FAQ

Rural Health Transformation (RHT) Home Visiting RFP

1.) Are there certain requirements or criteria for home visiting participants to receive services?

- Requirements would include residing in one of the approved rural counties and meeting any eligibility or enrollment criteria that is part of the evidence-based, HomVEE model the agency is utilizing.

2.) The home visitors must be nurses. Are there any restrictions: for example, if the visit could be billable, then can the grant be used?

- Only one funding source can be billed for a home visit. No duplicate billing can occur for the same staff time utilized or for the same home visit. A program may choose to split or braid salaries between different funding streams via prorated salary or time and effort reporting, or split a home visitor caseload between funding streams, but only one source or payer can be billed for the visit or equivalent staff time. Some models or funding sources, like MIECHV, may also have additional requirements.

3.) The Kansas grant has very strict requirements on administrative vs. indirect can you explain Missouri's requirements.

- Utilize the CTF budget template which includes a line item for admin/indirect. These costs for RHT cannot exceed 8%.

4.) Can you explain more about why nurses and not social workers?

- The focus of RHT is on health outcomes; therefore, the RHT office requested nurse-based home visitors with clinical health experience utilizing evidence-based home visiting models as the best fit for this specific funding stream.

5.) Would this support PDN needs for children who have complex medical needs for a certain period of time?

- No, this funding is not for private duty nurses. The RHT RFP supports *early childhood home visiting* and requires implementation of a HomeVEE approved, evidence based model (Model Search | Home Visiting Evidence of Effectiveness) implemented by nurse home visitors. The program may provide home visits that serve families with complex medical needs children. HomVEE models are incorporating screenings and topics like parent education, maternal and child health, child development, linking families to community resources, school readiness, etc. and the nurse home visitor would be addressing all those areas.

6.) Could the home visit be a dual partnership? Would the nurse need to be trained in the model, or could they partner with a home visitor to deliver the visit?

- The home visitor delivering the services to the family is required to be a nurse trained in a HomVEE approved, evidence-based model. A partnership could potentially happen

between agencies, but the trained nurse should be the one delivering the home visiting service to the family.

7.) **Would funding cover the cost of supervision of the nursing home visitors when the supervisor is not a nurse?**
- Supervisor support or other administrative or programmatic needs can all be included within the budget. The supervisor is not required to be a nurse, but the home visitor providing services to the participants must be a nurse. The HomVEE, evidence-based model selected may have additional supervisor/manager requirements.

8.) **Would the nurse provide different services than a traditional home visitor?**
- No, the nurse home visitor would provide the same services as a traditional home visitor. Evidence-based, HomVEE approved models can be utilized for this funding as long as the home visits are delivered by nurses. The nurse home visitor would be trained and follow the model and complete CTF data collection, *see Screening and Forms schedule*.

9.) **Would this be an RN or LPN position? Our rural community has limited RNs and only one medical doctor who visits our town once a month.**
- The nurse home visitor is required to be a Registered Nurse (RN), not an LPN, and meet any other staffing requirements of the selected model. *(*please note, this is updated guidance)*

10.) **In year one the majority of training costs are covered as they are a one-time start-up cost, so would those funds be available in year two to use towards other needs of the program?**
- In Year 1, funding covers both program expansion and evidence-based model trainings and costs (these model training and costs are listed separately within the budget). These model costs are to assist in onboarding and training new home visitors, expanding the home visiting model into additional areas and payment of model fees. It is anticipated that full model costs will decline after Year 1, while still allowing some portion for annual training and model fees, retention and turnover. A portion of model training costs awarded will be redirected during subsequent award years. The reduction in training funds in Year 2 and beyond will be communicated with each contractor and part of annual renewals.

11.) **Would an advanced practice nurse qualify as a nurse visitor (ie nurse practitioner)?**
- The nurse-based home visitor must, at minimum, be a Registered Nurse (RN). Active licenses above this level may qualify. Staffing requirements and activities conducted within the home visit should follow the evidence-based, HomVEE approved model.