



Request for Proposals (RFP)

Information Packet

for

Healthy Start Program Services

for

Fiscal Years 2023-2028

**Available
November 18, 2022
Closing
January 23, 2023**



MISSION STATEMENT

Our mission is to promote the health and well-being of women, infants, and families to achieve a successful pregnancy and a healthy start in life.

VISION

Our vision is to lead Broward County maternal and child health system of care to improve birth and developmental outcomes

OUR PRIMARY GOALS ARE

To reduce fetal and infant mortality and morbidity
Reduce the number of low birth weight and preterm births
Improve maternal and child health developmental outcomes

The Staff of Broward Healthy Start Coalition, Inc. is proud to facilitate this organization's mission to support pregnant women, new parents and their babies and demonstrate a measurable positive impact upon maternal and child health services and outcomes in Broward County. We are dedicated to upholding our legislatively mandated role as Broward's maternal and child health leader.

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Request for Proposals (RFP)

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REQUEST FOR PROPOSALS (RFP)

1) Purpose

Broward Healthy Start Coalition, Inc. (BHSC) is issuing this Request for Proposals (RFP) to select qualified providers to deliver Healthy Start Program Services in Broward County to pregnant women, new mothers and their infants, and interconception women. The award of any contract as a result of this RFP shall be at the sole discretion of BHSC. Neither this RFP nor any application submitted in response hereto is to be construed as a legal offer. BHSC Board of Directors will make the final decision on all contracts awarded through this RFP process and reserves the right to negotiate all contractual terms with potential service providers.

The expected initial contracting period for this RFP is five (5) years. BHSC may at its sole discretion choose to offer one-year contract renewals on an annual basis beyond June 30, 2028, contingent upon but not limited to the availability of funding, history of performance outcome achievement, past programmatic performance, agency viability, and successful negotiation of programmatic and budgetary issues. The amount of expected funding identified for this RFP is up to \$4.75 million annually. BHSC intends to fund between six (6) to eight (8) applicants as a result of this procurement.

The goals of BHSC are to reduce infant mortality and morbidity, improve pregnancy outcomes, and enhance the health and development of children. This RFP seeks to work with local providers to facilitate service delivery to clients who are pregnant or postpartum, including their infants, and interconception women identified as high risk due to various medical or social determinants conditions. It is expected that funding under this RFP will encompass community organizations to implement the Healthy Start Model that provides intensive home visitation services with the provision of the Healthy Start Prenatal and Infant Pathways, and Interconception Care Counseling, and utilization of screening tools to identify specific risk factors including maternal depression, domestic/intimate partner violence, tobacco use, substance use, and infant development.

The Healthy Start Program consists of three (3) components:

1. Coordinated Intake and Referral (Connect)
2. Healthy Start Program - Prenatal and Infant Pathways
3. Interconception Care Counseling (ICC)

BHSC is soliciting applications for eligible organizations to implement identified components of the Healthy Start Program. This funding opportunity is for two (2) components of the Healthy Start Program, including:



1. Healthy Start Program – Prenatal and Infant Pathways **Attachment A**
2. Interconception Care Counseling (ICC) **Attachment B**

BHSC is responsible for providing the required core training on the program's service model to all direct service Staff to implement Healthy Start Program services.

The Florida Department of Health provides a thorough definition of all Healthy Start services through their Florida Healthy Start Standards and Guidelines (available at <http://www.doh.state.fl.us/family/mch/hs/hs.html>). The Standards and Guidelines detail qualifications and expectations for all Healthy Start Services and responding organizations are expected to review them and identify these requirements in their response including staffing patterns and budgets. Note: The Florida Healthy Start Standards and Guidelines are regularly reviewed and revised therefore are subject to change.

2) Overview of Maternal Child Health System in Broward County

The Florida Healthy Start Initiative was implemented on April 1, 1991, by the Florida legislature to reduce infant mortality and morbidity, to improve pregnancy outcomes, and to enhance the health and development of children birth to age three. Since that time, Florida Statute requires that every prenatal healthcare provider and birthing hospital/facility in the state offer a Healthy Start screening to all pregnant women and infants. After completing the screen, the doctor's office or birthing facility sends the screen to the Healthy Start Risk Screening Office at the local department of health to identify the pregnant women and infants who need to be contacted, assessed, and referred to local services.

BHSC in partnership with the Florida Association of Healthy Start Coalitions, Inc. (FAHSC) seeks to:

- Mobilize multiple sectors of the public and private sectors around our common mission
- Leverage dollars to improve programs and services for families
- Align efforts with the Florida legislature to keep them informed of the needs of its residents and the importance of our mission
- Serve as a resource for national maternal and child health initiatives for dissemination to our thousands of partners
- Conduct assessment of best practices and trends to transfer knowledge among our members and our constituents

