



**HEALTHY START MOMCARE NETWORK, INC.
INVITATION TO NEGOTIATE
ITN #2024-1

STATEWIDE DATA SYSTEM**

**Healthy Start MomCare Network, Inc.
2002 Old St. Augustine Rd.
Suite E45
Tallahassee, FL 32301**

**Healthy Start MomCare Network, Inc.
Invitation to Negotiate #2024-1**

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SECTION I: INTRODUCTION

Purpose

The Healthy Start MomCare Network, Inc. (“Organization”) invites qualified vendors to submit proposals and remain open to negotiations to provide a statewide data system that includes support for programs, initiatives, data sharing “bridges,” closed loop referrals, and Medicaid billing for 32 Healthy Start Coalitions covering the state of Florida.

Objective

The Healthy Start MomCare Network, Inc. is a 501(c)(3) organization that serves as the administrative service organization for all Florida Healthy Start Coalitions. It is the primary contract representative with the Florida Agency for Health Care Administration (“AHCA”) to provide risk appropriate care coordination and other services to pregnant women, infants and children who are identified as at-risk for poor birth, health and developmental outcomes, and any other program or purpose permitted by law pursuant to sections 409.975(4)(a) and 409.906(11) of the Florida Statutes (2023) and in accordance with a federal Medicaid waiver.

The Organization invites qualified vendors to submit proposals to provide a statewide data system. It is the intent of the Organization to contract with a qualified vendor with technological and healthcare experience, and whose services can facilitate incorporating the regulatory compliance requirements of the HIPAA Privacy and Security Rule. The Respondent shall provide the necessary specifications for the statewide data system as set forth in Section II.

The Organization reserves the right to modify the Scope and Specifications, as circumstances require. The obligations of the Organization under this award are subject to the terms and conditions established by the Legislature of the State of Florida and contract approval by the Healthy Start MomCare Network, Inc. Board of Directors.

ITN documents are posted on the Healthy Start website at HealthyStartFlorida.com, and may also be requested via e-mail.

Definitions

For the purpose of this ITN, the following terms have the respective definitions:

- **Respondent** shall mean the vendor submitting a response to this ITN.
- **Organization** shall mean Healthy Start MomCare Network, Inc.
- **AHCA** shall mean the Florida Agency for Health Care Administration.

Contact Information

For the purpose of this ITN, all questions, correspondence, or proposals shall be submitted electronically to:

Karen Chang, Chief Operations Officer

kchang@hsmnetwork.org

2002 Old St. Augustine Rd. Suite, E-45

Tallahassee, FL 32301

(850) 999-6200

Evaluation and Selection Process

The selection process will be based on the responses to this ITN. Responses from each of the ITN sections will be evaluated separately; however, efficient and cost-effective integration of any of these services will be considered. The following will be the basic criteria for evaluating all responses. Additional criteria are listed in each of the separate ITN sections.

Basic Selection Criteria:

1. Ensure all proposal requirements, conditions and instructions are met as set forth in this ITN for each service (Section II: Invitation to Negotiate).
2. Ensure vendor stability by reviewing statistics and other information provided by the Respondent.
3. Review references, verifying exemplary service levels for data systems of similar size and nature, and evaluate experience with providing such services to non-profit entities of similar size and complexity to Organization. Experience with administrative service organizations and Medicaid billing will be considered.
4. Ensure Respondent is equipped to best address the technological assessment needs of the Organization and assist Organization in developing its data system.
5. Ensure Respondent best addresses the overall goals, objectives and mandatory service requirements as set forth in this ITN.
6. Ensure Respondent is capable of performing the necessary services and development specifications for the Organization's statewide data system.
7. Extra points will be awarded in the scoring process if the Respondent is HITRUST CSF-certified, approved to perform services in accordance with the CSF Assurance Program and the HITRUST CSF.

Award Criteria:

1. Proposals will be evaluated, and vendor(s) selected, based on services, cost of those services, experience, stability, personnel/organization, references and proven ability to perform. The Organization reserves the right to reject any Respondent that does not meet the qualifications stated in the proposal. The Organization shall be the sole judge of compliance and/or qualifications.
2. The Organization shall be the sole judge of its own best interests, the proposals, and the resulting negotiated contract or agreement, if any. The Organization reserves the right to investigate the stability, reputation, integrity, skill, business experience and quality of performance under similar operations of each respondent, before making an award. Awards, if any, will be based on both an objective and subjective comparison of proposals and respondents. The Organization's decisions will be final.
3. The Organization will choose the respondent(s) submitting the best, most responsive proposal to satisfy the Organization's needs. The contract will be awarded based on a consideration of many factors to assess Respondent's ability to provide the necessary data system requirements, and consequently may not be awarded to the respondent(s) submitting the lowest price proposal.

Selection:

The Organization's selection committee (the "Committee") will review all proposals received and establish a list of selected Respondents deemed to be the most qualified to provide the service requested based in part on the criteria set forth above. The Committee may submit a recommended vendor, a "short list" or a combination thereof to the Organization's Board of Directors for approval. The Committee may request oral presentation and demonstration from the Respondents. Respondents are advised that the Organization reserves the right to conduct negotiations with the most qualified Respondent but may not do so. Therefore, each Respondent should endeavor to submit its best proposal initially.

Interviews:

The Organization reserves the right to conduct personal interviews or require presentations and demonstrations virtually prior to selection. The Organization is not responsible for any expenses which Respondents may incur in connection with a presentation to the Organization or related in any way to this ITN.

Request for Additional Information:

The Respondent shall furnish such additional information as the Organization may reasonably require. This includes information which indicates resources as well as ability to provide the services. The Organization reserves the right to investigate the qualifications of the Respondent as it deems appropriate, including but not limited to, background investigations at the entity level, and that of officers, directors, executives, and any individuals identified to be involved in

developing and implementing the statewide data system. Failure to provide additional information requested may result in disqualification of the proposal.

Binding Proposals:

All proposals submitted shall be binding for at least one hundred twenty (120) calendar days following opening. The Organization may desire to accept a proposal after this time. In such case, Respondents may choose whether to continue to honor the proposal terms.

Irregularities, Rejection of Proposals:

The Organization reserves the right to reject proposals with or without cause and for any reason, to waive any irregularities or informalities, and to solicit and re-advertise for other proposals. Incomplete or non-responsive proposals may be rejected by the Organization as non-responsive or irregular. The Organization reserves the right to reject any proposal for any reason, including, but without limitation, if the Respondent fails to submit any required documentation, if the Respondent is in arrears or in default upon any debt or contract to the Organization or has failed to perform faithfully any previous contract with the Organization or with other governmental jurisdictions. All information required by this ITN must be supplied to constitute a proposal.

Representations and Warranties:

In submitting a proposal, Respondent represents and warrants that:

1. Respondent meets HITECH Act and HIPAA requirements and has a SOC 2 certification within the last 12 months.
2. Respondent has examined and carefully studied all data provided, and any applicable addenda; receipt of which is hereby acknowledged.
3. Respondent is familiar with and compliant with all federal, state and local laws and regulations that may affect cost, progress and performance of the goods and/or services in their proposal.
4. Respondent has given the Organization written notice of all conflicts, errors, ambiguities, or discrepancies that the Respondent has discovered in this ITN and any addenda thereto, and the written resolution thereof by the Organization is acceptable to Respondent.
5. The ITN is generally sufficient in detail and clarity to indicate and convey understanding of all terms and conditions for the performance of the proposal that is submitted.
6. No person has been employed or retained to solicit or secure award of the contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, and no employee or officer of the Organization has any interest, financially or otherwise, in the ITN or contract.

Terms and Conditions

The terms, specifications and conditions of this proposal constitute the total agreement and no further conditions will be accepted.

The successful Respondent shall be awarded a contract effective from the date of the contract and continuing for two (2) years following the effective date to allow for Respondent to monitor and maintain Organization's data system. **This contract is contingent upon appropriation of the requisite funds by the Florida Legislature.** This contract may be renewable by mutual agreement of the parties in additional two (2) year terms as will allow Respondent to continue to assist Organization in maintaining its data system. Option for renewal will only be exercised upon mutual written agreement and with the original terms, conditions and unit prices adhered to with no deviations. Any renewal will be subject to appropriation of funds by the Organization, and the Florida Legislature. The Organization, in its sole discretion, reserves the right to negotiate terms and conditions with the successful Respondent.

