

**HRIF RFA Conference Call  
Questions & Answers  
March 8, 2006**

<b>QUESTIONS</b>		<b>ANSWERS</b>
1	In the RFA, it states that most of the funds are to be used to support the HRIF coordinator position. What does most mean? We want to include transcription costs in the budget. Is that allowed?	The funding for the HRIF Coordinator can support personnel costs for that position and limited operating costs including travel related to the Coordinator position. It cannot support transcription costs.
2	Is the HRIF Coordinator to provide just that role and no other?	The expectation of this award is to support a full-time equivalent (FTE) position to provide HRIF coordination services. Some agencies may need additional staff to provide coordination services, these staff can use fee-for-service billing codes (in SCG 06) for coordination services.
3	Is this RFA funding to support just one position?	Yes. The RFA supports an individual identified as the HRIF Coordinator. The Coordinator under this contract cannot bill fee-for-service for coordinator services.
4	How many individuals need to be included on the list of Special Care Center personnel?	For the Special Care Center list, include any staff who provide coordinator services, regardless of funding source. On the budget for the RFA, include only the Coordinator position.
5	If we apply for funds, and have a HRIF Coordinator who works half-time, can that person also work half-time in another role?	It is the intention of CMS to support a full-time HRIF Coordinator to assure that coordinator services are provided. The contract will only support one position that is responsible for the services listed in the Scope of Work.
6	What if we have an individual in the HRIF Coordinator role who works half-time or 3/4-time, can that person also do some other role?	The contract is intended to fund a full-time position. For some agencies, the position may require in-kind support to fully pay the Coordinator's salary.
7	Do you mind if the HRIF Coordinator position is paid an hourly rate?	No

8	The role of the HRIF Coordinator position is to track missed appointments with clients and ensure appointments are being kept. Is the plan of action to include more than telephone calls, reminders and follow up letters?	Yes, CMS is supporting the HRIF Coordinator position to help HRIF programs ensure clients are making appointments. In addition to the suggestions stated above, the Coordinator should identify barriers to accessing follow up and possible systems changes that can mitigate these barriers. We see this as an opportunity to improve access and for system change. We intend this effort to be more than a clerical function of sending letters and making phone calls.
9	How does an HRIF program determine its catchment area?	All CCS approved NICUs are to provide directly, or arrange for HRIF services. Each NICU is responsible for the infants that are discharged from its facility. Regional NICUs are responsible for the infants it discharges, unless the NICU has entered into an arrangement to provide HRIF services for Community and Intermediate NICUs.
10	Can we cost out what we will do for the one HRIF Coordinator position with the \$100,000 grant?	Yes
11	The RFA states that the HRIF Coordinator need to have 2 years experience and one year in a Regional or Community NICU. How rigid is that criteria?	CMS Branch expects an NICU-experienced person to fill the Coordinator position. The resume/curriculum vitae must demonstrate the person's capability of fulfilling the role as described in the Scope of Work. We will "grandfather" staff with different experience currently in the HRIF Coordinator role.
12	If we have not hired a Coordinator, how do we provide a resume as required in the RFA?	Make a statement in the Attachment requesting the resume and provide a detailed job description. You will have until September 30, 2006 to fill the Coordinator position.
13	Do you want data on children who receive HRIF services in the home only or just for children who get care in the clinic and are CCS eligible?	We will be requesting data on all children discharged from your NICU, referred to your HRIF Program, and receiving services through it.