Healthy Start is funded with State general revenue dollars and a portion of the federal funds from the Maternal and Child Health Block Grant to serve pregnant women and their infants. In 1997 the Florida Legislature funded the expansion of Healthy Start services in Florida to serve children up to three years of age. Due to differences in geographical need across the state individual Coalitions were formed to oversee the coordination of the Healthy Start system at the local level by providing planning, fund allocation, quality assurance, contract management, and advocacy for prenatal and infant care. Each local Coalition is responsible for identifying and prioritizing local



needs by facilitating a community-wide comprehensive service delivery planning process that occurs once every five years. Local Coalitions update their Service Delivery Plan annually to incorporate new issues and concerns to assure that the mandatory universal Healthy Start screening processes are being performed and that Healthy Start services are accessible to pregnant women (prenatal) and the infant from birth to age three population (infant) in their geographical area. BHSC's current Service Delivery Plan covers fiscal years 2021-2026 and can be found on our website at www.browardhsc.org. In 2021, the Florida Legislature made a significantly enhanced investment in the Healthy Start Program which has afforded local Coalitions the opportunity to increase and enhance services.

a) Background of BHSC

Broward Healthy Start Coalition, Inc. (BHSC) was incorporated on February 14, 1992, and drives Maternal and Child Health policy and programming in Broward County. The Coalition receives funding from the Florida Department of Health (FDOH), and the Agency for Health Care Administration (AHCA) via the Healthy Start MomCare Network and is responsible for the formation and administration of the Healthy Start System, which includes management of subcontracts for services to pregnant women and children birth to age three and monitoring services through quality improvement and assurance of activities. Most communities do not have the resources to meet all identified needs; therefore, a system of triage and prioritization in service delivery is necessary to provide more intensive services to those individuals with the highest priority needs.

Florida Healthy Start's service delivery model focuses on services to high-risk women and infants. While Coordinated Intake and Referral (CI&R) processes the positive screens and referrals for all the pregnant women and infants in the county, women and infants who are identified as high risk during the initial intake with CI&R, also known as Connect, will be offered a referral to participate in a home visiting program to receive services, **Attachment A1**. This includes referrals to the Healthy Start Program to receive face-to-face home-based, clinic-based, and/or residential facility-based Healthy Start services described in this RFP. During FY 2021-22, Broward's CI&R team completed **19,181** initial prenatal and infant intakes and referred **10,433** women and infants to a local home visiting program.

The data below describes the current conditions in Broward County related to Healthy Start Program services and provides historical data related to high-risk conditions including Infant deaths. Broward Black babies in 2020 were **3.6 times** more likely to die before their first birthday than White babies, and Broward non-Hispanic babies were **1.3 times** more likely to die before their first birthday than Hispanic babies. We offer this information to help frame the needs in our community and identify the racial disparities for the issues identified.

b) Broward Healthy Start Services Data for FY 2021-22

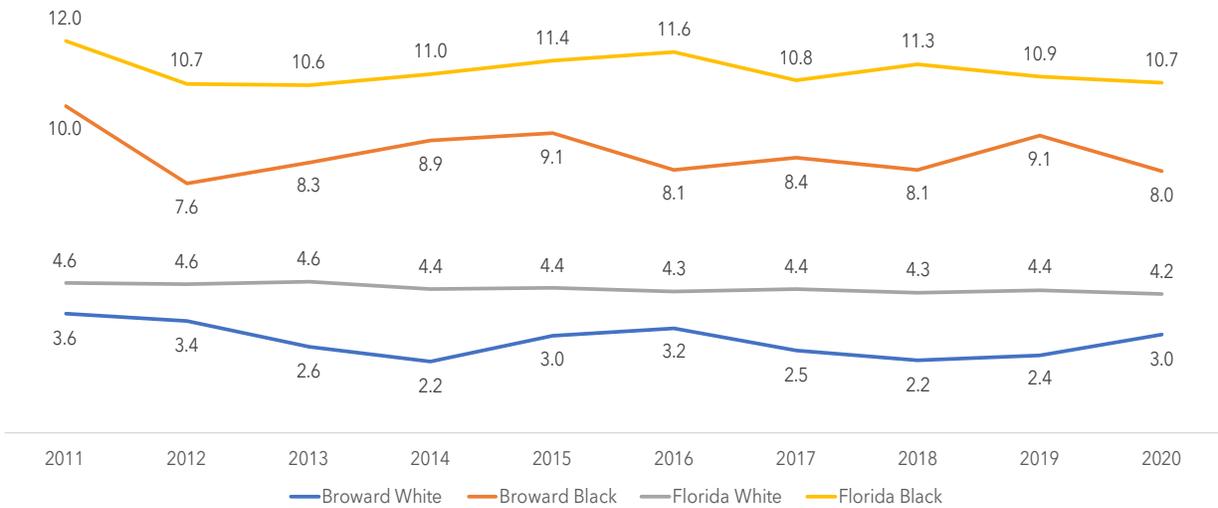


- i) Number of Women Served
 - Broward Healthy Start processed **13,775** Prenatal Screens
 - Provided Healthy Start Program Home Visitation services to **2,937** Pregnant Women
- i) Number of Infants Served
 - Broward Healthy Start processed **19,599** Infant Screens
 - Provided Healthy Start Program Home Visitation services to **1,956** Infants

