



Ohio's Help Me Grow Home Visiting Program Contractor Application

Ohio's Help Me Grow Home Visiting Program's contractors must follow the Ohio Administrative Code, Chapter 3701-8 for rules which apply to the Ohio's Help Me Grow Home Visiting Program. Highlights of the rules include:

- Contractors must serve the entire eligible population (and may do so with sub-contractors), as described in Ohio Administrative Code, 3701-8-06.
- Work in collaboration with the service area's central coordination contractor, as described in Ohio Administrative Code, 3701-8-02.
- Enter all data into the state's web-based data system, Early Track, as described in Ohio Administrative Code, 3701-8-09.
- Employ or sub-contract with credentialed home visitors and supervisors, as described in Ohio Administrative Code, 3701-8-03.

To become an Ohio's Help Me Grow Home Visiting Program contractor, applicant agencies must submit the following to the Ohio Department of Health, Attention: Ohio Help Me Grow by post mail at 246 N. High Street, 5th floor, Columbus, Ohio 43215. Applications are accepted at any time.

The following information is required of all applicants. If the applicant plans on sub-contracting some or all of the work, the applicant must submit information about each of the sub-contracted agencies where noted below.

1. Provide a letter on provider applicant agency's letterhead which specifies the following:

- (a) The county(ies) the applicant agency is proposing to serve. The applicant agency must propose to serve at least one entire Ohio county;
- (b) On Attachment #7 of this application, provide the organization name, contact person and information for both (1) Agencies that your program outreaches to as a referral source into Home Visiting and (2) Agencies that your program refers to in order to help families being served in Home Visiting; inclusive of area hospitals, physicians, child care and early learning programs, public health and social service agencies, clinics and health care providers, public children's services agency, WIC clinics, schools, homeless family shelter(s), and domestic violence shelter(s);
- (c) The projected number of families the applicant agency and its sub-contractors propose to serve, listed by county;
- (d) The number of individual Home Visitors as well as the number of FTE (i.e., 2080 hours) Home Visitors the applicant agency is proposing to employ or sub-contract with, calculating average weighted caseloads as required in *Appendix #1*, listed by county proposed to be served and the timeline for being fully staffed;
- (e) The name of a contract manager for the applicant agency in charge as the point of contact for the applicant agency to the ODH; If name of contract manager is unknown at the time of application, indicate TBD.
- (f) The names of Supervisors the applicant agency is proposing to employ or sub-contract with to supervise Home Visitors, the amount of time (FTE) they will spend providing supervision, and the number of number of home visitors they will supervise; If names of Supervisors are unknown at the time of application, indicate TBD.

2. Provide the following attachments:

STANDARD RATIOS FOR APPLICANTS ON ACCRUAL BASIS (Reported under GAAP)

- (a) Using *Attachment #1*, calculate the following three financial ratios (submit 2 copies of *Attachment #1*) using the applicant agency's Statement of Financial Position (Balance Sheet):
 - 1) **Current Ratio** calculated as *current assets / current liabilities*
 - Ratio of less than 1.0 will not qualify as a home visiting contractor



Ohio's Help Me Grow Home Visiting Program Contractor Application

- 2) **Long Term Solvency ratio calculated as $\text{total assets} / \text{total liabilities}$**
 - Ratio of less than 1.0 will not qualify as a home visiting contractor
- 3) **Days Cash on Hand ratio calculated as $\text{Unrestricted Cash} / (\text{Total Operating Expenses minus depreciation and unusual non-operating expenses} / 365 \text{ Days})$**
 - Provide supporting documentation for the calculation including details of the depreciation and any unusual non-operating expenses.
 - Ratio of 10 days or less will not qualify as a home visiting contractor

ALTERNATE RATIO FOR APPLICANTS WITH CASH BASIS AUDITS ONLY

(Not reported under GAAP)

