



Collaborative Service Areas for WIC, MCAH, I-Smile, Family Planning (Title X) and 1st Five

Frequently Asked Questions

Updated: Jan 13, 2022

These FAQs are being updated and posted as the need arises. If you print the FAQs, please note the date above to ensure you have the most updated version. The intention of these FAQs is to allow for local planning prior to the release of the RFPs for the programs. Until the RFPs are finalized, the FAQs only provide information that is known at the time of posting and is subject to change.

Q1: What would be the financial allocation to our service area? Even a ballpark would be helpful to determine how we might need to build capacity.

A1: Final funding formulas and allocations have not been determined and will not be released until the Request for Proposals (RFPs) are released. In order to provide estimated funding by county historically available, the funding allocation tables from the most recent RFPs for WIC, MCAH (including I-Smile), and 1st Five are available on the CSA website:

- FFY2017 WIC Funding Allocation Table by County
- FFY2017 MCAH Funding Allocation Table by County
- 1st Five Funding Allocation by County

Q2: Given the significant administrative burden that will be transferred. to the contract holder for each CSA, I'm wondering if there will be a funding allocation provided to each contract holder to attempt to offset that resource cost.

A2: There will not be a separate funding allocation provided for administration of the CSA. Applicants will be able to determine how funding will be distributed for the CSA, as well as charge the appropriate indirect cost or administrative costs.

Q3: Will 1st Five be funded to cover all 99 counties?

A3: At this time, 1st Five covers 88 of Iowa's 99 counties as directed by the state appropriation. We are examining if additional resources may be identified to provide 1st Five services in all 99 counties. Final determination will be identified in the upcoming RFP.

Q4: Can we expect any updates or additional information from the department regarding the proposed changes in the regions for MCAH/1st Five/WIC services other than what has already been shared?

A4: The department will continue to utilize the CSA website (<https://www.idph.iowa.gov/family-health/CSA>) to update stakeholders with the most up-to-date information publicly available. Stakeholders may regularly check the website for updates to this FAQ document or other posted information.

Q5: Will we be allowed to subcontract? I truly believe communities are best served by people who know them, and having that information will help each department determine the best way to staff appropriately.

A5: Subcontracting will be allowed. Each RFP will outline specific parameters around subcontracting, once released.

Q6: Many MCAH, I-Smile and 1st Five programs rely on ECI funding to support activities for the required matching funds. ECI funding is awarded on the state fiscal year, with applications submitted in April and awards in June. With the October 2022 start date; how do you suggest we submit applications to ECI?

A6: IDPH is a partner in the ECI system. Department staff will provide regular updates to the ECI state office and ECI Directors to keep them updated on the CSA work. It may be necessary for local MCAH, I-Smile and 1st Five agencies to submit an application for 3 months (July-Sept 2022) to close out the current project period. The lead applicant for the CSA could also submit an application to the ECI boards for the October-June timeframe, contingent on IDPH funding.

Q7: How may we obtain service utilization numbers for each of the counties represented in the proposed CSAs?

A7: Service utilization numbers are included in the November 6, 2020 Update attachment "Revised CSA Map and Supporting Data."

Q8: We have begun conversations with other contract holders in the proposed CSAs. Some are willing to collaborate and others are not. Are there suggestions/recommendations on how to work together as opposed to against each other to best serve the residents of our counties?

A8: Partnerships are developed locally. Because the RFP is a competitive process, it is possible that some agencies will not partner because they are also planning to apply.

Q9: Will the CSA contract holder be required to process all service billing from their location?

A9: Yes, the CSA contract holder will be the approved Maternal Health Center (MHC) and/or Screening Center (SC) and will be responsible for the billing of Medicaid services provided by the CSA contract holder and their subcontractors. The MHC and SC designations are tied to the MCAH contract with IDPH, so those without MCAH contacts will no longer be eligible for the MHC or SC provider status.

Q10: With three different RFPs (WIC, MCAH/I-Smile, and 1st Five), would IDPH entertain three different contractors?

A10: ~~It will not be required that there be a single contractor for all programs. At this time, we have determined that it would be possible to have two separate contractors for WIC and MCAH/I-Smile/1st Five.~~ **See Q14 for an updated response to this question (1/13/22).**

Q11: When will the CSAs be finalized? We thought the “revised” map that was distributed in November 2020 was final; however, we have been told there could still be changes. Not having a final map makes it difficult to proceed in preparation for a competitive application.

A11: We have completed additional in-depth data analysis and a map is going through a final approval process. We anticipate a revised map will be shared in September. While we do not anticipate further changes to the forthcoming map, we will not consider the map final until it is posted with the RFP.

Q12: How should ECI distribute funding when the CSAs will change in October and ECI funding is distributed in July on the state fiscal year?

