

**Health Home/Health Integration Block Grant Initiatives:  
Requests for Application (RFA)  
Q & A**

**General Questions**

- **Are we able to budget for food in the Health Home applications?**

No, the grant funds may not be used for purchasing food.

- **Can we include indirect cost in the budget?**

Yes, the budget may include "indirect cost" category. Please follow the SFY 2013 Block Grant Project Funding Application instructions on page#10 for determining the percentage that is allowed for the indirect cost category:

*“Indirect/Administrative Costs - The costs of a Sub-Awardee not readily assigned to a particular program but are necessary to the operation of the agency and performance of the program. Actual indirect costs meeting the requirements specified below are allowed in amounts up to ten percent (10%) of the total budget for non-university organizations and up to five percent (5%) of the total budget for programs affiliated with colleges and universities. Under appropriate circumstances, upon application, ODMH may waive these limits for the budgeting and claiming of indirect costs. Indirect costs must:*

- *Be calculated according to the principles set forth in the applicable OMB Circular(s);*
- *Be limited to those costs properly allocated to the particular program, and;*
- *Comply with the assurances applicable to the particular grant/CFDA number.”*

- **Will we be given an extension to submit health home applications?**

No, there will not be an extension. The applications/proposals are due by 4:00 PM Eastern Standard Time on Monday, November 26, 2012.

- **Is “SFY 2013 Application for Funding of New Programs and Projects” the same as “SFY 2013 Block Grant Project Funding Application”, which was attached to the original RFA announcement?**

Yes, these two documents are the same.

- **We understand that the Health Home team is comprised of a minimum of 4 individuals, Team Leader, Embedded Primary Care Clinician, Care Manager, and the Care Manager Aid. The roles and responsibilities for each of these were highlighted in the Ohio State Plan Amendment, but in reading through the RFAs, it appears that there may be some changes in these job descriptions. Has the Office of Health Integration developed a more recent description for each of these team members as the first Phase of Health Home implementation has begun? If so, where would we find these?**

Yes, the health home team roles have been revised and updated in the official state plan amendment and the health home service certification rule. Please click the links below for the updated information on the health home team composition and positions.

- [Health Home Provider Standards and State Plan Amendment \(SPA\)](#)
- [Rule 5122-29-33 of the Ohio Administrative Code \(health home service\)](#)

- **The RFAs have clearly identified the expectations for the various Phases of Health Home implementation in Ohio. The time frames for the application will be based on these expectations. Would the Office of Health Integration be flexible with the deliverables and outcomes identified in the suggested time frames on the application if there are changes to the Health Home implementation schedule?**

We do not anticipate any significant changes to the health home implementation schedule. As you know the phase I implementation has been underway and the phase II is on target with the deadline of April, 2013. If we encounter any significant unforeseen delays or changes with the health home implementation, we would be open to discussing the potential relevant impact on the deliverables outlined in the RFAs.

### **Select Evidence-Based Practices Training for Health Homes Grant**

- **Can you clarify on this RFA about what the 5 sessions of training is? Do you see this as 5 separate trainings that are 1 day in length?**

We are looking for a training package encompassing Stages Of Change/Motivational Interviewing/Tobacco Cessation that will be offered five times as separate training sessions (the same training is repeated five times in different regions of the state). The duration (length) of the training is flexible and non-specified.

### **Health Home/Health Integration Technical Assistance (TA) Resource Center Grant**

- **Should the 4 components of the Technical Assistance (TA) Resource Center Grant application be presented in separate application forms since they each have separate budgets?**

Please submit one application with four attached budgets.

- **Please clarify the difference between component A (Technical Assistance and Training for CBHC Health Homes) and component B (Technical Assistance and Training for Health Integration).**

A. Technical Assistance and Training for CBHC health homes will include working with both certified health homes and those that are in the pre-certification or pre-implementation phase. It will be voluntary for CMHAs to utilize the TA center. We will refer interested agencies to the center as they contact us for assistance as well as providing the TA center with the list of agencies that submitted LOIs and ongoing lists of agencies that submit applications for the health home service certification. We will need the TA center to develop additional recruitment strategies to reach out to the potential health homes and engage with them. We will need the TA center to prioritize the requests for assistance and work with providers that are located in the CMS approved regions or next in line for implementation. We did not set specific target deliverables for number of agencies, site visits, monthly coaching calls, trainings, etc as we want applicants to propose us the deliverables based on the budget.