c) Maternal Child Health Data

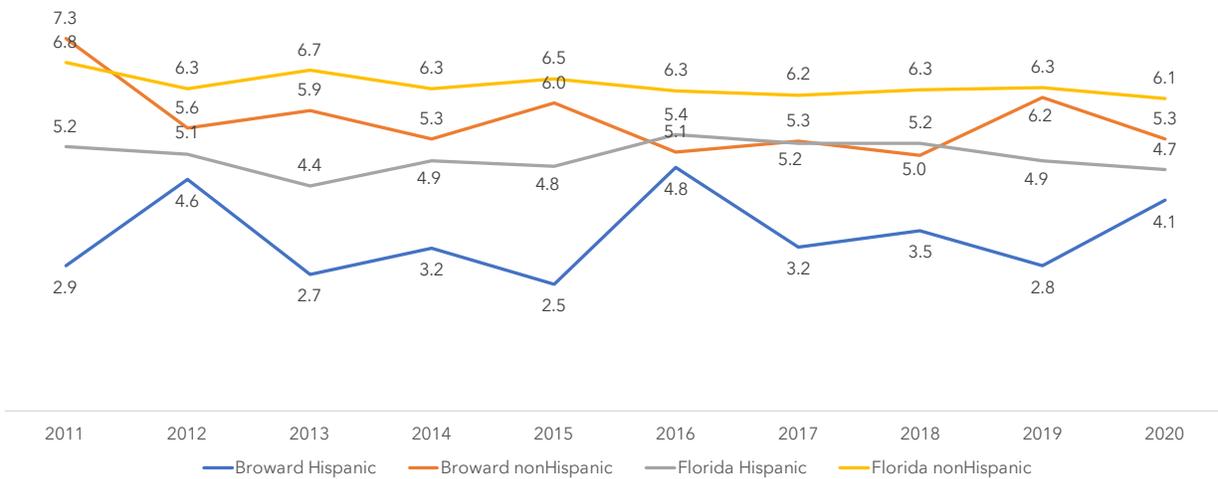
- i) Infant Mortality Rates by Race and Ethnicity

Infant Mortality (0-364 days from birth by Race, Rate per 1,000 Live Births) 2011-2020



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Infant Mortality (0-364 days from birth by Ethnicity, Rate per 1,000 Live Births) 2011-2020

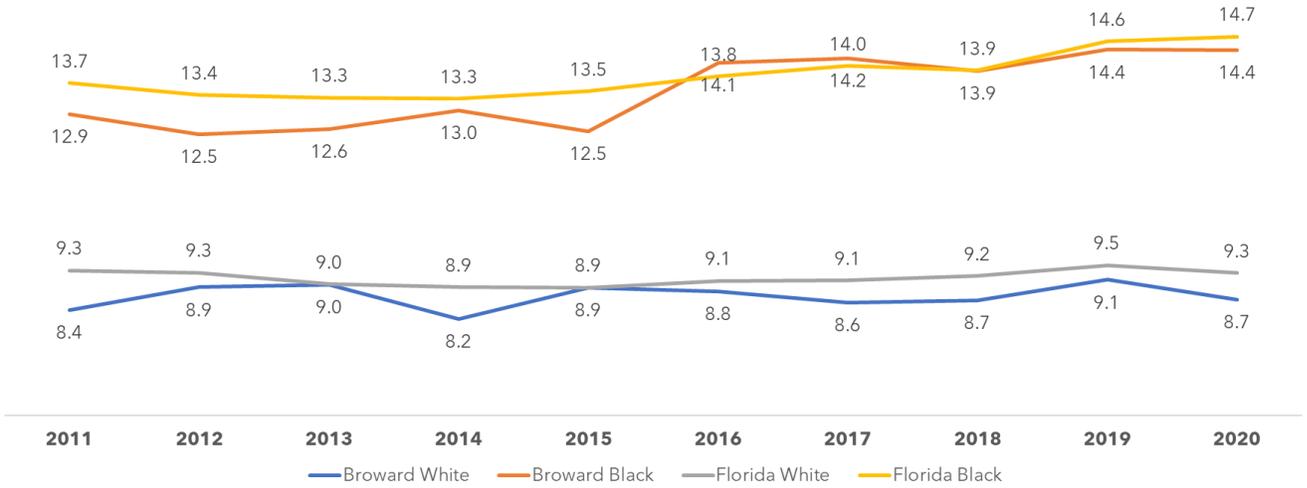




Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

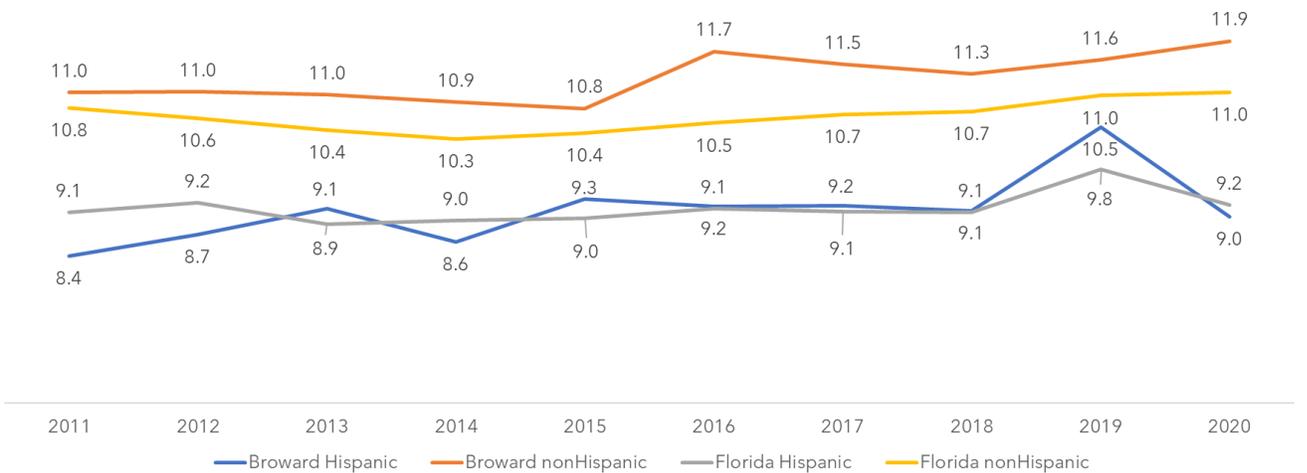
ii) Preterm Birth Rates by Race and Ethnicity