A12: MCH contracts are awarded on the federal fiscal year (Oct-Sept). If ECI contracts with an MCH agency for services that are tied to the MCH contract (CCNC, I-Smile, for example), IDPH recommends initially contracting with the current MCH contractor for the period of July-Sept. If that contractor is awarded the new MCH contract for the CSA, ECI could amend to extend the services for the rest of the fiscal year. If the MCH agency changes, they would need to contract with the new agency for those services tied to the MCH contract starting in October. For other health services that are not tied to the MCH contract, the ECI area can choose the contract terms that work best for the area.

Q13: Does the Department have any tools, guidance or best practices on building partnerships within a CSA?

A13: The Department has shared several cross-jurisdictional planning tools on a new website: CSA Planning Resources (<https://www.idph.iowa.gov/family-health/CSA/CSA-Planning-Resources>). Tools include resources from the Community Toolbox and the Center for Sharing Public Health Services.

Q14: Previously, it was discussed that there would be 1 contractor holder for WIC and 1 contractor for the other programs (MCAH, I-Smile, 1st Five). Based on the forecast posted on the CSA website with different timelines for RFPs, does this still hold true? For example if X County is awarded the 1st Five contract, should it be assumed they would be awarded MH and CH? Will the awards be announced all at once even though the posting and deadline dates are all different?

A14: The Department has determined that there will be separate RFPs for the four programs (1st Five, WIC, MH, CAH/I-Smile). Each RFP will be scored and awarded separately, so it should not be assumed that if a contract is awarded for 1st Five, they would automatically receive MH or CAH. Because each RFP is separate, the award announcements will be posted according to the timeline outlined in each RFP.

After discussions with current MCAH contractors, the results of the community-based organization RFI and further internal conversations, it was determined that separate RFPs simplifies the RFP process and allows for agencies that are only interested in single programs to apply for those programs.

Q15: With the different grants being due at different times will the award notices also be at different times or all at once?

A15: Each RFP will release its Notice of Intent to Award based on the timeline within each RFP. They will not be released all at once.

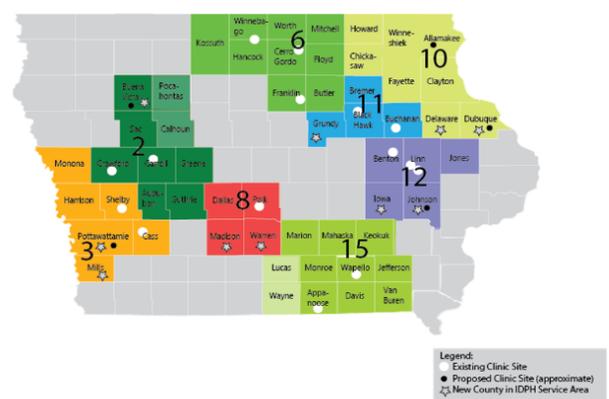
Q16: By breaking out the RFP postings and due dates, will it require additional site visits, year end reports, budgeting, etc.?

A16: Yes, by breaking MH and CAH into separate RFPs, this will require separate contract management (site visits, reporting, etc) for each program. The other programs (WIC, 1st Five and Family Planning) were already separate and required separate contract management processes.

Q17: Family planning was never communicated as part of the CSA process. Can you provide some information on this update? Currently in our region we do not have Title X dollars awarded. If so, will the family planning grant align with the FFY dates?

A17: The Department is proposing small changes to the IDPH Family Planning service areas to align with the CSAs due to the Title X competitive application that was released in late fall 2021. IDPH is not the only statewide federal grantee, so the CSA alignment only impacts the counties proposed to be served by IDPH. The CSA alignment does not pertain to non-IDPH funded counties (gray counties on the map). The CSA alignment is pending approval by the IDPH Title X application by the federal government, which is scheduled for early spring 2022.

IDPH Title X Proposed Coverage Map



Q18: Will any of the CSA changes impact CLPPP? Will CLPPP contracts and regions be impacted by the CSA?

A18: Not at this time. The Lead Program is aware of the CSA plan; however, they have not made changes to their current process.

Q19: Will the alignment of DHS and IDPH impact any of the programs under this department? Is there any expectations for MCAH contractor, or a PH office for that matter, to assume DHS duties/programs?

A19: Final details on the implementation of the IDPH/DHS Alignment have not been released. We do not foresee impacts in the FY23 RFPs that are scheduled to be released in the coming months. Any changes to the scope or services, if any, would be negotiated through future RFAs. Impacts outside of the implementation of the CSAs and related programs were not considered when answering this question.

Q20: We were looking at how many additional schools would be in our region compared to what we have now. We found that there are a number of school districts that fall within our service area however the physical school location is outside our service area. What will the responsibility be in these situations as it relates to the I-smile @ school program? Will the county where the school is physically located in be responsible for the program in that school? I believe that is how it is currently set up but I just want to be sure.

A20: The I-Smile @ School program expects the contracted provider to cover all schools physically located in their service area, regardless of the county the district offices are located.