B. Technical Assistance and Training for health integration will work with the boards and providers that are interested in implementing an integrated care program or need assistance with an existing BH/PH integration initiative. The primary and immediate scope of work is to integrate BH/PH which may or may not lead to seeking a health home certification in the long-term. The

TA center will need to get referrals from our office as well as developing recruitment strategies to identify potential providers. Again, we did not set specific deliverables and we need applicants to propose us the specific deliverables.

- **Does the 10-page submission limit refer to each scope of work activity references in this particular RFA, or must the entire proposal not exceed 10 pages regardless of the number of scope of work activities proposed?**

The proposal narrative for each of the four components described in the health home/health integration Technical Assistance Resource Center RFA must not exceed 10 pages. The 10 page limit does not include the cover page, budget, and the organization/applicant/staff qualifications.

- **Could you provide further guidance regarding the nature and scope of collaboration anticipated by ODMH among the TA Resource Center, the Learning Community Initiative and integrated care/health home MEDTAPP grantees related to the provision of Health Home Technical Assistance? Is a particular management structure envisioned which will ensure that these efforts build upon one another? More specifically, on page 4 of the RFA there is a reference to the “Medicaid Health Home Learning Community Initiative” and a requirement that the TA Resource Center coordinates with and participates in the Initiative. Given that many of the required activities of the TA Resource Center are identical to those that would occur in a Learning Community (i.e., in-person visits to the health home, monthly coaching calls, development of individualized action plans, etc.), can you please clarify what activities will be conducted within the Learning Community Initiative that would not occur through the TA Resource Center? Finally, can you provide additional information about the structure, function and resource availability under the Medicaid Health Home Learning Community Initiative (e.g., program description, scope of work, contract, etc.).**

We envision assembling a team of diverse consultants and entities through the competitive selection process for the four interrelated components. We expect the TA resource center team to collaborate and work together in a complimentary fashion. We are prepared to coordinate with the selected applicants to avoid duplication or gaps.

We are negotiating the scope of work for the phase I learning communities with the existing Medicaid vendor, HSAG and unable to share the details since the scope of work is not finalized at this time. However, we plan to have HSAG perform the group learning sessions and convening of the multi-stakeholder meetings while the TA center will perform the site visits, monthly coaching calls and individualized practice transformation/organizational change activities. The scope of work for the learning communities will be made available as soon as the agreement is finalized.

- **In order to develop a budget for site visits and other TA resources (e.g. webinar and phone charges associated with monthly coaching calls) , it will be necessary to know the total number of likely site visits the contract will be required to conduct. Please confirm how many non-CBHC Health Homes that would receive TA under either scope of work A or B. How many organizations for integration TA? How are they selected?**

The applicants will need to propose the deliverables that can be supported by the funding amount specified in the RFA for component A. It is anticipated that there will be between 5 and 8 Phase I health homes that will require individualized, practice transformation assistance as part of the learning communities initiative. The TA Resource center team will also be expected to attend and participate in four all day group sessions as part of the learning communities initiative.

- **Can you please confirm the budget for the TA Resource Center is expected to include travel (e.g., site visits), webinar and related costs or whether such costs would be the responsibility of the Learning Community Initiative? If the latter, what is the amount of resources available under the Learning Community Initiative for travel, webinar and related costs?**

There will be no additional funding through the Medicaid learning community initiative to supplement the health home TA center.

- **The Note on pg. 7 of the RFA states that we do not need to complete pages 1, 2, and 3 of the application. Could you please confirm that we do not need to complete the Application Checklist (pg. 1), Agreement and Assurances (pg. 2), or Project Information form (pg. 3) in the SFY 2013 Block Grant Project Funding Application attachment?**

No, you do not need to complete the application checklist, Agreements and Assurances, and the project information on pages 1 through 3 of the application form.