The Organization shall retain the right to cancel the contract at any time for cause. Such cause for cancellation may include the failure of the contracted Respondent to complete or provide the specified services, or by a violation of the Mandatory Requirements (listed below). If the Respondent is not performing within the terms and conditions set forth by Healthy Start MomCare Network, Inc., the Chief Executive Officer of the Organization will notify the Respondent that the contract will be terminated within thirty (30) calendar days for cause from the date of the notification letter. The Organization shall retain the right to cancel the contract at any time without cause with a ninety (90) calendar day written notice. The Organization reserves the right to not renew the contract by providing a ninety (90) calendar day written notice prior to renewal date to respondent. If the contract is canceled, the Organization may elect to award the contract to the next ranked respondent or reissue the ITN, whichever is in the best interest of the Organization. This contract may be canceled in whole or in part by either party by giving a ninety (90) calendar day prior notice in writing to the other party. Any such notice or demand hereunder by either party to the other shall be effected by email and registered or certified mail, return receipt requested and shall be deemed communicated forty-eight (48) hours after mailing. The obligations of the Organization under this award are subject to the terms and conditions established by the Legislature of the State of Florida and AHCA.

Any and all costs associated with the preparation of a response to this ITN are the responsibility of the Respondent and are not to be passed on to the Organization. **Proposals will NOT be accepted unless cost proposals and all required ITN Attachments are included.** Since terminology may vary, respondents are required to conform to this template. Exceptions to the proposal specifications should be listed separately and defined, or they will be invalid.

The specific details shown herein shall be considered minimum unless otherwise indicated. The specifications, terms and conditions included with this ITN shall govern in any resulting contract(s) unless approved otherwise in writing individually by the Organization.

Timeline

- March 11, 2024: Invitation to Negotiate Posted
- March 25, 2024, 2:00 pm: Bidder's Conference Call #1 (**Register First**)
[\[https://us02web.zoom.us/meeting/register/tZAucO-rqD0rE9FBrW8PrfNnOgifh9XQo1d9\]](https://us02web.zoom.us/meeting/register/tZAucO-rqD0rE9FBrW8PrfNnOgifh9XQo1d9)
- March 29, 2024, 2:00 pm: Bidder's Conference Call #2 (**Register First**)
[\[https://us02web.zoom.us/meeting/register/tZArce-rrDsrG9Y1D_NmEy-rQ-L8vSwevryE\]](https://us02web.zoom.us/meeting/register/tZArce-rrDsrG9Y1D_NmEy-rQ-L8vSwevryE)
- April 5, 2024, by 5:00 pm: Last Day to Present Written Questions for ITN #2024-1
- May 3, 2024, by 12:00 pm: **Invitation to Negotiate Proposals are Due**
- May 13, 2024, 8:30-11:30 am: Initial Review
- May 20, 2024: Finalist Presentations/Demonstrations; Final Review
- May 27-31: Negotiation
- June 7, 2024: Notice of Award
- July 1, 2024: Proposed Commencement of Contract¹

Instructions

Questions concerning this Invitation to Negotiate shall be directed to Karen Chang, at e-mail address KChang@HSMNetwork.org, and to no other person or department at the Organization. Questions and requests must be by e-mail and must be received no later than April 5, 2024, by 5:00 pm EST. All questions should contain the following information: ITN #2024-1 Statewide Data System, Respondent name, address, phone number, email address, and the specific questions or comments. Answers to questions will be issued via e-mail to all respondents who received the ITN.

Healthy Start MomCare Network, Inc. reserves the right to award, at its sole discretion, all or part of the required service(s) to one or more qualified Respondents. A respondent is not required to submit on all requested services to be considered for award.

All information proprietary to Organization and disclosed by Organization to any Respondent shall be held in confidence by the Respondent and shall be used only for purposes of the Respondent's performance under any contract resulting from this ITN.

¹ The commencement of the contract is contingent upon appropriation of the requisite funds by the Florida Legislature and Governor.

All services shall meet or exceed the requirements as stated in Statewide Data System Service Requirements in Section II.

All submissions shall include a complete response to the proposal requirements that the proposer is bidding on.

Exhibit A: Data System Administrative Detail and Scoping Factors

Exhibit B: Respondent's Certification

Proposals:

1. Submission – Respondents shall submit one (1) original and three (3) copies of the proposal in a sealed package. The package shall be clearly marked on the outside as follows:

TO: Healthy Start MomCare Network c/o Karen Chang
2002 Old St. Augustine Rd., Suite E45, Tallahassee, FL 32301
RE: ITN #2024-1: Statewide Data System
Submitted By:
Address:

- a. Proposals shall be submitted in person or by mail, with copy electronically submitted to kchang@hsmnetwork.org.
 - b. Late submittals, additions, or changes will not be accepted and will be returned to the respondent unopened.
 - c. Due to the irregularity of mail service, the Organization cautions Respondents to assure actual delivery of proposals to the Organization prior to the deadline set for receiving proposals. Telephone or email confirmation of timely receipt of the proposal may be made by contacting Karen Chang.
 - d. Respondents may withdraw their proposals by notifying the Organization c/o Karen Chang in writing by email with read receipt required at any time prior to the opening.
 - e. Proposals, once opened, become property of the Organization and will not be returned.
2. Format
 - a. In order to ensure a uniform review process and to obtain the maximum degree of comparability, it is required that the proposals be organized and include a Table of Contents, Timeline and clear Scope of Work. All information submitted by the Respondent shall be printed, typewritten or competed in ink. Proposals shall be

signed in ink. Multiple copies may be included in a single envelope or package properly sealed and identified.

- b. All proposals shall be submitted as specified in this ITN. Any attachments shall be clearly identified. If publications are supplied by a respondent to answer to a requirement, the response should include reference to the document number and page number.
- c. All proposal information submitted and opened becomes subject to the Public Records Law set forth in Chapter 119 Florida Statutes. IF THE VENDOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE VENDOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT Healthy Start MomCare Network, Inc., Attn: Karen Chang, Chief of Operations, kchang@hsmnetwork.org with read receipt requested. If the Respondent needs to submit proprietary and/or trade secret information with the proposal, the Respondent shall ensure that it is enclosed in a separate envelope from the proposal and that it is clearly designated and conspicuously labeled as such. Respondents who submit responses with information noted as proprietary may be asked to substantiate why the information is proprietary or is otherwise exempt from a public records request under Florida Law. Selection or rejection of the proposal shall not affect Organization's right of use. Provided, however, that the Organization will, in good faith, honor any Respondent information that is clearly designated and conspicuously labeled as proprietary when the Organization concurs that the information is proprietary, and that trade secrets or other proprietary data contained in the proposal documents shall be maintained as confidential in accordance with procedures promulgated by Organization and subject to limitations in Florida or Federal law. Pricing information cannot be considered proprietary. Organization shall not be liable in any manner or in any amount for disclosing proprietary information if such information is not clearly so designated and conspicuously so labeled. Organization shall likewise not be liable if it did not know or could not have reasonably known that such information was proprietary. Should a request be made of Organization for access to the information designated confidential or trade secret by the bidder and, on the basis of that designation, Organization denies the request, the bidder may be responsible for all legal costs necessary to defend such action if the denial is challenged in a court of law.
- d. Respondents shall prepare their proposals using the following format:
 - i. Letter of Transmittal
 - 1. This letter will summarize in a brief and concise manner, the Respondent's understanding of the scope of services and make a positive commitment to provide its services on behalf of the Organization. The letter must name all persons authorized to make

representations for or on behalf of the Respondent, and must include their titles, addresses, and telephone numbers. An official authorized to negotiate and execute a contract on behalf of the Respondent must sign the letter of transmittal.

ii. Title Page

1. The title page shall show the name of Respondent's institution, address, and telephone number, name of contact person, date, and "ITN #2024-1 Statewide Data System."

