li>• Attend required trainings</li> </ul>
3. Home Visiting Services	<ul style="list-style-type: none"> <li>• Ongoing home visits as determined by family needs</li> <li>• Identify and establish medical/health home</li> <li>• Provide education and materials on maternal and child health/development, safety, and literacy (i.e. Wellness Guide and other materials)</li> <li>• Information on all available community resources</li> <li>• Referrals to other programs (e.g. CHIP, WIC, BCMH, CFHS)</li> <li>• Attend required trainings</li> </ul>
4. Service Coordination/IFSP Development, Implementation and Review	<ul style="list-style-type: none"> <li>• Referral and coordination of evaluation in all 5 developmental domains to determine eligibility for Part C</li> <li>• Facilitate and participate in the development, implementation, review and monitoring of the IFSP</li> <li>• Facilitate development of family goals</li> <li>• Identify and establish medical/health home</li> <li>• Identify specialized services and other providers</li> <li>• Provide choice to families by identifying all available service providers</li> <li>• Inform families of the availability of advocacy services</li> <li>• Coordinate and monitor the delivery of all available services</li> <li>• Coordinate with medical and health providers</li> <li>• Coordinate transition to other programs and services</li> <li>• Attend required trainings</li> </ul>
5. Home Visiting Services, Paraprofessional/Family Support Services	<ul style="list-style-type: none"> <li>• Provide parent mentoring/parent to parent support contacts</li> <li>• Parent group activities (i.e. Playgroups, Support Groups)</li> <li>• Transition for Hospital to Home activities</li> <li>• Transportation costs for parents to attend appointments and meetings</li> </ul>

	<ul style="list-style-type: none"> <li>• Parent stipends to attend meetings</li> <li>• Attend required trainings</li> </ul>
6. Multi-disciplinary Evaluation	<ul style="list-style-type: none"> <li>• Multi-disciplinary evaluations to determine eligibility for Part C in all 5 developmental domains <ul style="list-style-type: none"> <li>– Social/Emotional</li> <li>– Communication</li> <li>– Cognitive</li> <li>– Physical (to include hearing, vision and nutrition)</li> <li>– Adaptive</li> </ul> </li> </ul>
7. Specialized Services in everyday routines, activities and places	<ul style="list-style-type: none"> <li>• Respite services for parents</li> <li>• Assessments and interventions to meet goals on IFSP <ul style="list-style-type: none"> <li>– Psychology</li> <li>– Family Counseling</li> <li>– Social Work</li> <li>– Occupational, Physical and Speech/Language therapies</li> <li>– Developmental or specialized instruction</li> <li>– Nursing</li> <li>– Health</li> <li>– Nutrition</li> <li>– Hearing and Vision</li> <li>– Assistive technology</li> </ul> </li> </ul>

POLICY

**Service Coordination**

**Ohio Policy Statement**

**The Family Children First Council (FCFC) will assure that service coordination is provided at no cost to eligible families by qualified personnel. Service coordination is based on building ongoing relationships between families and their Service Coordinator. Service coordination activities (listed below) must be individually determined, responsive to the preferences of the family and the family's changing circumstances and be provided in everyday routines, activities and places. Service Coordinators work in partnership with families supporting and recognizing them as the central decision-makers about their family. Each family must be provided with one Service Coordinator upon referral to the Help Me Grow (HMG) system for ongoing services.**

**Procedures**

1. In partnership with families, the Service Coordinator is responsible for the following duties:
  - a. Assure that parents have been informed of their rights;
  - b. Assure that a developmental screening has been completed. If a delay is suspected, then a referral for a developmental evaluation must be made with the consent of the parent;
  - c. If appropriate, referral and coordination of developmental evaluation and ongoing assessment in all five developmental domains, the family assessment and hearing/vision/nutrition screenings to determine eligibility for Part C;
  - d. Facilitate and participate in the development, implementation, review and monitoring of the IFSP and its timelines;
  - e. Facilitate development of family outcomes;
  - f. Identify and establish medical/health home;
  - g. Identify specialized services and other providers;
  - h. Provide choices to families by identifying all service provider options;
  - i. Inform families of the availability of advocacy services;
  - j. Coordinate and monitor the delivery of services;
  - k. Coordinate with medical and health providers; and
  - l. Coordinate transition to other programs and services.
2. There must be only one Service Coordinator per family. Families have the right to request to change Service Coordinators.