Preterm Birth (% of all Births) by Race (White/Black) 2011-2020



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Preterm Birth Rates by Ethnicity, Percentage of Births 2011-2020



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics



d) Social Determinants of Health

The information below will serve as an introduction to this topic and can be found in further detail at [Healthy People 2030](#). Social Determinants of Health are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live.

Resources that enhance the quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants. Examples of *social determinants* include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Healthy Start screening for pregnant women and infants, along with the CI&R intake process, will identify those in our county that can benefit from Healthy Start Program services. Potential clients will then be referred and assigned by CI&R to a local Healthy Start program provider for voluntary services based upon the following criteria: zip code of residence, if the mother receives prenatal care where Healthy Start services are embedded, presence of behavioral health conditions, if a mother receives behavioral health services at a residential facility where Healthy Start services are embedded, and client preference. This process helps identify the mothers and babies who are at the highest risk, align them with a provider that can best meet their needs, and focus efforts on moving the needle in improving maternal-child health outcomes.

We are seeking applicants who have a good understanding of the maternal and child health system of care, the impact of social determinants on the population’s health, the historic and stubborn racial disparity in maternal-child health outcomes, and have several years of solid experience in serving families in the community and providing home visitation services with the ability to address these items.



3) Clients to Be Served

Participants to be referred to the selected provider are pregnant women and infants, birth to age three who reside in Broward County and are considered high risk due to the presence of risk factors for eligibility including health issues and/or social determinants. The CI&R unit will identify these clients through the risk screening and referral process and if the client accepts a referral to the Healthy Start Home Visitation Program, will be assigned to a Healthy Start provider to initiate services. While there is no formal caseload capitation for the program and new cases are assigned to Healthy Start providers on a daily basis, an ideal staff-to-client ratio is approximately 1:40 which is accomplished through provider level triage of assigned cases on an ongoing basis.

4) Program Scope

a) Healthy Start Prenatal and Infant Pathways

Services under this RFP are dictated by the Healthy Start Program model required by FDOH and AHCA through contracts with BHSC. Applicants must implement the Healthy Start Program as prescribed. Organizations are encouraged to identify methods of engaging and retaining clients during the service period as well as methods for recruiting and retaining qualified staff.

Clients are referred to selected agencies providing Healthy Start Program services from the Coordinated Intake & Referral Unit (CI&R). Eligibility for CI&R is initiated by the pregnant woman or infant score on the Healthy Start Prenatal or Infant risk screening that is determined by identified risk factors. Clients are then contacted by CI&R to determine the most appropriate community services based on risk, strengths, and needs, including referral to home visitation services. The Healthy Start Program's Prenatal and Infant Pathways focus on engagement and face-to-face screenings and interventions along with prenatal and parenting education to high-risk pregnant women and infants, **Attachment A**. The Healthy Start Provider shall attempt to contact all referred potential clients upon the receipt of the referral from CI&R to complete a face-to-face engagement visit which is also the Initial Assessment. Services shall be provided in-home face-to-face, or other alternate locations as appropriate such as the provider's office, outpatient clinic or medical office, residential treatment facility, other public locations mutually agreed to between the client and provider. Services will include direct contact with the client and family, as well as indirect contact on the client's behalf (e.g., communication and coordination with the following but not limited to CI&R, Medicaid Health Plans, Child Protective Investigators (CPIS) other service providers, healthcare and behavioral health providers, Women, Infants, and Children nutrition program (WIC), etc.). Services shall also include telephone calls with the client to supplement face-to-face visits and provide ongoing communication, coordination, and support in between visits. At a minimum, clients will receive one (1) home visit and (1) follow-up phone call every 30 calendar days with more frequent visits based upon individual client needs and risk.



BHSC provides the required core training on the Healthy Start Program and the Prenatal and Infant Pathways model for this RFP at no expense to the provider organization. The organizations funded under this RFP must demonstrate capacity and solid experience with implementation of assessments, home visitation services with supervision and oversight of a home visitation team including quality assurance activities to assure model compliance, application of screening tools for risk factors related to maternal, infant, and child health, goal setting with clients including family support planning, and the ability to provide the appropriate interventions and community linkages with appropriate documentation of all services.

Applicants must be able to demonstrate a strong knowledge of the local maternal child health system as well as a deep understanding of the research and evidence-based strategies to improve maternal and child outcomes. Applicants should further be able to demonstrate understanding of the challenges facing Broward County in improving birth outcomes and highlight their individual approach to serving this population.