iii. Table of Contents

1. Include a clear identification of the material by section and by page number.

iv. Organization Profile and Qualifications

1. This section of the proposal must describe the Respondent, including the size, range of activities, and experience providing similar services.
2. Each Respondent must include:
 - a. Documentation indicating that it is authorized to do business in the State of Florida and, if a corporation, is incorporated under the laws of one of the States of the United States.
 - b. Documentation that it is in compliance with SOC 2 and security assessment in the last twelve months. Proof of HITRUST CSF-certification is preferred.
 - c. Resumes and professional qualifications of all primary individuals and identify the person(s) who will be the Organization's primary contact and provide the person(s) background, training, experience, qualifications and authority.
 - d. Disclosure of any officer, director, or agent who is related to or is an employee or director of the Healthy Start MomCare Network, Inc.

v. Experience

1. The Respondent must describe its expertise in and experience with providing services similar to those required by this ITN. Describe previous experience relating to the services requested in this ITN.

vi. Cost Detail

1. Complete breakdown of all costs and description of services presented within the proposal. This should also include a general proposed timeline of events to be completed at each stage of the development of the statewide data system.

vii. Additional Information

1. Any additional information which the Respondent considers pertinent for consideration should be included in a separate section of the proposal.
- viii. Respondent's Certification Form
1. Each respondent shall complete the "Respondent's Certification" form included as ITN Exhibit C and submit the form with the proposal. **This form must be acknowledged before a notary public with notary seal affixed on the document.**

SECTION II: INVITATION TO NEGOTIATE

General Requirements

There are certain minimal requirements that all respondents involved in providing any services referred to herein must adhere to. Specific reference to each must be provided in the general response section as detailed in the instructions below. It is expected that the chosen vendor(s) will exceed these qualifications. Respondent shall:

1. Be sufficiently capable of developing and implementing Organization's statewide data system;
2. Meet HIPAA and HITECH Act requirements at a minimum. Preference for HITRUST CSF-certification;
3. Comply with all Federal, State and local Laws, Codes, Rules and Regulations controlling the action or operation of this proposal;
4. Be an Equal Opportunity Employer;
5. Comply with mandatory requirements according to type of service specified in each applicable ITN section;
6. Comply with all other requirements specified in this ITN; and
7. Provide the Respondent's policies and procedures for developing and implementing web-based data systems and its quality assurance and review process for ensuring high quality of services and deliverables. This documentation should explain how the development, testing, and implementation process will be conducted, detailing how deliverables, including system documentation will be created, and identify the staff who will be reviewing the design, implementation, and testing of reports.

All information provided by Organization in this ITN is offered in good faith. Individual items are subject to change at any time. Organization makes no certification that any item is without error. Organization is not responsible or liable for any use of the information, or for any claims attempted to be asserted there from.

In responding to this ITN, the Respondent accepts the responsibility fully to understand the ITN in its entirety, and in detail, including making any inquiries to the Organization as necessary to gain such understanding. Organization reserves the right to disqualify any Respondent who demonstrates less than such understanding. Further, Organization reserves the right to determine, at its sole discretion, whether the Respondent has demonstrated such understanding. Related to this, Organization's right extends to cancellation of award if award has been made. Such disqualification and/or cancellation shall be at no fault, cost or liability whatsoever to the Organization

Verbal communication shall not be effective unless formally confirmed in writing by the specified Organization staff in charge of managing this ITN's process. In no case shall verbal communication override written communication.

Statewide Data System Service Requirements

Organization's case management and billing system includes portals for several programs and user groups to submit and process referrals through a Coordinated Intake and Referral (CI&R) hub out to home visiting programs based on eligibility criteria and client's choice. System tracks and documents services and screenings for clients who choose Healthy Start Home Visiting, submits electronic claims for Medicaid reimbursement when applicable, tracks performance and outcomes through reporting at various geographical, organization, and user-levels. Additional programs are tracked in other portals including but not limited to a Home Visiting Partner Provider portal, a Medicaid Health Plan portal, a Child Abuse Prevention and Treatment Act (CAPTA) portal, a Fatherhood (T.E.A.M. Dad) portal, and a Healthy Start Doula portal.

1. Total records in Organization's current case management and billing system: 2,357,423. Total new records added last calendar year: 341,667.
2. Users of the case management and billing system must have system access granted based on role-based access control, as specified by the Organization. Users include state staff and funders (DOH and AHCA), coalitions, and local subcontracted provider staff.
3. Coordinated Intake and Referral (CI&R) program is the main point of entry for all incoming referrals and serves as a closed-loop referral platform for all home visiting programs across the state of Florida. The portal will receive digital referrals from various sources, including a universal screen questionnaire data import, the Sixth Omnibus Budget Reconciliation Act (SOBRA) AHCA data file, health plan auto referrals and individual high-risk referrals from health plans within the system, and CI&R intakes. CI&R will send processed referrals to partner home visiting programs.
 - a. The organization's current CI&R portal has a total of 1,008 users: 600 supervisors, 333 general users, and 75 administrative users.
 - b. Department of Health (DOH) Prenatal and Infant Risk Screens are imported daily into the system. Statewide annual prenatal screens: 178,997; Statewide annual infant screens: 111,285. The organization's system is required to extract a defined minimum data set back to the department.
 - c. To reduce duplicate cases, the SOBRA weekly file import from the Agency for HealthCare Administration is to be held for 14 days awaiting imported risk screen referrals which take priority over SOBRA generated referrals. Total statewide annual SOBRA Referrals: 59,189.

- d. Each Medicaid health plan (currently nine) submits one data file each week (by COB on Mondays) averaging approximately 1,400 total records each week. The system automatically analyses incoming data files to remove any duplicate records, and then matches existing records within the system. All unique records within each data file that do not match an existing system record populates a new referral to CI&R within the system. Last year's annual data sharing: 73,761 total records submitted, 71,405 unique non-duplicate records, 61,948 matched existing records, creating 11,813 automatic referrals. Information on any services provided to existing clients in the case management and billing system are shared with the Medicaid health plan. A secure ftp site must be used for the transfer of incoming weekly data files uploaded by each health plan and outgoing data files containing Healthy Start service data matching health plan member.
 - e. CI&R captures all these incoming referrals and create client cases.
 - f. The system needs a process to check all incoming referrals with existing clients to avoid duplicate cases being created.
 - g. The system must make use of alerts/tickler lists of referred clients who need follow-ups (i.e., new referrals, second attempt to contact, third attempt to contact, clients returned to CI&R for additional follow up, clients that need to be closed).
 - h. Provide options for a secure email service to communicate with referred clients.
 - i. The notification process (currently tickler lists) will distribute CI&R cases to coalitions based on client's county of residence. Supervisors must assign and/or reassign case records to workers. On the incoming referral lists, provide a percentage match for potential existing cases; this will provide users with a tool to research and determine if these new referrals already exist in the system.
 - j. Every CI&R record must have a Client Information page that includes name, address, contact information, demographics, medical insurance information, etc.
 - k. Staff need to have the ability to transfer a case record to a different coalition if a client relocates.
 - l. CI&R staff conduct an Initial Intake questionnaire (22 questions) once contact is made. The outcomes of the initial intake must be documented in the system using specific standards and guidelines.
 - m. System needs to have the capability to score client responses to questions based on specific algorithms for each Home Visiting Program. The score for each home visiting program needs to be displayed.
 - n. System must track that every eligible home visiting program was offered to the client, and the client's program choice is documented.
 - o. Program specific reports as defined by the Organization that may be run at the following levels: State, Coalition, County, Subcontracted Provider, and Caseworker.
4. Home Visiting Partner Provider Portal: Several home visiting partner programs receive referrals from Coordinated Intake and Referral (CI&R) within our system via this portal.

