



FIRST THINGS FIRST

The right system for bright futures

Request for Grant Application Amendment #2

Request for Grant Application No.: FTF-MULTI-10-0249-00
Request for Grant Application Title: Central Maricopa and Southeast Maricopa Regional Partnership Councils Care Coordination Grant Program
Release Date: February 3, 2010
Issuing Agency: Arizona Early Childhood Development and Health Board, First Things First
Due Date: March 17, 2010
Receipt/Opening Location: First Things First Mesa Office
1921 S. Alma School Road, Suite 111, Mesa, AZ 85210
Contact: grants@azftf.gov
Fax (602) 265-0009

A SIGNED COPY OF THIS AMENDMENT SHALL BE RECEIVED AT THE ABOVE AGENCY LOCATION (PREFERABLY WITH THE SOLICITATION RESPONSE) PRIOR TO THE DUE DATE AND TIME. IT IS NECESSARY TO RETURN THIS FORM ONLY IF YOU ARE RESPONDING TO THE SOLICITATION. THIS SOLICITATION IS AMENDED AS FOLLOWS:

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Reads:

Programs implementing care coordination the Central Maricopa and Southeast Maricopa Regions must adhere to the following standards:

- Ensure that care coordination programs collaborate, and make accessible care coordination services to those clinics and practices selected for participation in regionally funded Physician Outreach and Education Projects through First Things First.
- Assure that all program staff has the appropriate experience and education.
- Provide ongoing training to program staff to assure quality.
- Assure that all patient and family information is handled in a confidential manner.
- Assure that appropriate consent is obtained for service delivery.
- Assure that the intake process assesses the strengths and needs of the child and family by utilizing standardized methods and procedures.
- Ensure that all programs and services are culturally and linguistically appropriate to meet the needs of families.
 - To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members, effective understandable and respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and

informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”

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Should Read:

Programs implementing care coordination in the Central Maricopa and Southeast Maricopa Regions must adhere to the following standards:

- **Provide all services in accordance with the Standards of Practice (Exhibit C)**
- Ensure that care coordination programs collaborate, and make accessible care coordination services to those clinics and practices selected for participation in regionally funded Physician Outreach and Education Projects through First Things First.
- Assure that all program staff has the appropriate experience and education.
- Provide ongoing training to program staff to assure quality.
- Assure that all patient and family information is handled in a confidential manner.
- Assure that appropriate consent is obtained for service delivery.
- Assure that the intake process assesses the strengths and needs of the child and family by utilizing standardized methods and procedures.
- Ensure that all programs and services are culturally and linguistically appropriate to meet the needs of families.
 - To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members, effective understandable and respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”

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Reads

Attachments and Exhibit

Attachment A	Standard Data Collection Form
Attachment B	Applicant’s Experience
Attachment C	Key Personnel Overview
Attachment D	Implementation Plan
Attachment E	Funds Requested Page
Attachment F	Line Item Budget Form
Attachment G	Budget Narrative Explanation
Attachment H	Disclosure of Other Funding Sources

Attachment I	Financial Systems Survey
Attachment J	Evaluation Plan
Exhibit A	Sample Certificate of Insurance
Exhibit B	Matching Line Item Budget Form - Optional

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Attachments and Exhibits

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Exhibit C	Care Coordination Standards of Practice

Add Page 56:

Exhibit C

**FIRST THINGS FIRST
Care Coordination
Standards of Practice**

The medical home represents a standard of primary care where children and their families receive the care they need from a family physician, pediatrician or healthcare professional that they trust. Healthcare professionals in partnership with the family work with appropriate community resources and systems to achieve the child’s maximum potential and optimal health. A medical home addresses well-child care, acute care, and chronic care for all children from birth through their transition to adulthood.

An important component of a medical home is service coordination and case management to provide linkages for children and their families with appropriate services and resources in a coordinated effort to achieve good health. According to the Medical Home Practice-Based Care Coordination Workbook (McAllistar, Presler, Cooley); “It has been suggested that you cannot be a strong medical home without the capacity to link families with a designated care coordinator.

Effective care coordination begins with recognizing the relationship between the family, the health care provider and the care coordinator. It enhances access to needed services and resources, promotes optimal health and functioning of children, and supports improved quality of life. Data shows that primary care physicians struggle to fulfill the care-coordination needs of children, youth, and families. Care is coordinated and/or integrated across all elements of the complex health care and social services systems (e.g., subspecialty care, hospitals, home health agencies, home visitation services) and the patient's community (e.g., family, schools, childcare, public and private community-based services,). Care coordinators will enhance the abilities of the physician and practice to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Qualifications for a Care Coordinator include:

Minimum of a Bachelors Degree in health care, social work or related field and have experience working with children birth through five and their families.

Have excellent communication and organizational skills that promote efficiency in care coordination.

Have a comprehensive understanding of community, social and governmental resources available to support families.

Programs implementing care coordination will:

Assure that all program staff have the appropriate experience and education.

Provide ongoing training to program staff to assure quality.

Assure that all patient and family information is handled in a confidential manner.

Assure that appropriate consent is obtained for service delivery.

Assure that the intake process assesses the strengths and needs of the child and family by utilizing standardized methods and procedures.

Collaborate with local agencies/community partners.

To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members effective, understandable, and respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”

In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect health data on the reservation.

Any FTF grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive health data. Such data can include but not be limited to:

- Morbidity and mortality among members of their communities
- Information regarding child safety and welfare
- Information regarding children in foster care
- Infectious and chronic disease information among members of their communities
- BMI and healthy weight information

Care Coordinators will:

1. Assist the practice to identify children with special healthcare needs and establish methods for tracking and follow up of these children.
2. Assist the practice to identify other children potentially in need of care coordination services.
3. Complete an intake assessment, with participation of the family. This assessment (including strengths and weaknesses) should consider medical status, developmental stage of the child and a variety of family protective factors such as parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and children's healthy social emotional development.
4. Review that intake assessment with the family and identify needs that might be addressed via care coordination.
5. Work with families and health plan, if appropriate, to develop a written plan of care. The intensity of care coordination should vary based upon identified needs/desires of the family.
6. Be able to, as appropriate but not limited to:
 - a. Work with the office referral staff to identify service referral needs, ensure completion of referral visits and outcomes of those visits
 - b. Assist the family in following up with referrals
 - c. Educate families on the importance of follow up
 - d. Assure access to care (insurance or social services)
 - e. Provide information regarding community resources and linkage to those services
 - f. Promote family independence by working to develop self care skills
 - g. Lead or facilitate team conferences
 - h. Support care transitions
 - i. Advocate for the family
7. Monitor the status of the care plan, making any necessary adjustments and communicating changes to the family.
8. Seek out feedback from families on the coordination processes and decisions of the providers serving the child.
9. Participate in quality/performance measurement processes related to the care coordination/medical home model
10. Care Coordinators will NOT be responsible for performing medical procedures or treatments, giving medical advice, writing reports generally prepared by physicians or nurses and performing routine bookkeeping, clerical or billing functions.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY.

**APPLICANT HEREBY ACKNOWLEDGES RECEIPT
AND UNDERSTANDING OF THE ABOVE
AMENDMENT.**

THE ABOVE REFERENCED SOLICITATION
AMENDMENT IS ISSUED THIS DATE
Wednesday, February 24, 2010

Jeanne Weeks

Grants and Contracts Procurement Specialist

Signature

Date

Typed Name & Title