For high-risk infants, Healthy Start Staff must be able to engage the client's parents, including other caregivers if the child is not residing with the parents, and provide specific interventions determined by need and as appropriate based on the Infant Pathway. Approved interventions include parenting education and screening for developmental milestones as indicated by the Ages and Stages Questionnaire (ASQ) protocols, and referrals for other services as needed. Infants sometimes require an Early Steps referral for developmental assessment and potential intervention services therefore follow-up is required by the Healthy Start worker to assure follow through with Early Steps services by the parents or caregivers. Healthy Start Staff shall ensure the high-risk infant is connected to a primary medical provider and has access to routine preventative medical care.

Beyond the comprehensive services included as part of the Healthy Start Program in the Prenatal and Infant Pathways, infants who are born substance-exposed due to prenatal substance use also require a Plan of Safe Care to be developed, implemented, and monitored up to the infant's first birthday. While our system of care has a specialized provider to serve pregnant women and mothers with substance use disorders, there may be times where these participants will be served by an alternate provider in our system of care. To determine the appropriate intervention efforts needed to assist with maternal entry or retention in treatment (i.e., substance use or mental health services), enhancement of child well-being, and the development of family skills to facilitate healthier lifestyles, Healthy Start home visiting staff are required to obtain and assess information as part of the Plan of Safe Care requirement. A Plan of Safe Care is NOT a safety plan. Providers should review federal legislation related to substance use and exposure including the DCF Operating Procedure 170-8 Plan of Safe Care for Infants Affected by Prenatal Substance Use, Child Abuse Prevention and Treatment Act (CAPTA), and Comprehensive Addiction and Recovery Act (CARA) all of which can be found at <http://www.centerforchildwelfare.org/PlanSafeCare.shtml> under the Policy and Procedures section.



b) Plans of Safe Care (for substance-involved pregnant women and infants)

A Plan of Safe Care shall include the following information:

Mother's Substance Use and Mental Health Needs.

- Substance use history.
- Mental health history.
- Treatment history.
- Medication-assisted treatment history.
- Referrals for services.

Infant's Medical Care.

- Prenatal exposure history.
- Hospital care (NICU), length of stay, diagnosis.
- Other medical or developmental concerns.
- Pediatric care and follow-up.
- Referral to Early Intervention and other services.

Mother's Medical Care.

- Prenatal care history.
- Pregnancy history.
- Other medical concerns.
- Screening and education.
- Follow-up care with OB-GYN.
- Referral to other health care services

Family/Caregiver History and Needs.

- Prior involvement with child welfare.
- Child safety or risk concerns.
- Parent-child relationship.
- Family history.
- Living arrangements.
- Current support network.
- Current services.
- Needed supports/services.

c) Interconception Care Model (ICC)

Interconception Care (ICC) services are designed as a preventative strategy to empower women and families to reduce risk factors that may negatively affect the health and well-being of the mother and child, and that of any future children. Interconception services shall be provided face to face to pregnant women participating in the Healthy Start Program starting in the third trimester of pregnancy through six months postpartum. Women who have experienced a pregnancy loss, decided to have their infant adopted, or had their infant removed from their care



may also receive interconception services. The organizations funded under this RFP will receive training on the approved Interconception Care curriculum including One Key Question® and the Centers for Disease Control's (CDC) Show Your Love materials. **Attachment B.**

General topics addressed include:

- Healthy Nutrition
- Physical Activity
- Smoking Cessation
- Preventing Sexually Transmitted Infections
- Family Planning/Contraception
- Healthy Relationships
- Managing Health Conditions
- Goal Setting
- Behavioral Health
- Healthy Habits

5) Client Engagement and Retention

Successful outcomes for clients are reliant on the completion of the Healthy Start Program's Prenatal and Infant Pathway components over the recommended time frame from the prenatal entry point (ideally the first trimester of pregnancy) through the infant's first birthday which is considered program completion. Services may extend beyond the first birthday when there is a history of substance use and/or infant's substance exposure, or when there is no other program available in the community to serve a family with ongoing safety or other critical needs. Applicants are expected to demonstrate and identify strategic and effective methods to engage, serve, and retain clients during the Prenatal and Infant Pathway periods with the goal of completing a face-to-face visit no less than once every 30 calendar days and meeting with the client more frequently based on the client's risk level, safety concerns, and needs. Telephone calls in between face-to-face visits with the client to follow up on referrals or other issues are a key component to client engagement and retention.

6) Cultural Competence

Services that are delivered with an awareness of the client's preferences and needs are critical for positive outcomes. Healthy Start services must be provided in a manner that adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care <https://www.thinkculturalhealth.hhs.gov/clas>. Services must be respectful, understandable, effective, and equitable. CLAS is about respect and responsiveness: respect the whole individual and respond to the individual's health needs and preferences. By tailoring services to an individual's culture and language preferences, professionals can help bring about positive health outcomes for diverse populations.



Respondents are expected to identify and demonstrate how the above components are to be integrated into their service delivery and are requested to attach a copy of their organization's Cultural Competency Plan as an appendix to their response to be included in the QA/QI Plan.