- a. The organization’s Home Visiting Partner Provider Portal has a total of 305 total users: 129 supervisors, 161 general users, and 15 administrative users across home visiting programs other than Healthy Start.
 - b. Home visiting partner staff need access to the home visiting provider portal for their program.
 - c. Referrals are received when clients select a specific home visiting program from a list of eligible home visiting programs. Refer to 3.m. above.
 - d. Referrals appear in the appropriate home visiting program’s new/incoming cases triage list and creates an alert/notification for program partners.
 - e. Program partners retrieve the referred case information and provide their own outreach and engagement activities based on program specifications. (These activities will be documented in that program’s separate case management database).
 - f. Program partners will update and document, in our case management system, the status of each referral with dates each client was connected, enrolled, declined enrollment, not eligible, or was unable to locate.
 - g. Program partners will document clients that are returned to CI&R because they are unable to locate, not engaged, not eligible, or requested a different home visiting program.
 - h. CI&R records that are closed as “*Unable to Locate*” must be automatically forwarded to a designated home visiting program through the Provider Portal.
 - i. Home visiting program partners need to have the ability to update, in real time, their capacity to receive referrals via their portal. They enter the total number of slots available. The system calculates the number of referrals sent and the balance of slots available.
 - j. Program specific reports as defined by the Organization that may be run at the following levels: State, Coalition, County, Subcontracted Provider, and Caseworker
5. Healthy Start Home Visiting Program Portal: Healthy Start (HS) is a home visiting program that provides education, support, and interventions for prenatal and expecting clients and new families to promote healthy moms and babies with the goals of decreasing both poor birth outcomes and delays in child development. All Healthy Start referrals originate from the Coordinated Intake and Referral (CI&R) portal.
- a. The organization’s current HS portal has a total of 1206 users: 656 supervisors, 484 general users, and 66 administrative users.
 - b. Referrals from CI&R auto populate on the incoming referral alerts/tickler notification list.
 - c. All services provided under the Healthy Start Program will be documented within this portal. This includes prenatal and infant Healthy Start services.
 - d. The system must make use of a variety of alerts/notifications and internal secure messaging for processing referrals from CI&R and providing users with tools to navigate through cases easily and accurately.

- e. Ability to transfer a case record to a different Coalition if a client relocates.
- f. All Healthy Start (HS) records should be linked by family, with the ability to link to previous pregnancies and the ability to separate records when needed for legal inquiries.
- g. Record types include prenatal, infant, postnatal, and Interconception Care
- h. Each HS record must include:
 - i. Healthy Start Initial Assessment questionnaire (71 questions).
 - ii. Client information page that includes name, address, contact information, demographics, medical insurance information, etc.
 - iii. Every HS record must be assigned and/or reassigned to a worker by a supervisor.
 - iv. Health and pregnancy information (estimated due date, delivery date, documentation of medical visits, reproductive life plan/birth control documentation, etc.)
 - v. Documentation of services provided to clients, including but not limited to:
 - Individual Plan of Care (IPC)
 - Family Support Plan (FSP)
 - Screenings/assessments (questionnaires) (each with a custom follow-up action checklist based on score)
 - Depression
 - Intimate partner violence
 - Substance use
 - Child development
 - Show Your Love assessment.
 - Specific curriculums (each with individual documentation needs):
 - Parenting education curriculum
 - SCRIPT tobacco cessation
 - Let's Talk About Tobacco
 - Mothers & Babies
 - Interconception Care curriculum
 - vi. Scheduled visits to clients to populate the calendar of the home visitor and be viewed by the supervisor.
 - vii. Develop a closed loop referral system that allows Organization to refer clients to community resources and allows external referrals to report back on client outcome.
 - viii. Documentation of referrals to external community resources and the outcome of the referral (i.e., connection, enrollment, declined enrollment, completed service)
 - ix. Documentation of health plan coordination.

- x. Ability to send auto referrals to Medicaid health plans within the data system when client states she is not aware of the health plan resources.
 - i. Program specific reports as defined by the Organization that may be run at the following levels: State, Coalition, County, Subcontracted Provider, and Caseworker
6. Medicaid Health Plan Portal: Medicaid health plan users have access to their own plan portal within our system.
- a. Organization's current Medicaid health plan portal has 249 total users.
 - b. Health Plan access will be limited to system verified members of each plan.
 - c. Ability to search for members by first and last name, Medicaid ID or the number on the Medicaid insurance card (gold card number)
 - d. Ability to view entire records, including CI&R, Home Visiting referrals, case status, and Healthy Start prenatal and infant home visiting records for their enrollees.
 - e. Access to records must be filtered based on three types of client consent to share information. (Confidential Consent, Consent, and Declined Consent)
 - f. Ability to send regular and high acuity referrals for prenatal and infant members via this portal. View and track referral status.
 - g. The portal must make use of a variety of alerts/notifications and internal secure messaging for members needing contact, or referrals needing attention.
 - h. Each Medicaid health plan needs the ability to view reports for their members and referrals that may be run at the following levels: State and County.
 - i. Ability to view Organization's Coordinated Intake and Referral (CI&R) program and Organization's prenatal and infant home visiting records for their enrollees.
7. Medicaid and Health Plan Claims/billing Portal:
- a. Organization's system must abide by the Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI).
 - b. Ability to search Organization's case management system for any new Medicaid or health plan billable services and generate outgoing X12 EDI 837 health care claims.
 - c. Ability to upload Organization's enrollment information into funder's database using specified Business Requirement Document guidelines.
 - d. Download and convert response files from funder's database to populate Organization's system for financial verification and tracking of processing claims submission results.
 - e. Organization's Claims and Billing Portal: claim tracking information for both Organization and Coalitions.
 - i. Users at the state and each local Coalition level. Coalition level access must be approved by the local Coalition Executive Director.
 - ii. Track annual contract amounts awarded Organization from AHCA and subsequently to each Coalition.

- iii. Log monthly claims based on several indicators including coded services and their status (paid, declined, ineligible, duplicate, etc.)
 - iv. Portal provides the ability to research claims, generate claim reports, and provide all financial details on the claim payment.
 - v. Search and reporting functionality based on user needs and basic claim filtering criteria.
 - vi. Monitor and report the Organization and Coalition remaining annual balances.
8. Organization's Child Abuse Prevention and Treatment Act (CAPTA) Home Visiting Portal:
- a. The current CAPTA Home Visiting Program Portal has a total of 76 users for a handful of providers in various geographic areas.
 - b. CAPTA Home Visiting operations are like the Healthy Start prenatal and infant home visiting program, except the custom education curriculum checklist is different.
 - c. CAPTA program referrals from CI&R populate as new or incoming referrals and are assigned to a CAPTA caseworker.
 - d. Organization's system must make use of a variety of alerts/notifications and internal secure messaging based on CAPTA specific program requirements.
 - e. Program specific reports as defined by the Organization that may be run at the following levels: State, Coalition, County, Subcontracted Provider, and Caseworker.
9. Organization's T.E.A.M. Dad Portal: The T.E.A.M. Dad Program is for fathers, father-figures or fathers-to-be who have a prenatal mother or infant (ages 0-3) either enrolled in Healthy Start Home Visiting Program or not enrolled in any home visiting program.
- a. The current portal has a total of 200 users.
 - b. T.E.A.M. Dad operations are like the Healthy Start prenatal and infant home visiting program, except the custom education curriculum checklist is different.
 - c. T.E.A.M. Dad referrals are entered directly into the portal along with a completed Intake form. Referrals for fathers do not come from the CI&R portal.
 - d. Ability to document assessments and surveys and track scores throughout program delivery.
 - e. Ability to transfer a T.E.A.M. Dad client to another Coalition's T.E.A.M. Dad program if client relocates.
 - f. The organization's system must make use of a variety of alerts/notifications and internal secure messaging for providing T.E.A.M. Dad services and 24/7 Dad Curriculum.
 - g. Each record must include the ability for documentation of:
 - i. T.E.A.M. Dad Intake Form
 - ii. T.E.A.M. Dad Initial Assessment
 - iii. 24/7 Dad Curriculum Pre-Survey
 - iv. 24/7 Dad Curriculum Mid-Survey
 - v. 24/7 Dad Curriculum Post-Survey

- vi. 24/7 Dad Curriculum data entry (12 individual sessions)
- vii. Infant-Fatherhood Pathway- Visit 1 (with individual sessions documented)
- viii. Infant-Fatherhood Pathway- Visit 2 (with individual sessions documented)
- h. Program specific reports as defined by the Organization that may be run at the following levels: State, Coalition, County, Subcontracted Provider, and Caseworker.