3. A full-time Service Coordinator should have a weighted caseload not to exceed 45 children.
  - a. The caseload should be proportionate to the number of hours worked if not full time.
  - b. Caseloads should be examined and weighted using the following variables:
    - The extent and intensity of the family's supports and services provided;
    - The extent and intensity of the child's and family's needs;
    - Location of services and supports including travel time to and from the home and service settings;
    - Number of children in the family;
    - The involvement and assistance of related services and other agencies;
    - The service options available within the community; and
    - Families may voluntarily choose to enter and exit the HMG system at any time.
  - c. The caseload must be manageable in order to guarantee that all mandated service coordination responsibilities are provided and that the diverse needs of families receiving HMG ongoing services are being met.
4. Service Coordinators must receive ongoing, effective, relationship-focused supervision so that they are able to complete their complex job responsibilities.
5. Service Coordinators must attend all ODH required trainings.

#### **Reference**

Section 635 of the IDEA (20 USCA § 1435)  
34 CFR Sections 303.22, 303.23 and 303.344

POLICY

**Home Visiting**

**Ohio Policy Statement**

**Home visits must be available to all Help Me Grow (HMG) eligible expectant parents, newborns, infants and toddlers and their families to offer support, education and community referrals. Home visits shall be voluntary, confidential, culturally sensitive, and respectful of the family.**

**Procedures**

1. Each county Family and Children First Council (FCFC) will ensure that home visits are available to the families who are enrolled in the HMG Program.
2. Families must request a visit and provide written consent before starting the first home visit. Consent must also be given for ongoing home visits.
3. Home visits must be scheduled to fit the family schedule and respectful of family routines.
4. Prenatal home visits can be provided to eligible families (see Eligibility Policy). A Registered Nurse (RN) or a HMG Service Coordinator or home visitor can conduct prenatal visits. Prenatal visits should include:
  - a. Helping the family establish a medical home;
  - b. Referrals to community resources as needed;
  - c. Promoting early literacy; and
  - d. Providing prenatal health education information.When an RN makes the prenatal visit, it should include a prenatal health assessment.

When a service coordinator who is not an RN makes prenatal visit, a referral for a newborn home visit by an RN must be made.

5. Newborn home visits must be made by a RN within the first six weeks after birth or discharge from the hospital and the visit shall include the following components:
  - a. Maternal health assessment;
  - b. Newborn health assessment;
  - c. Education about the care of the newborn;
  - d. Promoting early literacy; and,
  - e. Referrals to service providers and/or ongoing HMG services, if appropriate.

6. Ongoing home visits are provided primarily in the residence of the family. Face-to-face contacts with the family should occur in everyday routines, activities, and places. Ongoing home visits and contacts should include the following components:
  - a. Screening of child health and development;
  - b. Referrals to service providers;
  - c. Family support, information and education; and,
  - d. Parent education that focuses on parent/child interactions, developmental instruction and promoting early literacy.
7. The intensity, frequency and duration of ongoing home visiting services should be guided by the needs of the family and documented on the IFSP.
8. Personnel who provide ongoing home visits or “face-to-face” contacts will use research based birth to 3 curriculum(s) that focus on child development, parent education, early literacy and parent/child interactions in the home environment. Handouts and materials that reinforce the curriculum should be discussed and left with the family to reinforce ideas and concepts discussed on home visits.
9. Home visiting personnel providing ongoing home visits must receive clinical supervision (see Personnel Standards Policy for definition and qualifications) at a minimum of eight hours per month. Home visiting personnel who are less than full-time must receive a proportional amount of clinical supervision. Personnel must also receive administrative supervision.
10. Registered Nurses who are providing newborn home visits must be supervised by Registered Nurses (see Personnel Standards Policy).
11. Caseloads for home visiting personnel making home visits should not exceed a maximum weighted caseload of 45 children (see Service Coordination policy for definition of weighted caseloads).

#### References

- Ohio Department of Health, Division of Family and Community Health Service' Policy on Home Visiting Program.
- Klass, C. (1996). Home Visiting: Promoting Healthy Parent and Child Development, Brookes Publishing Co.
- Olds, D., Henderson, C., Tatelbaum, R., and Chamberlain, R. Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. Am J Public Health. 1988; 78(11): 1436-1445.
- Wasik, B.H. (1993). Staffing issues for home visiting programs. The Future of Children, 3 (3), 140-157.
- Wasik, B.H. & Roberts, R.N. (1994). Home visitor characteristics, training and supervision: Results of a national survey, Family Relations, 43, 336-341.