7) **Provider Requirements**

- The selected Providers shall comply with the Outcomes and Performance Measures as outlined in **Attachment C** and must be able to implement the full program model.
- The selected Providers shall comply with all FDOH/AHCA requirements, as applicable.
- The selected Providers must comply with applicable professional standards of practice concerning participant confidentiality and information obtained through access to the electronic medical record-keeping databases, including the web-based Well Family System (WFS).
- The selected Providers must comply with the monthly, quarterly, and annual program and administrative reports to be listed in the contract.
- The selected Providers shall ensure that staff meets the minimum qualifications for their position and there are a sufficient number of staff needed for the services, supervision, and oversight to be provided per provider staffing requirements, **Attachment C1**.
- The selected Providers shall submit to BHSC evidence that minimum staffing requirements are in place. This includes assuring there is a sufficient number of staff who are fluent in English, Spanish, and Creole to serve the population.

8) **Provider Capabilities: Administration and Management**

Responding organizations are expected to have sound systems, policies, and procedures in place for managing funds, equipment, and personnel to be considered. Responding organizations who propose subcontracting these administrative or fiduciary responsibilities for the Healthy Start Program Model will not be approved for funding. All successful respondents must perform a substantive role in carrying out required activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party. The responding organization must have the capacity to hire key personnel, communicate with BHSC, provide services, and to coordinate the preparation and submission of required reports and continuation responses for future years. The responding organization will have the primary responsibility for monitoring the progress of the Healthy Start Program Model toward its objectives, including monitoring contract deliverables.

Applicants shall describe their history involving other grant or contractual funds (*RFP Application, Part II, Section A*). If deficiencies have been noted in the most recent internal/external audit, reviews, or reports on the responding organization's financial management system and management capacity or its implementation of these systems, policies, and procedures, provide information regarding the corrective action taken to remedy the deficiency.



If you are or have ever been a contracted provider for BHSC and have been on corrective action in any program at any point since July 1, 2020, please submit your plan/strategy that improved the service area(s) in which you were deficient and achieved acceptable performance. All current BHSC contracted providers will be required to submit a copy of their most recent annual program monitoring results.

9) General Fiscal Requirements

Agencies requesting funds from BHSC must:

- a) Attach a completed, signed IRS Form W-9.
- b) Attach a copy of the most recent financial audit completed by an independent Florida Certified Public Accountant (CPA), including single audit and management letters if applicable. The audit should be conducted by the United States generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. This includes the auditor independence requirements defined by the General Accounting Office as described in the Yellow Book. The most current audit is defined as the audit performed during the last calendar year and must cover the agency's prior fiscal year-end financial statements. Thus, if the RFP closes on January 23, 2022, the most current audited financial statements would be from the fiscal year ending in 2022.
- c) Financial Statements and additional financial information must be submitted in conformity with the United States Generally Accepted Accounting Principles (GAAP). Additional financial information submitted will NOT be considered if it will cause the financial statements to be out of compliance with GAAP.
- d) Demonstrate Fiscal solvency, utilizing a financial viability test based on audited financial statements and compiled financial statements for the smaller agencies.

10) Financial Viability Test

The audited financial statements are subject to a financial viability test that incorporates a review of various fiscal elements which will determine the maximum level of funding that may be awarded. Actual funding allocations will be determined by the BHSC based on recommendations from the Rating Committee. All funding awards, including annual renewal, match, emergency, etc., are subject to the Financial Viability Test.

Other types of financial information may be submitted for the financial viability test which must be verified by a third party and submitted with the application along with an explanation. This additional financial information may consist of queries of other public financial information such as a business plan or other documents.



BHSC may request additional clarifying information within 24 hours. The notification process is via email by Staff with minimal turnaround time. Failure to provide the requested information within the allotted time may result in a “fatal flaw.” This process is provided by BHSC as a courtesy, and as such, BHSC is not responsible for notification of any omissions or errors in any documentation submitted by the applicant agency in response to the RFP. All applying agencies are solely responsible for contact availability during this period, and failure to receive BHSC notification of cure issues is not subject to appeal.

All agencies must have the following Financial Viability Test performed by their financial departments before submission of a proposal.

The Financial Viability Test is described below:

Other Financial Information – includes four general questions related to the overall audited financial statements. **Attachment H.** Each question is worth one (1) point for a maximum of four (4) points in this section. The questions consist of the following:

- The Organization received an Unmodified Opinion.
- There is no “Going Concern” comment.
- The Notes to the Financial Statements are complete and explanatory.
- There are no significant “Related Party” transactions that materially affect the Financial Statements.

Financial Ratios

- **Current Ratio** – (Current Assets divided by Current Liabilities) This test looks at the current assets an agency has which can easily be changed into cash to pay current expenses. The higher the ratio, the easier it is to pay expenses. Current assets are defined as cash, cash equivalents, accounts receivable, prepaid expenses, inventories, and other items of value.
- **Net Assets as a Percentage of Annual Expenses** – (Net Assets divided by Annual Expenses) This test shows the net assets to total expenses, which indicates a reserve and could be viewed as an emergency fund.
- **Current Liabilities as a Percentage of Annual Expenses** – (Current Liabilities divided by Annual Expenses) This test indicates the ability of an organization to meet its current obligations. Current liabilities include accounts payable, accrued expenses and liabilities, notes payable or short-term borrowings, and the current portion of long-term debt.
- **Debt Ratio** – (Total Liabilities divided by Total Assets) This test shows the percentage or proportion of a company’s assets that are financed by debt.