10. Healthy Start Doula Program Portal: Organization’s Doula program is one of our newest programs.

- a. Users at the state, Coalition (currently 17 contracted Coalitions that will likely increase in the future), and local G.R.O.W. Doula subcontracted providers.
- b. The doula program provides educational and support services during pregnancy, birth/delivery, and postpartum periods. It is NOT considered a home visiting program.
- c. Doula referrals can be generated from CI&R or can be manually entered into the portal.
- d. The organization’s system must make use of a variety of alerts/notifications and internal secure messaging for providing Healthy Start Doula Program requirements.
- e. All services and referrals provided to doula clients (prenatal, birth/delivery and postpartum) will be documented within the system.
- f. Ability to document the “payer” for doula services based on an approved list of contracted Medicaid Health Plans or local funding.
- g. Ability to transfer a case record to a different participating Doula Coalition if the client relocates.
- h. Integrate individual contracted rates for coded services to each contracted Health Plan for the purpose of billing.
- i. Healthy Start Doula operations are like the Healthy Start prenatal and infant home visiting except the custom education curriculum checklist is different.
- j. Program specific reports as defined by the Organization that may be run at the following levels: State, Coalition, County, Subcontracted Provider, and doula caseworker.

11. Organizational System Reports:

- a. Reports and graphic dashboards for each Program Portal and User, to include at a minimum the following:
 - i. Service delivery fidelity.
 - ii. Services provided.
 - iii. Screenings.
 - iv. Maternal and Birth Outcomes.
 - v. Logical flow and validation of data: incoming referrals filtering to successful contacts or intakes, filtering to enrollment in a program, and then to connection with program services.

- vi. Outcomes by linking manually to vital statistics data and service delivery fidelity data.
- b. All reports need to contain counts and percentages, when applicable.
- c. All reports at the state level should have the ability to filter the results based on Organizational defined levels, to include at a minimum:
 - i. State
 - ii. Coalition
 - iii. County
 - iv. Subcontracted providers
 - v. Case Worker/user
- d. Reports need a filter to run for types of insurance.
- e. Many reports need to delineate the source of each program portal's incoming referrals, as defined in prior sections.
- f. CIR and home visiting reports that can be run by (combine screening and CIR into one report that shows the numbers like a funnel)
- g. Ability to report on a real-time basis, or daily updates as a minimum.
- h. Create static and store reports on a schedule to be defined by the Organization (Annually at a minimum.)
- i. Ability for system users to create reports from a defined list of data fields, to be defined by the Organization.

12. Other Organizational case management system needs:

- a. HITRUST certification strongly preferred. HITECH and HIPAA compliance required.
- b. Case management testing site for training and testing data system changes prior to pushing to production.
- c. Specific reporting and validation back-end access of named Organizational staff to linked server databases and tables.
- d. Logs of any record changes.
- e. Logs of user access to portals and records.
- f. Family record or cumulative longitudinal records based on a unique client ID.
- g. Ability for portals to communicate with each other. Secure messaging between programs (CIR>Healthy Start>Health Plans, as an example.)
- h. Secure messaging with client families or send links via text or email for clients to sign consent or complete forms and communicate with case manager or home visitor.
- i. Secure video portal for telehealth services. (Please price this item separately)
- j. Sync and/or link with Electronic Visit Verification (EVV) system. (Please price this item separately)
- k. Documentation of Case Notes.
- l. Document Management, including the ability to upload documents.
- m. Support ticket system to include tracking communication with the system's support staff. Merging or deleting duplicates.

- i. Record correction.
 - ii. Log-in assistance.
 - iii. Other technical assistance issues.
- n. Ability to document and report on supervisor and caseworker time in 15-minute increments.
- o. Customizable reports
- p. Periodic data set download for Organization custom reports, evaluation, and quality assurance needs.

SECTION III: EXHIBITS

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Exhibit A: Data System Administrative Detail and Scoping Factors

Company Information

No.	General / Organizational Factors	Response
1.	Legal name of your organization:	Healthy Start MomCare Network, Inc.
2.	Name, title, and address of the person whom the response should be sent to:	Karen Chang, Chief Operations Officer 2002 Old St. Augustine Rd., Suite E-45 Tallahassee, FL 32301
3.	Type of Assessment:	Validated Assessment with Certification
4.	Privacy Controls:	Baseline
5.	Type of Organization:	Healthcare Service Provider Non-IT
6.	Entity Type:	Healthcare: Covered Entity or Business Associate
7.	Number of Records that are currently held:	Less than 10 Million Records
8.	Does the system(s) store, process, or transmit PHI?	Yes
9.	Geographic Factors:	State of Florida
10.	Processes or controls outsourced to third-party vendors:	Well Family System (File/Record Management Database) – Go Beyond MCH Sub-Contractors: 32 Healthy Start Coalitions and DeSoto County Health Department (Direct Service Providers)

Locations

No.	Question	Response
11.	All locations that are involved in the services provided:	<ul style="list-style-type: none"> - Healthy Start MomCare Network: Corporate Office, Tallahassee, FL - 32 Subcontracted Healthy Start Coalitions and 1 Subcontracted County Health Department (DeSoto County); Locations service each county in the State of Florida - Each Healthy Start Coalition has their own system of care that includes Coordinated Intake and

No.	Question	Response
		Referral and Care Coordination Home Visiting: these services are provided through in-house staff or subcontracted providers with the coalitions

Systems

No.	Database System	Description
12.	Well Family System	Developed, Operated and Maintained by Go Beyond MCH; holds all client records, data reports and payment data for all client services rendered under Healthy Start MomCare Network

Technical Factors

No.	Question	Response
13.	Is the system accessible from the internet?	Yes, Cloud-Based
14.	Is the system accessible by third-party personnel?	Yes
15.	Does the system transmit or receive data with a third party?	Yes
16.	Is the system publicly positioned? For example, accessible from a public kiosk or terminal	No
17.	Number of interfaces to other systems:	10
18.	Number of transactions per day:	Less than 100,000
19.	Number of users:	Approximately 1,750
20.	Does the system connect or exchanges data with a Health Information Exchange (HIE)?	No
21.	Is the system accessible to users from an external network that is not controlled by the organization?	Yes
22.	Does the system allow dial-up/dial-in capabilities, such as functioning analog modems?	No

No.	Question	Response
23.	Is any information sent and/or received via fax machine? (Excluding e-fax or scan to email)?	Yes
24.	Are hardware tokens used as an authentication method within the system environment?	Yes
24.	Do any of the organization's personnel travel to locations the organization deems to be of significant risk?	Yes
25.	Does the organization allow the use of mobile devices to connect to the system?	Yes
26.	Does the organization allow personally owned devices to connect to any organizational assets?	Yes
27.	Are wireless access points in place at any of the organizations scoped facilities?	Yes
28.	Does the organization allow the use of electronic signatures to provide legally binding consent within the scope of the environment (e.g., simple or basic electronic signatures (SES), advanced electronic or digital signature (AES), or qualified advanced electronic or digital signatures (QES)?	Yes
29.	Is information sent by the organization using courier service, internal mail services or external mail services such as USPS?	Yes
30.	Does the organization perform information systems development (either in-house or outsourced) for any scoped system, system service, or system component?	Yes
31.	Does the organization use any part of the scoped systems, system components, or system services to sell goods and/or services?	No