- 1) Days Unreserved General Fund Balance ratio calculated as $(\text{Unreserved General Fund Balance} / \text{Total General Cash Disbursements}) * 365$
 - Applicants with yearend Unreserved General Fund Balance at zero or negative will not qualify as a home visiting contractor.
 - Ratio of less than 10 days will not qualify as a home visiting contractor
- (b) A copy of the applicant agency's Table of Organization, indicating the location of the home visiting program in the agency;
 - (c) A copy of an affiliation letter from an evidence-based home visiting model for each of the agencies who will employ the home visitors under this applicant agency (for a list of model, visit <http://homvee.acf.hhs.gov/programs.aspx>). If an affiliation letter is not available, provide expected affiliation date and documentation from an evidence-based home visiting model showing that affiliation is in progress and complete *Attachment #2*;
 - (d) The name of the Early Track Systems Administrator(s) at the applicant agency. [Note: If you are not currently providing services in Ohio Help Me Grow, Early Track system access rights may be obtained by completing the trainings as directed in *Appendix #2* (Early Track System Administrator Training Process) and the Early Track System Access Rights and Responsibilities Agreement (blank form provided in *Attachment #3*)];
 - (e) A completed Agency Demographic Profile, *Attachment #4*;
 - (f) A complete copy of the applicant agency's most recent financial audit report (including but not limited to: all financial statements, disclosures, notes, auditor opinion letter, statement on compliance, statement of internal controls and management letter), completed in accordance with Generally Accepted Auditing Standards (GAAS) for non-government entities or Generally Accepted Government Auditing Standards (GAGAS) for government entities. The reporting period for the audit cannot be earlier than the fiscal year of 7-1-2009 to 6-30-2010 or the calendar year of 1-1-2010 to 12-31-2010. The applicant agency must also include a copy of any management response and corrective action plan.
 - (g) Current Certificate of Liability Insurance (Non-Government or Non-Profit Organization);
 - (h) Copy of the applicant agency's Article of Incorporation, when applicable (Non-Government or Non-Profit Organization);
 - (i) Most recent Certificate of Continued Existence (Non-Government or Non-Profit Organization);
 - (j) Copy of Current Worker's Compensation Certificate showing risk number (Non-Government or Non-Profit Organization); and
 - (k) Signed Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization for Government Business and Funding Contracts (see *Attachment #5* – attached as a separate PDF document);



Ohio's Help Me Grow Home Visiting Program Contractor Application

3. **Attach at least two letters of support on agency letterhead which endorse the applicant becoming an Ohio's Help Me Grow Home Visiting Program contractor from each county the agency is proposing to serve.** These letters must be from any two of the following public entities: the board of alcohol, drug addiction, and mental health services, including a board of alcohol and drug addiction or a community mental health board if the county is served by separate boards; the board of county commissioners; any board of health of the county's city and general health districts; the county department of job and family services; the county agency responsible for the administration of children services; the county board of developmental disabilities; any of the county's boards of education or governing boards of educational service centers; or the county's juvenile court.
4. **For at least one Supervisor at each agency which employs Ohio Help Me Grow home visitors, attach:**
 - (a) A copy of the Ohio Help Me Grow-issued Supervisor credential and
 - (b) A signed Early Track System Access Rights and Responsibilities Agreement (blank form provided in *Attachment #3*).

Please note that all supervisors, before they can provide supervision of home visitors, must be credentialed. ODH will monitor and request credentialing documentation before payment for services will begin, in accordance with Ohio Administrative Code rule 3701-8-03.
5. **For at least one Home Visitor at each agency which employs Ohio Help Me Grow Home Visitors, attach:**
 - (a) A copy of the Ohio Help Me Grow-issued Home Visitor credential and
 - (b) A signed Early Track System Access Rights and Responsibilities Agreement (blank form provided in *Attachment #3*).