14	Some of the activities described in the Scope of Work are clerical in nature. Do we have the flexibility to divide funding into other staff categories – like clerical?	The Scope of Work requires that the Coordinator “ensure” that services are provided and it is not intended that the Coordinator provide services that are clerical in nature. The role is to assure that there is a system in place to get services provided. The budget is to cover Coordinator personnel costs only. Other support services should be funded in the same manner as currently provided by your agency.
15	We have developed a unified program in our County to provide HRIF. We are a Regional NICU and our agency provides HRIF for another Regional NICU. How can we administer our program jointly and both receive funding while maintaining a single agency providing HRIF services? Can we subcontract with that Regional NICU for their funds under this RFA?	We do not plan to have subcontracts with these funds. We recommend that both agencies apply for the funds separately and we will resolve this issue as part of contract negotiations.
16	Is there a formula for determining whether there is a high enough volume of children in HRIF to make the Coordinator position full time?	No.
17	Will the contract funding last for 3 years for the HRIF Coordinator position?	Yes, depending on funding being available for each year. We are planning a 3-year contract and extending it beyond that.
18	Is it correct to state the HRIF Coordinator is an employee of the facility, and not an employee of State DHS?	Yes, that is correct.
19	Is it correct that a HRIF Coordinator can not bill for his/her time?	The HRIF Coordinator’s time is paid for by the \$100,000 grant, but if another staff is doing coordinator services, his/her time may be charged fee-for-service.
20	If questions and answers for the RFA are not being posted on CCS website until Friday, March 10 <sup>th</sup> and to mail the RFA by Monday, March 13 <sup>th</sup> , for the deadline of Friday, March 17 <sup>th</sup> does not leave much time for completing, do you have suggestions?	CMS suggests sending the RFA by overnight mail, which will give the facility extra time and a sense of security and ensuring the package is hand delivered to CMS by the deadline of Friday, March 17 <sup>th</sup> .

21	Will the State provide the facilities with a database similar to MVIP?	CMS will make modifications to the CPQCC database that NICUs are already using. No facilities will need to develop their own database.
22	Will the facilities have access to this own data which will be collected by the CPQCC database?	Yes, facilities will have access to their reported data and will be able to access "summarized" data from other facilities.
23	Regarding the Scope of Work for the HRIF Coordinator position and the Numbered Letter coming out in May 2006 that is going to redefine the HRIF program. Please confirm the following: Regardless of whether you enter into a contract for the HRIF Coordinator position, the HRIF Program is legislatively mandated, and services and data collection must be completed.	Correct. The NL will cover information about HRIF coordinator services that all CCS approved NICUs are required to provide.
24	Is it true that specific data elements will need to be collected from the HRIF Program?	Yes. They will be collected using the same process as current CPQCC data are collected.
25	Is it true that data for all children are to be reported?	Correct, all children need to be reported regardless of payor source because that is what CPQCC does now.
26	Do you have a preference regarding the appearance of the RFA application?	No
27	In addition to Attachment 1A, do you want all of the Exhibits attached?	You need to submit all Attachments as listed in Section 13 of Attachment 2 of the RFA.
28	Regarding using administrative support for collecting the data elements for the CPQCC database, the majority of the \$100,000 is to be used only for the HRIF Coordinator position.	Correct, the \$100,000 is to be used to support the HRIF Coordinator.
29	What if a family missed an appointment, can the HRIF Coordinator proactively provide transportation for the family? Can we add into the costs and services; the option of bus vouchers or safety components?	No, this \$100,000 grant is not to be used for program costs to provide incentives to patients. It is only to be used to fund the HRIF Coordinator position and limited operating costs to support that position.

30	Is there a particular format for the curriculum vitae for the person fulfilling HRIF Coordinator position?	No
31	Can the HRIF Coordinator-position funds also be used for the coordinator to travel within the county (mileage service)?	Yes, travel as part of the HRIF Coordinator role (e. g. discharge planning rounds at other NICUs) can be budgeted.
32	Does the application need to be a specific number of pages?	No length requirement. Please complete the checklist provided in the RFA and the attachments. The checklist and attachments are to simplify the materials needed in the RFA.
33	HIPAA – under the HIPAA section of the RFA, it indicates that all data are to be destroyed at the end of the grant period.	We do not believe it is the intent of this Addendum to change or override medical record protection laws currently in place. However, this issue will be referred to the DHS Privacy Officer for guidance and resolution prior to contract negotiation.
34	Legal Exhibit I #4 – Contract for legal services requires a “Good Faith Effort” – what does that mean?	This section of the RFA does not pertain to the contract for this project.
35	As a follow-up clinic, we follow all clients who are willing to come back for follow-up. However, some are not from a CCS HRIF approved NICU, should we still see the clients? And if yes, how far away (distance) should we still see the client?	The intent is to follow clients that were discharged from your NICU. If the child is far away, please work (or coordinate) with a local NICU in that region for a follow-up. All Community and Intermediate NICUs have to either provide HRIF or have made an arrangement to do so with another NICU.
36	In Orange County, we have made arrangements with a Community NICU. Do we need a contract with them?	Because you are providing HRIF as part of a Regional Cooperation Agreement, you do not need a contract. This RFA is for the Regional NICU only.
37	Will the authorization process for services remain the same?	Yes, the authorization process will remain the same. The billing and diagnosis component is being expanded, however the concept will remain the same.
38	For Attachment 5, do we need to list all the NICUs the HRIF Coordinator provides services to including discharge planning meetings?	Yes, we want a list of NICUs you interact with. It will give us a better idea of your network of NICUs and how you interact.