Authoritative Factors

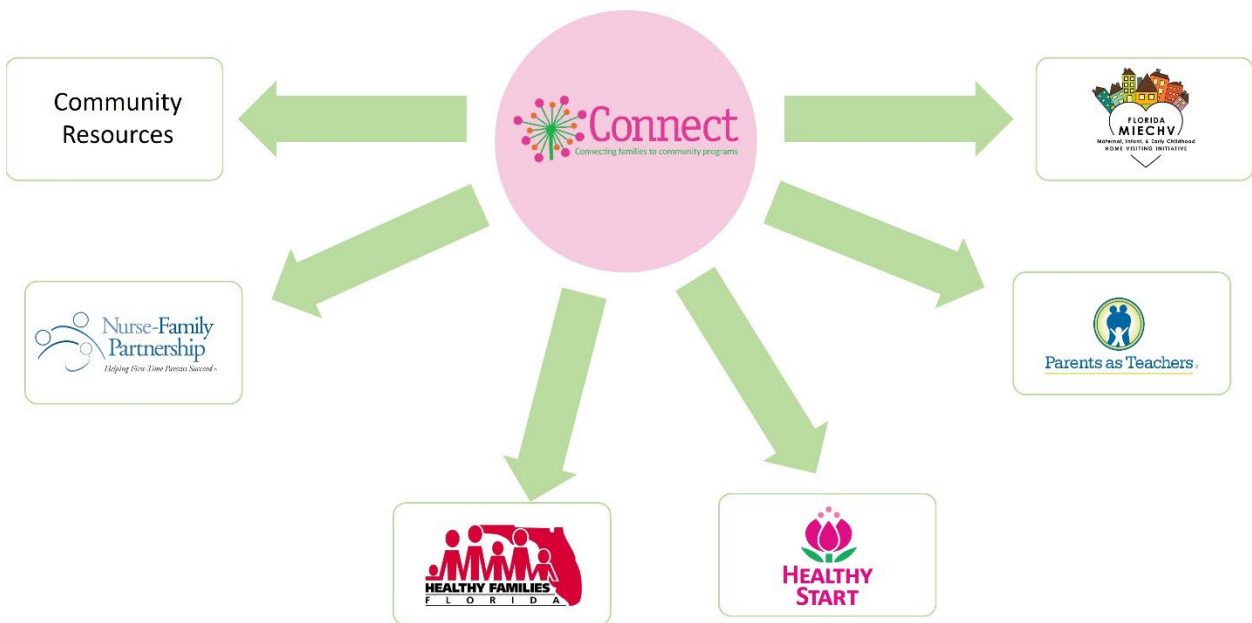
No.	Regulatory Compliance	Response
1.	Subject to FISMA Compliance	Respondent to Advise
2.	Subject to FTC Red Flags Rules	Respondent to Advise
3.	Subject to Joint Commission Accreditation	Respondent to Advise
4.	Subject to PCI Compliance	Respondent to Advise
5.	Subject to State of Massachusetts Data Protection Act	NO
6.	Subject to the CMS Minimum Security Requirements (High-Level Baseline)	Respondent to Advise
7.	Subject to the State of Nevada Security of Personal Information Requirements	NO
8.	Subject to the State of Texas Medical Records Privacy Act	NO
9.	Subject to MARS-E	Respondent to Advise
10.	Subject to Federal Tax Information (FTI) Requirements (to include IRS Pub 1075 Compliance)	Respondent to Advise
11.	Subject to HITRUST De-ID Framework Requirements	Yes
12.	Subject to the State of California Civil Code § 1798.81.5(a)(1)	NO
13.	Subject to EHNAC Accreditation	Respondent to Advise
14.	Subject to DHS Cyber Resilience Review (CRR v2016)	Respondent to Advise
15.	Subject to Federal Financial Institutions Examination Council (FFIEC) Banking Requirements	Respondent to Advise
16.	Subject to FedRAMP Certification	Respondent to Advise
17.	Subject to 21 CFR Part II	Respondent to Advise
18.	Subject to the EU GDPR	NO
19.	Subject to 23 NYCRR 500	NO
20.	Subject to HIPAA	Yes
21.	Subject to the Singapore Personal Data Protection Act (PDPA)	NO

No.	Regulatory Compliance	Response
22.	Subject to the California Consumer Privacy Act (CCPA) Requirements	NO
23.	Subject to the South Carolina Insurance Data Security Act (SCIDSA) Requirements	NO

Exhibit B: Program Summaries


CONNECT: Coordinated Intake and Referral Program

Review	• Review the mother's risk factors
Connect	• Connect with prenatal medical care & WIC
Address	• Address barriers to accessing care
Assess	• Assess social determinants of health and other needs and connect with community resources
Enroll	• Encourage enrollment in a home visiting program
Inform	• Inform of resources available through the health plan if the mother does not want home visiting




Florida Universal Prenatal and Infant Screens

Electronic referral data from the Florida Department of Health to the data system for the Coordinated Intake and Referral Program



Help your baby have a healthy start in life!



Please answer the following questions to find out if anything in your life could affect your health or your baby's health. Your answers are confidential. You may qualify for free services from the Healthy Start Program or the Healthy Families Program, no matter what your income level is! (Please complete in ink.)*

Today's Date: _____

	YES	NO	
1. Have you graduated from high school or received a GED?	<input type="checkbox"/>	<input type="checkbox"/>	11. What race are you? Check one or more. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other
2. Are you married now?	<input type="checkbox"/>	<input type="checkbox"/>	12. In the last month, how many alcoholic drinks did you have per week? _____ drinks, <input type="checkbox"/> did not drink
3. Are there any children at home younger than 5 years old?	<input type="checkbox"/>	<input type="checkbox"/>	13. In the last month, how many cigarettes did you smoke a day? (a pack has 20 cigarettes) _____ cigarettes, <input type="checkbox"/> did not smoke
4. Are there any children at home with medical or special needs?	<input type="checkbox"/>	<input type="checkbox"/>	14. Thinking back to just before you got pregnant, did you want to be.....? <input type="checkbox"/> pregnant now <input type="checkbox"/> pregnant later <input type="checkbox"/> not pregnant
5. Is this a good time for you to be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	15. Is this your first pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give date your last pregnancy ended: Date: (month/year) _____
6. In the last month, have you felt down, depressed or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	16. Please mark any of the following that have happened. <input type="checkbox"/> Had a baby that was not born alive <input type="checkbox"/> Had a baby born 3 weeks or more before due date <input type="checkbox"/> Had a baby that weighed less than 5 pounds, 8 ounces <input type="checkbox"/> None of the above
7. In the last month, have you felt alone when facing problems?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever received mental health services or counseling?	<input type="checkbox"/>	<input type="checkbox"/>	
9. In the last year, has someone you know tried to hurt you or threaten you?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you have trouble paying your bills?	<input type="checkbox"/>	<input type="checkbox"/>	

PATIENT INFORMATION	Name: First _____ Last _____ M.I. _____	Social Security Number: _____	Date of Birth (mo/day/yr): _____	17. Age: <input type="checkbox"/> <18
	Street address (apartment complex name/number): _____		County: _____	City: _____ State: _____ Zip Code: _____
	Prenatal Care covered by: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance _____ <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____		Best time to contact me: _____	Phone #1 _____ Phone #2 _____

I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect until revoked in writing by me.

Patient Signature: _____ **Date:** _____

Please initial: _____ Yes _____ No I also authorize specific health information to be exchanged as described above, which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information.

* If you do not want to participate in the screening process, please complete the patient information section only and sign below:

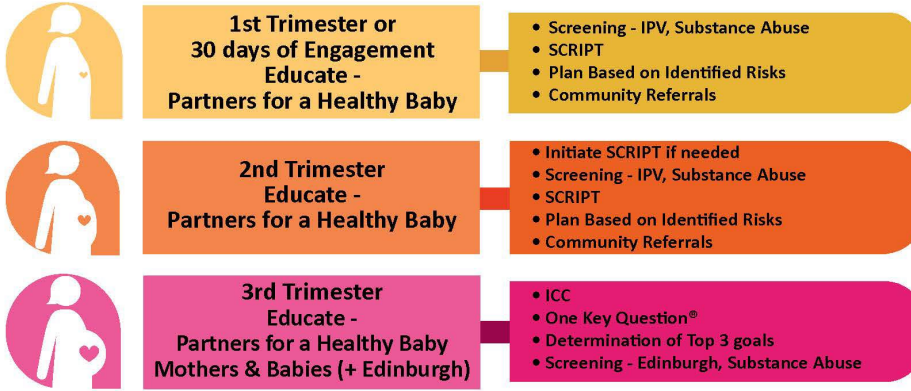
Signature: _____ Date: _____

PROVIDER ONLY	LMP (mo/day/yr): _____	EDD (mo/day/yr): _____	18. Pre-Pregnancy: Wt: _____ lbs. Height: _____ ft. _____ in. BMI: _____ <input type="checkbox"/> < 19.8 <input type="checkbox"/> > 35.0
	Provider's Name: _____	Provider's ID: _____	19. Pregnancy Interval Less Than 18 Months? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
	Provider's Phone Number: _____	Provider's County: _____	20. Trimester at 1st Prenatal Visit? _____ <input type="checkbox"/> 1 2nd
	Healthy Start Screening Score: _____	Check One: <input type="checkbox"/> Referred to Healthy Start. If score <6, specify: _____ <input type="checkbox"/> Not Referred to Healthy Start.	
	Provider's/Interviewer's Signature and Title _____		Date (mo/day/yr) _____

Healthy Start Home Visiting Program

HEALTHY START PRENATAL PATHWAY

Engagement Visit: Relationship building, determine family needs, promote parent-child interaction and collaborate with parents on family's needs.