The total points of these four ratios will be added for a total maximum score of sixteen (16) points for this section. If there is a Single Audit with material weaknesses, the Applicant must deduct two (2) points from the total score in this section.

Other - There is a bonus question worth one (1) point if the agency provides a copy of the Management Letter and it does not include any significant comments.

Action – Once the total points are calculated, the final score will determine the maximum level of funding that may be awarded. Actual funding allocations will be determined by BHSC based on recommendations from the Rating Committee. Note that funding awards to a specific agency are cumulative within a fiscal year. For example, if an agency currently has a funded program with BHSC and scores in the Conditional range as outlined below, they are limited to the \$226,200 annual allocation. Once an agency improves their financial position such that they score higher on the Financial Viability test, the limits will be lifted.

- If the cumulative score is 14 points or over, there are no award limitations.
- If the cumulative score falls between 10-13 points, the award is considered Conditional and subject up to a maximum total BHSC funding award of \$226,200 annually. The contract may include additional mandatory financial guidance and technical assistance, assignment of a fiscal agent, and/or more frequent monitoring as indicated. In addition, both fiscal and administrative monitoring will be conducted every six months.
- If the cumulative score falls between 6-9 points, the award is considered Provisional and subject to a maximum total BHSC funding award of \$84,800 annually.
- If the cumulative score falls less than 6 points, the Applicant will require a fiscal agent and is NOT qualified for an award.

11) Quality Assurance/Quality Improvement

The responding organization must submit a copy of a QA/QI Plan for the organization in the appendix. This QA/QI Plan should clearly explain how the Healthy Start Program is integrated, or the organization **MUST** submit a copy of a Healthy Start specific QA/QI Plan that addresses the goals and performance expectations of the Healthy Start Program.

Refer to **Attachment C** for more specific details of the required performance measures. **Responding organizations that have been placed on any corrective action or performance improvement plan since July 1, 2020 must identify the nature of the action and resolution status in the RFP Application. Note:** BHSC reserves the right to request "other" reports as necessary to ensure the appropriate use of funds, including but not limited to QA/QI Monthly Reporting Forms and any other report(s) that substantiate activities for complying with the stated outcomes.



12) Budget Narrative and Justification

Provide a clear budget with narrative page that explains the amounts requested for each line in the budget. The budget justification must clearly describe each cost element and explain how each cost contributes to the successful provision of services. Be careful about showing how each item in the “other” category is justified. The budget justification **MUST** be detailed and accurate and submitted utilizing the template in **Attachment G**.

Personnel Costs: Personnel costs should be explained by listing each Staff member who will be supported from funds, name (if possible), credentials (if possible), position title, percent full-time equivalency (FTE), annual salary including hourly rate if for non-exempt positions, and the exact amount requested for each project year. In an effort to recruit and retain qualified staff, BHSC has implemented a minimum annual base salary requirement (before any bonuses or performance pay) for specified positions as follows:

- Healthy Start Home Visitor/Care Coordinator = \$45K minimum
- Program Supervisor/Manager = \$50K minimum

Fringe Benefits: List the components that comprise the fringe benefit rate, for example, health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Non-Personnel Expenses: Expenses for rent, land-line telephones, and electricity shall be detailed in the Budget Summary and Budget Narrative, and along with other expenses will be used to determine the Unit Cost (see section 14) b.). BHSC reserves the right to visually inspect provider facilities to ensure the allocation of square footage for Healthy Start services as reported in this response.

Administrative/Indirect Cost: It is BHSC policy that indirect costs which include fiscal and administrative costs may not exceed 12% of direct costs. Healthy Start Providers may request up to 12% percent of their direct service dollars allocation for the below listed administrative functions which must be clearly detailed in the budget narrative:

- Contract Management/Fiscal Accountability
- Budget/Finance
- MIS
- Oversight - Directors/Administrators
- Administrative Support

Additional budget guidance can be found in **Attachment E**.



13) Collaboration

BHSC strongly encourages collaboration between agencies that increase system efficiencies. Therefore, to maximize funding dollars, interested applicants are strongly encouraged to form clearly defined, meaningful interagency agreements with other Providers that are cost-effective and provide a direct impact on the clients served. Agencies are encouraged to submit copies of active and specific Interagency/Partnership Agreements with their Application.

14) Proposed Award Distribution

a. Agreement Term

The initial term is anticipated to be five years effective July 1, 2023 through June 30, 2028, with the option for annual renewals for subsequent years beyond the initial term at the sole discretion of BHSC. Awardees will be required to submit a budget on an annual basis for review and approval each contract year and meet financial viability requirements.

b. Reimbursement Type

This will be a unit-based agreement with one (1) unit = completion of one (1) successful face-to-face visit with a Healthy Start Program client. The per-unit reimbursement rate will be determined based on the approved program budget; costs incurred in support of direct services will be “rolled up” into the Unit Cost. If client support funds/flex funds are included and approved in the budget, they are considered cost-reimbursement.

c. Multiple Awards

BHSC intends to fund between six (6) to eight (8) applicants through this RFP up to \$4.75 million annually.

d. Limitations of State Liability

Termination of RFP. Funding for the resulting agreement is dependent upon the availability of future appropriations by the Florida legislature, Congress, or federal funding. If an agreement is executed before ascertaining available funding and funding does not become available, as solely determined by BHSC, BHSC may terminate it upon no less than twenty-four (24) hours’ notice in writing to the Applicant. BHSC shall be the final authority under this contract as to the availability and adequacy of funds.