Please note that all home visitors, before they can provide services to families, must be credentialed. ODH will monitor and request credentialing documentation before payment for services will begin, in accordance with Ohio Administrative Code rule 3701-8-03.
6. **Attach the signed and dated Assurances Form.** An authorized representative for the Applicant Agency must complete the Assurances on the next page by signing in blue ink his/her initials by each assurance and completing the information at the end of the form.
7. **Become a vendor with the State of Ohio and Applicant Agency Tax Identification Number.**
 - (a) If you are already a vendor with the State of Ohio, provide your OAKS Vendor number on *Attachment #6* and submit with this application.
 - (b) If you are not a vendor with State of Ohio vendor, log onto the internet at the following address and complete the paperwork to become a vendor with the state:
<http://ohiosharedservices.ohio.gov/Vendors.aspx>. Complete: (1) Vendor Information Form (OBM-5657), (2) IRS Form W-9, and (3) Authorization Agreement for Direct Deposit of EFT Payments (OBM-4310). This site provides the forms needed, location to send forms, and a helpdesk/Frequently Asked Questions document to help complete this process. Once you have received your OAKS vendor number, record it on *Attachment #6*.
 - (c) Also, record the applicant agency's tax identification number on *Attachment #6*.



Ohio's Help Me Grow Home Visiting Program Contractor Application

Initial	Ohio's Help Me Grow Home Visiting Program Contractor Assurances
	1. Applicant Agency will exclusively employ individuals (or sub-contract with agencies who employ individuals) who have passed a criminal background check and meet the minimum standards for being hired and credentialed as home visitors and Supervisors by ODH Help Me Grow.
	2. Applicant Agency will, upon execution of an Ohio Help Me Grow Home Visiting Program agreement, hire (as needed) and name a Contract Manager who will be the primary contact for ODH and responsible for program oversight, quality of service delivery, and these assurances.
	3. Applicant agency will collaborate with the Ohio Help Me Grow Centralized Coordination contractor(s) for the areas of contracted service with regard to referrals, program participant assignment, and transferring participants.
	4. Applicant Agency will adhere to all of the applicable program standards and requirements in the Ohio Administrative Code Chapter 3701-8.
	5. Applicant Agency will maintain at least one physical location where the agency operates and maintain records in accordance with Ohio Administrative Code Rule Chapter 3701-8.
	6. Applicant Agency will maintain a telephone number, internet connection, fax capabilities, individual e-mail address for each individual working in Ohio Help Me Grow; and the technical capacity to enter data into Early Track.
	7. Applicant agency who is not a contributory employer must be able to pay unemployment compensation expenses through a source unrelated to these funds.
	8. This agency is not a suspended or debarred person or business on the Excluded Parties List System (EPLS) per the federal General Services Administration. [Applicants can find this list online at http://www.epls.gov/]

Name of Applicant Agency: _____

Address of Applicant Agency: _____

Applicant Agency Representative Name: _____

Title: _____

Signature of Applicant Agency Representative: _____

Date: ____/____/____



Ohio's Help Me Grow Home Visiting Program Contractor Application

Appendix #1: Worksheet to Determine Average Caseload

Use Appendix #1 to calculate the average weighted caseloads of full time equivalent (FTE) home visitors.

Child	#	Factor	Weighted Total		
Prenatal Year 1		× 1.31			
Postnatal Year 1		× 1.15			
Non-Year 1		× 0.64			
Average TOTAL Children Receiving Services				÷ HV FTEs =	Average Caseload

Prenatal Year 1: Indicate in the # column the potential number of program participants who will enter the program prenatally and be served in the first year as an expectant and new parent. Multiply the number by the number in the “Factor” column and enter the amount in the “Weighted Total” column.

Postnatal Year 1: Indicate in the # column the potential number of program participants who will enter the program after having a baby and be served in the first year as an expectant and new parent. Multiply the number by the number in the “Factor” column and enter the amount in the “Weighted Total” column.

Non Year 1: Indicate in the # column the potential number of program participants who be served in the program after their first year in the program. Multiply the number by the number in the “Factor” column and enter the amount in the “Weighted Total” column.