39	How do we address changes in the budget for salary or the person who will be in the HRIF Coordinator position?	Any changes in the information about the Coordinator position or budget between when the Application is submitted and the contract signed can be settled as part of contract negotiations. Please send in the individual's resume, or if no one has been hired, a copy of the duty statement. We need a budget, too.
40	The HRIF Coordinator does want to help families who miss appointments. However, some families will lose one day of wages (travel great distances), how do we help them?	We understand that the goal is to help those families with available programs and services and that instances do come up where this is not feasible.
41	Just to clarify, facilities can not subcontract out the \$100,000?	Correct.
42	Does the budget need to include yearly meetings?	Yes.
43	For home visits, what exactly is being expected by CMS?	The HRIF Coordinator and the staff are not expected to do a home visit. CMS will authorize HHA visits that are medically necessary. A Home visit will be available and instructions will be given to local CCS programs on how to authorize them.
44	Will it still be possible to bill coordinator fee if someone else is doing the tasks?	Yes, the NIUC HRIF can bill fee-for-service.
45	Are there a number of patients/clients that we are looking at in an aggregated way per HRIF Coordinator?	No, there is no specific number of patients/clients per HRIF Coordinator that needs to be included in the Application.
46	In Attachment 5, are we to include all NICUs that we are to follow a baby from?	Yes, CMS is trying to get an idea of NICUs that you provide services to, more specifically the children you see in your facility and where they are from.
47	Do you want the budget for an HRIF Coordinator for the first year and the projected second and third year?	Yes.
48	Will all mandatory meetings take place in Sacramento?	Yes.

49	Will the meeting for June 6, 2006 be a contracted meeting?	No, it is an orientation meeting and travel to that meeting will be covered by the Branch since you will not have a signed contract at that time.
50	Does CMS expect regular meetings?	Yes, CMS expects to hold annual meetings in Sacramento and monthly conference calls.
51	If a child bounces back and forth between NICUs, whose responsibility is it for tracking the child getting HRIF?	It is the discharge NICUs responsibility unless you have made arrangements to provide HRIF for the Community or Intermediate NICU.
52	Is the \$100,000 grant fund to be all inclusive (salary, benefits, and indirect)?	Yes.
53	Are home visits allowed for diagnostic services and will the HRIF Coordinator's travel billable for that visit?	The CCS HRIF Program is not intended to be a home visiting program. Authorization of HHA visits is for assessment of the home setting.
54	Is the 22% for indirect to be included in the \$100,000 grant fund?	Yes
55	If the HRIF Coordinator is a part time position, and the non Coordinator time is spent doing diagnostic assessments, can the diagnostic services be billed fee-for-service?	Yes, however, we envision that the HRIF Coordinator will need to work full-time as the Coordinator to accomplish the work outlined in the SOW.
56	Will data collected be formatted into a report for the NICU to submit to the CCS Program?	This option will be explored as we develop the data collection/reporting process with CPQCC.
57	Facilities are already collecting similar data through other systems. Will datasets be linked?	This option will be explored as we develop the data collection/reporting process with CPQCC.
58	Do you have any idea how much time it will take for data entry?	No
59	If the patient needs to be assessed and the patient is sent back to the discharge hospital, how do we get data from that other source?	The database is for the outcomes from the agency that provides the services. All CCS approved NICUs that provide HRIF will be required to report data, not just the Regional NICUs participating in this grant.

60	If the online forms are not yet available, will the paper forms have check boxes for ease in completing?	Yes
61	If you are contracted to provide HRIF for the Community and Intermediate NICU, the Regional NICU reports the data, correct?	Correct
62	In doing the budgets for 3 years, will the FTE need to decrease over time as the total budget is set per year?	Correct, or you can decrease the indirect rate or other operating expenses to total the \$100,000 budgeted.