Original - October 2002

Revision – December 2004

## Attachment 5

### Insurance Requirements

<u>Type of Liability Coverage</u>	<u>Amount Per Occurrence</u>	<u>Amount Per Aggregate</u>	<u>Coverage Shall Include:</u>
Commercial General Liability	\$1,000,000.00	\$1,000,000.00	<ul style="list-style-type: none"> <li>▪ Additional insured endorsement</li> <li>▪ Product Liability (if applicable)</li> <li>▪ Blanket Contractual Liability</li> <li>▪ Broad Form Property Damage</li> <li>▪ Severability of Interests</li> <li>▪ Personal Injury</li> <li>▪ Joint venture as named (if applicable)</li> <li>▪ Sexual Molestation</li> <li>▪ Physical Abuse</li> </ul>
Liability Fire Damage		\$100,000.00	
Business Auto Liability	\$1,000,000.00 (single limit)		<ul style="list-style-type: none"> <li>▪ Owned vehicles</li> <li>▪ Non-owned vehicles</li> <li>▪ Leased vehicles</li> <li>▪ Hired vehicles</li> </ul>
Professional Liability (errors & omissions)	\$1,000,000.00	\$1,000,000.00	
Workers' Compensation	\$1,000,000.00 (per accident)		
Umbrella & Excess Liability	\$2,000,000.00	\$2,000,000.00	<ul style="list-style-type: none"> <li>▪ Additional insured endorsement</li> <li>▪ Pay on behalf of wording</li> <li>▪ Concurrence of effective dates w/primary</li> <li>▪ Blanket contractual liability</li> <li>▪ Punitive damage coverage (where not prohibited by law)</li> <li>▪ Aggregates (where applicable in primary)</li> <li>▪ Care, custody &amp; control</li> </ul>

POLICY

**Personnel Standards**

**Ohio Policy Statement**

**Each Family and Children First Council (FCFC) will assure that all Help Me Grow (HMG) personnel meet qualifications as outlined by the Ohio Department of Health (ODH).**

**Procedures**

1. Service Coordinators in the HMG system will meet the minimum requirements stated below:
  - a. All service coordinators will obtain a service coordinator credential by Oct. 31, 2005, or within one year after employment, whichever is first. The service coordinator credential will be renewed every two years
    - i. Service coordinators will have at least an associate's degree in a major field of study related to early childhood (see attached list of related degrees) or be licensed as a registered nurse.
    - ii. The service coordinator credential will be issued by the ODH when the service coordinator meets the following requirements:
      - a. Minimum of an associate's degree from an accredited college or university in a major field of study related to early childhood;
      - b. Attendance at all required training in-service sessions; and
      - c. Completion of the skills inventory with a clinical supervisor's approval.
    - iii. Renewal of the service coordinator credential will be granted upon application to the ODH with documentation of completion of 20 hours of continuing education units as approved by Ohio Department of Mental Retardation and Developmental Disabilities, Ohio Counselor and Social Work Board, Ohio Board of Nursing, a certificate of attendance fro ODH/Bureau of Early Intervention Services sponsored trainings/workshops, any conference and/or any in-service in a related field of study.
  - b. Service Coordinators who do not meet the degree qualifications will obtain a provisional service coordinator credential by March 31, 2005. Provisional service coordinator credentials are valid for two years and not subject to renewal.

- i. Provisional service coordinator credentials will be issued to those persons who (1) do not have at least an associate's degree or (2) do not have an associate's or bachelor's degree in a major field of study related to early childhood. (See attached list of related degrees).
  - ii. Provisional service coordinator credentials will be issued by the ODH when the service coordinator meets the following requirements:
    - a. Documented action plan as explained in (iii) or (iv) below;
    - b. Attendance at all required training in-service sessions;
    - c. Completion of the skills inventory with a clinical supervisor's approval; and
    - d. At least three years of employment in a full-time paid position under supervision in the HMG system or other early childhood program.
  - iii. Those with unrelated associate's or bachelor's degree will have a documented plan to obtain 12 semester hours from an accredited college or university in one of the major fields of study on the related degree list (attached) within two years after receipt of the provisional credential.
  - iv. Those without at least an associate's degree will have a documented plan to obtain an associate's degree from an accredited college or university in one of the major fields of study on the related degree list (attached) within two years after the provisional credential is granted.
- 2. Family support specialists (formerly known as parent coordinators) in the HMG system will be those individuals who have been customers of the HMG system and have or had a child/children) at risk for or with developmental delays and/or disabilities.
- 3. Personnel who provide specialized services for infants and toddlers with delays or disabilities or are a member of the developmental team to determine eligibility will follow their profession's regulatory and licensure requirements.
- 4. Newborn home visiting nurses (NBHVs) will be licensed in the State of Ohio as registered nurses and follow the Ohio Board of Nursing regulatory and licensure requirements.
- 5. Clinical supervisors who supervise service coordinators will have at least a bachelor's degree in a major field of study related to early childhood (see related degree list) or be licensed as a registered nurse and have knowledge and/or experience working with infants, toddlers and their families in the HMG system.