15) Timeline for RFP

DATE	ACTIVITY
Friday, November 18, 2022	Release RFP, available at www.browardhsc.org
Thursday, December 1, 2022 1:00 pm – 3:00 pm	Bidder’s Conference via Zoom



	https://us02web.zoom.us/j/83156070615?pwd=ZTZPR3dnUIU1WkdaeDR0S055NVBvdz09
Tuesday, December 6, 2022 by 5:00 pm	Deadline to submit questions using <u>Subject Line: RFP Questions to</u> rgrunfelder@browardhsc.org
Friday, December 9, 2022 by 5:00 pm	Responses to questions will be posted at www.browardhsc.org
Monday, January 23, 2023 by 2:00 pm	Deadline for Receipt of Applications <u>Submit one (1) original and six (6) copies in-person</u> <u>to:</u> BHSC, 4620 N. State Rd. 7, Building H, Suite 102, Lauderdale Lakes, FL 33319 Applications will not be accepted after 2:00 pm
Thursday, January 26, 2023 by 2:00 pm	Cure Deadline (if applicable)
Tuesday, February 21, 2023 1:00PM to 5:00PM	Applicant Interviews & Rating of Proposals via Zoom (link will be e-mailed to Applicants)
Wednesday, March 15, 2023	Funding Recommendations to BHSC Executive Finance Committee for Review
Thursday, March 23, 2023	Funding Recommendations to BHSC Board of Directors for Voting
Friday, March 24, 2023	Notification of Awards to Selected Organizations
April 10 - 28, 2023	BHSC Contract Negotiations
Saturday, July 1, 2023	Funding Cycle Begins

16) Instructions for Response to RFP and Submission Information

A response will be considered as meeting the deadline if it is received in person on or before the deadline date and time. The hard copy response must be received at the BHSC office by the deadline indicated above, an e-mail or mail postmark with the due date will **NOT** qualify for meeting the deadline.

FATAL FLAW
APPLICATIONS SUBMITTED AFTER THE DEADLINE ON
MONDAY, JANUARY 23, 2023 AT 2:00 PM EST WILL NOT BE CONSIDERED.



Upon receipt of a response, BHSC will email an acknowledgment of receipt to the responding organization's Program Director or representative listed on the application.

The CEO of BHSC may authorize an extension of published deadlines when justified by circumstances such as acts of God (e.g., floods or hurricanes), widespread disruptions of mail service, or other disruptions of services, such as prolonged blackout.

A responding organization is required to submit one (1) ink-signed original and six (6) copies of the completed response in person to:

Attention: Monica Figueroa King, CEO
Broward Healthy Start Coalition, Inc.,
4620 North State Road 7, Bldg. H, Suite 102
Lauderdale Lakes, FL 33319

Applicant documents including the application, any attachments, and required appendices should be submitted in the order shown in **Attachment D**, Application Checklist, in a bound folder or binder with tabs identifying each section.

a) Bidder's Conference

To assure the fairness of information distribution and sharing of responses to questions, BHSC will host a Bidder's Conference on Thursday, December 1, 2022, from 1:00 pm to 3:00 pm. The Zoom link to join the conference is included in the RFP document in the Timeline and will be noted on the BHSC website. This conference will serve as the **ONLY** venue where verbal questions regarding any aspect of this RFP will be addressed. This will ensure that information is shared with everyone equally, and not an individual basis, and will ensure impartiality to all responding agencies.

Any written questions regarding this RFP **MUST** be submitted by Tuesday, December 6, 2022, by 5:00 pm (see timeline) to enable Staff to prepare adequate responses that will be useful to everyone involved in this process. BHSC reserves the right to answer pertinent questions and of value to the RFP process. Questions e-mailed to the BHSC offices should be addressed to the Director of Healthy Start, Robin Grunfelder at rgrunfelder@browardhsc.org using subject line "RFP Questions."

b) Cure Process

BHSC Staff shall not be held responsible for the applicant's failure to meet date, time, and location deadlines for any reason.

BHSC has established the option to cure minor omissions in submitted proposals by January 26, 2023, by 2:00 pm, and the notification process is via email and telephone call with minimal turnaround. Failure to provide the requested information within the allotted time may result in the



rejection of the Applicant's submission. This process is provided by BHSC as a courtesy, and as such, BHSC is not responsible for notification of any omissions or errors in any documentation submitted by the applicant agency in response to the RFP. All applying agencies are solely responsible for contact availability via email and telephone during this cure period, and failure to receive BHSC notification of cure issues is not subject to appeal.

c) HIPAA

Where and when applicable, respondents are required to comply with the Health Insurance Portability and Accountability Act (42 U.S.C. Section 210 et seq.), as well as with all regulations promulgated thereunder (45 C.F.R. Parts 160, 162 and 164).

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