HEALTHY START POSTNATAL PATHWAY



HEALTHY START INTERCONCEPTION CARE MODEL

TARGET PARTICIPANTS:

One Key Question™

“Would you like to become pregnant in the next year?”

3rd Trimester or at Enrollment



YES

OK EITHER WAY

NO

UNSURE

**Show Your Love Checklist/
Life Plan
Baby-to-Be**

**Show Your Love Checklist/Life Plan
Baby-to-Be**
*(Include education on
importance of baby spacing
& family planning)*

**Show Your Love Checklist/
Life Plan
Healthy Woman**

**Show Your Love Checklist/
Life Plan
Healthy Woman**

Developmental Screening

Why Screen? Many children with developmental delays are not being identified as early as possible. As a result, these children must wait to get the help they need to do well in social and educational settings. Research shows that early intervention treatment services can greatly improve a child's development. Early Intervention services help children from birth through 3 years of age learn important skills. To emphasize the importance of developmental screening in early childhood, the AAP's 2006 developmental screening policy included the strong statement that "early identification of developmental disorders is critical to the well-being of children and their families." Early Intervention programs currently serve 2.3% of children under the age of 3 years, in contrast to the approximately 10% of children who actually have developmental delays. This translates into a missed opportunity to significantly improve the developmental outcomes for the large number of children who are not diagnosed and treated early.

Proposed Screening Instruments:

Description: The Ages & Stages Questionnaire (ASQ-3) system is designed to be implemented in a variety of settings and can easily be tailored to meet the needs of many families. Simple directions help parents indicate children's skills in language, personal-social, fine and gross motor skills and problem-solving. The questionnaire can also be used to monitor the development of children at risk for disabilities or delays. ASQ is published in English and Spanish. ASQ-3 is reliable and valid. ASQ-3 identifies children for further assessment with excellent sensitivity (.86) and specificity (.85), the two most important indicators of accuracy for a screener.

Recommended Administration: Questionnaires are administered at 2, 4, 8, and 12 months. Parents, home visitors and other providers can administer; requires a 6th grade education. Professionals score the questionnaires.

Description: The Ages and Stages Social- Emotional Questionnaires (ASQ: SE-2) is designed for early identification of social-emotional problems. Questionnaire was developed due to the growing number of children living in poverty that were showing signs of anxiety, depression, and antisocial behavior. Children's health and well-being is dependent on their ability to successfully regulate their emotions and manage their social interactions in ways that are acceptable to themselves and others.

Recommended Administration: Age-appropriate questionnaires are administered at 12 months. Each questionnaire takes 10–15 minutes for parents to complete and just 2–3 minutes for staff to score.

Interpretation: Ranges provided based on score. Scoring provides guidance on which children to refer for diagnostic testing and which to provide with skill-building activities and rescreening.

Training Required: ASQ-3 and ASQ: SE-2 are easy to use by providers with varying levels of education and expertise, and they generally require little training. Many programs use the DVD training tools—they're short, inexpensive, and can be shown as often as needed. Additional training resources are available in most communities through Early Steps and other child development programs.

Healthy Start Interventions: Upon completion of scoring, the Healthy Start staff person reviews the questionnaire with the parent(s) and discusses any recommendations that they may have. If the ASQ-3 score is close to the cut-off, planned activities to facilitate developmental progress are provided. Follow-up activity kits and DVDs to support staff in working with families are available from Brookes Publishing, the tool distributor. *Partners for a Healthy Baby*, also includes hand-outs and activities to support child development. Monitoring will continue at the next specified interval. If the score in any domains in the ASQ-3 is below the cutoff, a referral is provided to an appropriate community resource for further developmental evaluation. If the score in any domains in the ASQ-SE-2 is above the cutoff, a referral is provided to an appropriate community resource for further evaluation. It is not necessary to administer the tools if the infant or child is receiving services and/or is being tracked by Early Steps or a similar program.

Intimate Partner Violence (IPV) Screening & Intervention Pathway

Why Screen? Research indicates that a pregnant woman has a 35.6 percent greater risk of being a victim of violence than a non-pregnant woman (NAACHO, 2008). The estimated prevalence of violence against women during pregnancy ranges from four to eight percent. The presence of domestic violence in a family can diminish or even erase the effectiveness of programs like Healthy Start in achieving good birth outcomes and promoting healthy child development. Healthy Start staff will be educated on IPV and local domestic violence resources. Education and support can be provided using material from *Partners for a Healthy Baby*. A partnership with the Florida Coalition Against Domestic Violence (FCADV) offers Healthy Start an opportunity to build program capacity around professional development and community referrals. Healthy Start staff will screen for IPV. See the intervention pathway below. A partnership with the Florida Coalition Against Domestic Violence (FCADV) offers Healthy Start an opportunity to build program capacity around professional development and community referrals.

Proposed Screening Instrument: Relationship Assessment Tool (RAT)

Description: The RAT (formerly known as the WEB or Women's Experiences with Battering) assesses for emotional abuse by measuring a woman's perceptions of her vulnerability to physical danger and loss of power and control in her relationship. Research has shown that the tool is a more sensitive and comprehensive screening tool for identifying IPV compared to other validated tools that focus primarily on physical assault. The 10-question tool can be self-administered or administered by staff. Evaluation studies of the tool have demonstrated its effectiveness in identifying IPV among African-American and Caucasian women. Screens are available in both English and Spanish.

Recommended Administration: Recommended administration of this for Healthy Start clients is first and second trimester during pregnancy. During the postpartum period, screening will occur between months 2 and 3 and at 6 months. Screenings can occur at other times based on the need of the client.

Cost: None.

Interpretation: Scores used to determine risk & response. The respondent is asked to rate how much she agrees or disagrees with each of ten questions on a scale of 1 to 6 ranging from disagree strongly (1) to agree strongly (6). The numbers associated with the responses to the 10 statements are summed to create a score. A score of 20 points or higher on this tool is considered positive for IPV.

Training Required: Screening, interpretation, response, safety planning. Included in Train-the-Trainer program & toolkit from Futures Without Violence. Healthy Start staff will be educated on services provided by the local domestic violence center and other community resources. Coalitions will partner with local domestic violence shelters to strengthen the working relationship and referral process between agencies.

Healthy Start Intervention Pathway

IPV is strongly linked to past and current trauma and mental health issues requiring intervention by skilled professionals. The role of the Healthy Start staff is to screen and connect the victim with an expert provider in the community (such as a certified DV center) and provide ongoing support. Rather than providing direct counseling, the Healthy Start providers are expected to be well-trained in IPV risk identification and safety planning and have strong referral relationships with community resources.

Resource: Healthy Moms, Healthy Babies: A Train-the-Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed, 2015. Futures Without Violence. Accessed at <http://www.futureswithoutviolence.org/healthy-moms-happy-babies-train-the-trainers-curriculum/>.
Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings: A publication of the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Accessed at <http://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>
Neha A Deshpande, BA and Annie Lewis-O'Connor, PhD, NP-BC, MPH (2013). Screening for Intimate Partner Violence During Pregnancy, *Rev Obstet Gynecol.* 6(3-4): 141-148.

Perinatal Depression Screening

Why Screen? Almost one in five women become depressed at some time in their lifetime. This percentage goes up in stressful situations, like being a mother with young children. Among young women in home visiting, WIC, and Early Head Start and Head Start programs, nearly half may be depressed. Perinatal depression is associated with higher rates of prematurity and lower rates of breastfeeding initiation. Postpartum depression can negatively impact maternal-child attachment and healthy child development. Identification of women suffering from perinatal depression can be addressed through interventions provided directly by Healthy Start staff or through referral to appropriate community resources.