Ohio's Help Me Grow Home Visiting Program Contractor Application

Appendix #2: Early Track System Administrator Training Process

One individual at each agency must be the Early Track System Administrator.

This person must take the two listed courses below and complete the Attachment #2 if they do not already have Early Track System Administrator rights.

1. Complete the Early Track System Access Rights and Responsibilities Agreement.
2. Create an account on Ohio Train (<https://oh.train.org>) and complete the following requirements:
3. Take the Home Visitor Early Track training (Course ID: 1027898). Follow the instructions at the end of the course to obtain the certificate. Print your certificate.
4. Take the Service Coordinator Early Track training (Course ID: 1021625). Print your certificate.
5. These three items should either be e-mailed as attachments to ctds@odh.ohio.gov ("New system administrator" in the subject line) or faxed to 614-728-9163 (Attention: Early Track). Once received, the account will be created and log-in information will be e-mailed to the new system administrator.



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #1 Financial Ratio Calculations

Current Ratio

$$\frac{\text{Current Assets}}{\text{Current Liabilities}} = \text{[]}$$

Carry out calculation to **2 decimal points**

- Attach the financial statement that was used for this calculation with the figures used in the calculation circled and labeled.
- If the Statement of Financial Position (Balance Sheet) was not used, an explanation is necessary.

Long Term Solvency Ratio

$$\frac{\text{Total Assets}}{\text{Total Liabilities}} = \text{[]}$$

- Attach the financial statement that was used for this calculation with the figures used in the calculation circled and labeled.
- If the Statement of Financial Position (Balance Sheet) was not used, an explanation is necessary.



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #1 (con't) Financial Ratio Calculations

Days Cash on Hand

Step 1: Determine one day cash requirement.

Divide total operating expenses (less depreciation) by 365 days.

Total Operating Expenses
(Less depreciation)

= One Day Cash Requirement

365 Days

Step 2: Calculate Days Cash on Hand.

Divide unrestricted cash and cash equivalent by the "One Day Cash Requirement" total.

Unrestricted Cash
(and Cash Equivalent)

= Days Cash on Hand

One Day Cash Requirement

- Attach the financial statement that was used for this calculation with the figures used in the calculation circled and labeled.
- If the Statement of Financial Position (Balance Sheet) was not used, an explanation is necessary.



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #1 (con't) Financial Ratio Calculations

Financial Ratio Calculations Alternative (Cash Basis Audits ONLY)

For local agencies which have their financial statements not prepared in accordance with GAAP, but did follow the manner permitted by the Ohio Auditor of State. Financial data used by applicants must be from an official source such as an audit report or official treasurer's report that covers the period not earlier than the fiscal year of 7-1-2009 to 6-30-2010 or the calendar year of 1-1-2010 to 12-31-2010. An audit report source would be the agencies audited Statement of Cash Receipts, Cash Disbursements and Changes in Fund Balances. Fund balances used cannot be restricted. If the agency has a negative yearend Unreserved General Fund Balance, it will not qualify as a home visiting contractor.

Days Unreserved General Fund Balance

Step 1: Determine Percentage of Unreserved General Fund Balance to Total Cash Disbursements

Unreserved general fund balance divided by total general cash disbursements.

Unreserved General Fund Balance (Fund Cash Balance Year End) <hr style="border: 0.5px solid black;"/>	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #d9ead3;"></div>	= %age of Unreserved Fund Balance
Total General Cash Disbursements	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #d9ead3;"></div>	

Step 2: Calculate Days Unreserved General Fund Balance.

Multiple the Percentage of Unreserved Fund Balance by 365.

%age Unreserved Fund Balance X 365 days	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #d9ead3;"></div>	x	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #d9ead3; color: red; text-align: center; font-weight: bold; font-size: 1.2em;">365</div>	= Days Unreserved General Fund Balance
--	--	----------	--	---

- Attach the financial statement that was used for this calculation with the figures used in the calculation circled and labeled.
- If the Statement of Cash Receipts, Cash Disbursements and Changes in Fund Balances was not used, an explanation is required.