6. Clinical supervisors who supervise NBHVs will be licensed as registered nurses (Ohio Revised Code, Chapter 4723, states, “When nursing practice is supervised or evaluated, only a registered nurse shall: (1) Supervise the practice of nursing by other registered nurses and licensed practical nurses; or (2) Evaluate the practice of nursing by other registered nurses and licensed practical nurses.”)
7. Employers of personnel who provide HMG services will maintain documentation of appropriate professional requirement including licensure/certification, pre-service, in-service and all related continuing education. Upon request, employers will submit documentation of personnel qualifications to the ODH.
8. All personnel will receive administrative supervision that is related to employment issues such as work schedules, agency policies, and job performance reviews.
9. All full-time equivalent personnel providing service to families (family support specialists, NBHV’s, paraprofessionals/home visitors and service coordinators) will receive clinical supervision at a minimum of eight hours per month.
  - a. Personnel who are less than full-time will receive a proportional amount of clinical supervision.
  - b. Early intervention specialists who serve the dual role of service coordinator will meet this requirement.
  - c. Clinical supervision involves discussion of the ongoing challenge of working with young children and families, provision of information and guidance on handling difficult or challenging situations and sharing professional experiences among and between staff in order to facilitate self-reflection and problem solving.
  - d. Clinical supervisors will be responsible for evaluating the skill level of the service coordinators under their supervision for credentialing purposes.
10. The ODH will provide interdisciplinary training for a variety of diverse personnel at the preservice and in-service level that relates specifically to federal and state regulations, state policy and the implementation of HMG services.
11. FCFCs will assure that central intake and referral staff, family support specialists, NBHVs, paraprofessionals/home visitors, project directors, clinical supervisors and service coordinators are given time to attend training sessions and meetings that are required by ODH/Bureau of Early Intervention Service (BEIS).
  - a. Personnel will attend all required training within the first year of employment.
12. Personnel records will be maintained at the local level for at least three years after employment ceases.

**Note 1. Definition of Licensed/Certified personnel:** A person is qualified if he or she holds an appropriate state certification and/or license which applies to the area in which he or she is providing services (Division of Exceptional Children Recommended Practice, 2000)

**Note 2. Definition of Paraprofessional:** A trained person who assists or is supervised by licensed or certified personnel

**References**

Section 635 of the IDEA  
34 CFR Sections 303.12, 303.360 and 303.361

**Related Degrees / Fields of Study**

Agency & Community Counseling

Child and Family Studies

Community Health

Education

- Early Childhood
- Pre-K
- Elementary Education
- Deaf/Hearing Impaired
- Blind/Vision Impaired
- Special Education

Family and Community Health

Family Consumer Sciences

Human Development

Human Ecology

Human Social Services

Individual and Family Studies

Mental Health

Nursing

Nutrition & Dietetics

Occupational Therapy

Occupational Therapy Assistant

Orientation and Mobility

Physician

- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)

Physician Assistant

Physical Therapy

Physical Therapy Assistant

Psychology

Rehabilitation Services

Social Work

Sociology

Speech-language Pathology

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### Help Me Grow Unallowable Costs

Help Me Grow fund **may not** be used for the following:

- To advance political or religious points of view, or for fund raising or lobbying, but must be used solely for the purpose as specified in this announcement;
- To disseminate factually incorrect or deceitful information;
- Consulting fee for salaried personnel to perform activities related to grant objectives;
- Bad debts of any kind;
- Lump sum indirect or administrative costs;
- Contributions to a contingency fund;
- Entertainment;
- Fines and penalties;
- Membership fees—unless related to the program and approved by ODH;
- Interest or other financial payments;
- Contributions made by program personnel;
- Costs to rent equipment or space owned by the funded agency;
- Inpatient services;
- The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
- Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- Travel and meals over the current state rates (see OBM website);
- All costs related to out-of-state travel, unless otherwise approved by ODH;
- Training longer than one week in duration, unless otherwise approved by ODH;
- Contracts, for compensation, with advisory board members;
- Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
- Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

**Use of grant funds for prohibited purposes will result in the loss or recovery of those funds.**

# Attachment 8

## Hamilton County Help Me Grow “Part C” Budget

Agency Name \_\_\_\_\_  
Budget Period \_\_\_\_\_

### Personnel

Employee	Position	Annual Salary and Benefits	FTE	% Allocated to Program
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Total Personnel Costs

### Program Expenses

- Outreach
- Office Supplies
- Postage
- Printing
- Educational Supplies
- Travel & Mileage
- Advertising
- Phone Expense
- Training
- Insurance
- Copies
- Equipment

Total Program Expenses

### Contracts

List each sub-contractor

Total Contracts

### Other Costs

Total costs

### Total Budget

\*Please attach budget narrative - [Click here for Budget Proposal in EXCEL format](#)