Proposed Screening Instrument: Edinburgh (EPDS)

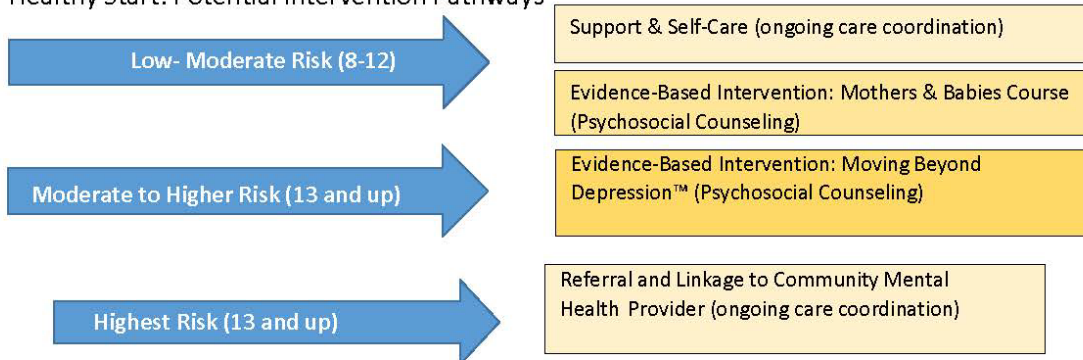
Description: The Edinburgh Postnatal Depression Scale (EPDS) is a self-administered 10-item questionnaire that is easy to administer and score. It has high reliability and specificity and is available in multiple languages. It has been tested in men.

Recommended Administration: Use of the scale during pregnancy (around the 28th week) and following pregnancy at the 1 month and 2 month intervals. Screening may be administered earlier or again if the mother's or father's comments or behavior raises concern.

Interpretation: Ranges provided based on score.

Training Required: General: scoring and interpretation; follow-up & referral. The training should include information from a mental health professional on symptoms, screening, interventions, support and treatment for PPD. This training can be completed in a webinar. Local Coalitions will train care-coordinators on mental health facilities in their area.

Healthy Start: Potential Intervention Pathways



Healthy Start Interventions

The **Mothers and Babies Course** and **Moving Beyond Depression™** are two evidenced-based programs that integrate mental health services into home visiting programs. These programs offer collaborative intervention that provides mental health services to clients and add to women's ability to engage with home visitation services.

Mothers & Babies Course is a prevention program that can be implemented by trained staff (both professional and paraprofessional); **Moving Beyond Depression™** requires a licensed master's-level mental health therapist to provide counseling with Healthy Start Staff in a supportive role. Training and material must be purchased from the model developers. Training is provided for a fee by developers of both models.

Resources: Preventing Perinatal Depression Through Home Visiting – The Mothers and Babies Course, Zero to Three May 2014, pages 45-51.
 Moving Beyond Depression™ - A Collaborative Approach to Treating Depressed Mothers in Home Visiting Programs, Zero to Three May 2014, and pages 20-27

Substance Abuse (SA) Screening

Why Screen? Studies of pregnant women find that approximately 5 % of pregnant women misuse drugs and 10% drink alcohol. Serious and life-threatening complications such as maternal cardiac dysrhythmias, placental abruption, and uterine rupture can occur with cocaine and other stimulant abuse, whereas withdrawal from alcohol and other sedatives can lead to maternal hypertension and seizures. The potential outcomes for infants range from intrauterine growth restriction and preterm births to spontaneous abortion and death. The perinatal provider has an important role in screening for substance abuse, supporting behavioral changes, and referring women with addiction to specialized treatment as needed. The American College of Obstetricians and Gynecologists recommends screening pregnant women for alcohol and substances.

Proposed Screening and Early Intervention Approach:

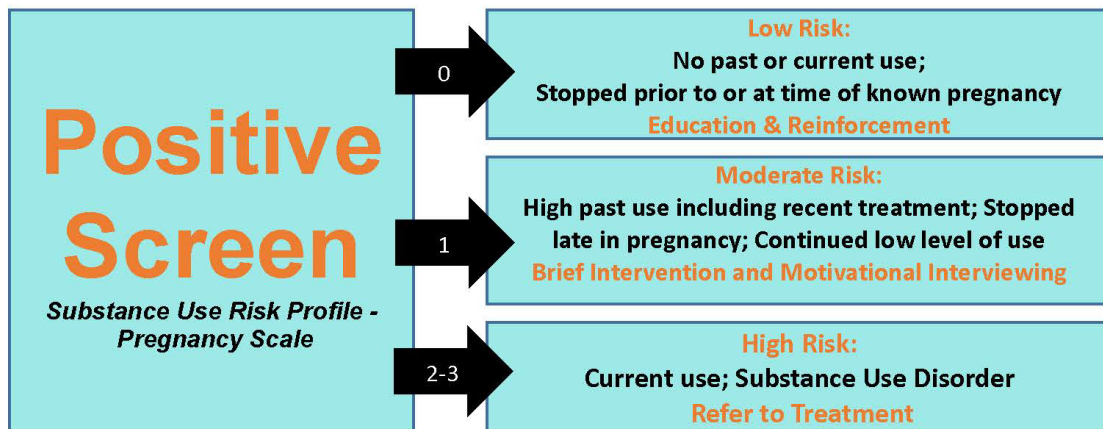
Description: SBIRT is a national evidenced- based initiative for Screening, Brief Intervention and Referral to Treatment for substance abuse. Screening is incorporated routine in both the medical and in community settings. Screening identifies individuals with problems related to alcohol and/or substance abuse.

Recommended Administration: Use of the **Substance Use Risk Profile- Pregnancy Scale** is recommended at the time of enrollment and 36 weeks gestation and following pregnancy at the first post-partum home visit. Screening may be administered earlier or again if the mother's or father's comments or behavior raises concern.

Interpretation: Ranges based on score.

Training Required: Through training, community providers at all levels are supported in adopting SBIRT within their existing system of care.

Partners for a Healthy Baby curriculum will be utilized.



Healthy Start Intervention Pathway

SA is an area of great concern when working with pregnant women and mothers. The role of the Healthy Start staff is to screen, provide brief interventions, refer to a treatment facility in the community and provide ongoing support. Rather than provide treatment, the Healthy Start providers are expected to be well-trained in SA risk identification, provide support and have strong referral relationships with community resources.

Seeking Safety is an evidence based model to help people attain safety from trauma (or PTSD) and substance abuse. Coalitions can choose to implement this model as a supplement to their work with substance abusing or recovering clients. A wide range of Healthy Start staff can be trained to conduct Safety Seeking with their clients both individually and in a group. Because Seeking Safety focuses on coping skills, it is safe to use and easy to learn. Seeking safety consists of 25 topics that can be conducted in any order.

Resources: The role of screening, brief intervention, and referral to treatment, Journal of Obstetrics and Gynecology, November 2016, 539-547.

SBIRT Briefing: <http://sbirt.samhsa.gov/about.htm>

Seeking Safety: A Model to Address Trauma and Addiction Together

Exhibit C: Respondent's Certification

Respondent: _____

THIS FORM MUST BE SIGNED AND SUBMITTED WITH PROPOSAL TO BE DEEMED RESPONSIVE.

The undersigned guarantees the truth and accuracy of all statements and the answers contained herein.

I have carefully examined the Invitation to Negotiate referenced above ("ITN") and any other documents accompanying or made a part of this ITN.

I hereby propose to furnish the goods or services specified in the ITN. I agree that my proposal will remain firm for a period of one hundred twenty (120) days in order to allow the Organization adequate time to evaluate the proposals.

I certify that all information contained in this proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this proposal on behalf of the firm as its act and deed and that the firm is ready, willing and able to perform if awarded the contract.

The firm and/or Respondent hereby authorizes the Healthy Start MomCare Network, Inc., its staff, Board of Directors or consultants, to contact any of the references provided in the proposal and specifically authorizes such references to release, either orally or in writing, any appropriate data with respect to the firm offering this proposal.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or institution submitting a proposal for the same product or service; no officer or employee of the Organization or any other respondent is interested in said proposal; and that the undersigned executed this Respondent's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

If this proposal is selected, I understand that I will be expected to execute a contract, and such contract may be approved by the Organization's Board of Directors.

[Signature Page to Follow]

Name of Business: _____

By: _____

Name and Title: _____

Mailing Address: _____

FOR NOTARY:

State of: _____

County of: _____

Sworn to and subscribed before me this ___ day of _____, 2024

Notary Public

My Commission Expires: _____