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #2: Letter of Intent to Affiliate

Each agency that employs home visitors must be affiliated with an evidence-based home visiting model BEFORE services can be provided to families. If the agency is in process and has not yet completed affiliation, complete this attachment and submit with the application. One attachment is required for each agency that will employ home visitors and sub-contract under the applicant agency.

I, **(insert Applicant Agency Representative Name)**, attest that **(insert Agency Name)** will become affiliated with **(insert Evidence-based home visiting model name)**. The expected date of affiliation with the above-named evidence-based model is **(insert day/month/year)**. I understand that **(insert Agency Name)** cannot provide Ohio's Help Me Grow Home Visiting Program services, invoice, or be reimbursed for services provided until **(insert Agency Name)** becomes affiliated with the model listed above.

Name of Applicant Agency: _____

Address of Applicant Agency: _____

Applicant Agency Representative Name: _____

Title: _____

Signature of Applicant Agency Representative: _____

Date: ____/____/____



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #3 Early Track System User's Agreement

Step 1: Fill out the demographic information below for the person requesting access to the Early Track system. All of the fields must be completed. Users must have one user agreement per contractor they work under.

Requester's Name (First Middle Last): _____

Work Address: _____

City: _____ State: _____ Zip: _____

Contractor Name: _____ Phone: ____-____-____

Email Address: _____ ODH Gateway Account (if any): _____

Step 2: Check the applicable box(es) to the role(s) being requested. *A listing of the current rights associated with each role can be found under Early Track Information (via the ODH Gateway : <https://odhgateway.odh.ohio.gov/>).*

Contractor-Wide Role(s):

These roles have access to all records under the Contractor and have enhanced update rights to correct data entry errors.

- Central Coordination System Administrator County/ies: _____
- Central Coordination Worker County/ies: _____
- System Administrator County/ies: _____
- Read-Only Program/s: _____
- Centralized Data Entry County/ies: _____
- Read-Only Program/s: _____

Agency-Wide Role(s):

This role has access to all records under the Agency/ies and has limited update rights to correct data entry errors.

- Clinical Supervisor County/ies: _____
- Program/s: _____
- Agency/ies: _____

Worker/Caseload-Wide Role(s)

These roles have access to all records under their assignment and has restricted rights requiring data entry errors to be addressed by other roles.

- Service Coordinator County/ies: _____
- Read-Only Program/s: _____
- Agency/ies: _____



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #3 (con't) Early Track System User's Agreement

Home Visitor

County/ies: _____

Read-Only

Program/s: _____

Agency/ies: _____

Step 3: The person requesting access must read, agree to, and sign the confidentiality agreement below:

Code of Responsibility for Confidentiality and Security of Ohio Help Me Grow Data

Security and Confidentiality are a matter of concern for all users of the Ohio Help Me Grow Early Track system and for all other persons who may have access to information from the Ohio Help Me Grow system. Every individual who is authorized to access Early Track must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information. Information related to individuals and families receiving Ohio Help Me Grow services and information in Early Track, including personally identifiable public health information, is information protected from unauthorized disclosure to others. Confidentiality requirements that apply to this data include, but are not limited to OAC Chapter 3701-8. City or county regulations or ordinances or other laws may place additional restrictions on data use and release.

1. Users must not perform or permit unauthorized use of any information in Early Track.
2. Users may not exhibit or divulge the contents of any record except as permitted under Ohio Revised Code and Ohio Administrative Code.
3. Users must not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
4. Users must not remove or cause to be removed any copies of records from Early Track except in the performance of their Ohio Help Me Grow duties.
5. Users must not divulge or share security codes or user authorizations.
6. Users must not violate rules and regulations concerning Early Track access or improperly use passwords and user authorizations.
7. Users must not access, request others to access, or allow others to access Early Track for non-Ohio Help Me Grow activities.
8. Users must not seek to benefit personally or permit others to benefit personally by any confidential information in Early Track.
9. Users must not aid, abet, or act in conspiracy with another to violate any part of this code.
10. Authorization for access to Early Track terminates when a user's employment is terminated or when access to the data is not required for work related responsibilities.



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #3 (con't) Early Track System User's Agreement

- 11. Both the individual user and the agency by which they are employed have an obligation to protect the confidentiality and security of the information in Early Track.
- 12. Users must report any violations of this Early Track confidentiality and security code to the ODH Information Security Officer immediately.
- 13. Users must participate in ODH-sponsored data collection training, as required.

I have read and understand the Early Track Code of Responsibility for Security and Confidentiality of Ohio Help Me Grow Data. I will abide by this code and will protect all Ohio Help Me Grow and Early Track records as confidential.

Requester's Signature: _____ Date: ____ / ____ / ____

Agency: _____

Step 4: This request should be mailed or faxed to the applicable Contact Manager.

Step 5: The applicable Contact Manager should read and sign below.

I have reviewed the information on this form, and find it to be correct to the best of my knowledge. The user requesting access to Early Track is either employed by, contracted by, or otherwise performing work at the request of this Ohio Help Me Grow project, and has need for access to the system. I understand that the user will have access to **personally identifiable** public health information, and agrees to be bound by all appropriate confidentiality agreements.

Authorized Signature: _____ Date: ____ / ____ / ____

Contractor: _____



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #4:

Required information for Agency Demographic Profile

1. Agency Name: _____
2. Contract Manager: _____
3. Agency Mailing Address: _____
City: _____ State: _____ Zip: _____
4. Phone: _____ Fax: _____ e-mail: _____
5. Geographic Service Area: (Check one)
 Single County Multiple Counties (list counties)
6. Type of Community(s) Served: (Check one)
 Urban Mixed: Urban and Suburban
 Suburban Mixed: Urban and Rural
 Rural Mixed: Urban, Suburban and Rural
7. Estimate the **percentage** of the following ethnic groups to be served:
____ % African American ____ % Native American
____ % Asian/Pacific Islander ____ % White
____ % Hispanic/Latino ____ % Other: _____
8. Indicate the **number** of **Full-time Equivalent** staff members in all applicable categories:
____ Program Manager ____ Volunteer
____ Supervisor ____ Fund Raiser
____ Assessment Worker ____ Researcher
____ Home Visitor ____ Community Outreach
____ Parent Educator ____ Other: _____
9. Number of families currently enrolled in home visiting: _____
10. Number of families who have been referred in the past six months: _____
11. Number of current families who enrolled prenatally: _____
12. Total **Expenditures on Home Visiting** for SFY 12: _____
13. Total **Agency Income** for SFY 12: _____
14. Total **Budget for Home Visiting** for SFY 13: _____



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #4 (con't):

Required information for Agency Demographic Profile

15. List major funding sources for home visiting and the percentage of the agency's total income:

Source of Funding	% of Total Income

16. List agencies with which you have an **active** collaborative relationship:

Name of Agency	Type of Collaboration

Please use these codes for Type of Collaboration:

1. In kind volunteer/staff
2. In kind space
3. In kind equipment
4. In kind consumables
5. Advocacy/Support
6. Paid staff
7. Training
8. Technical assistance
9. Other



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #5

Signed Declaration Regarding material Assistance/Non-Assistance to a Terrorist Organization for Government Business and Funding Contracts

See separate PDF document for "Signed Declaration Regarding material Assistance/Non-Assistance to a Terrorist Organization for Government Business and Funding Contracts"



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #6

OAKS Vendor Information & Tax Identification Number

OAKS Vendor Number _____

Applicant Agency Tax Identification Number _____



Ohio's Help Me Grow Home Visiting Program Contractor Application

Attachment #7 (con't)

Agencies that your program outreaches to as a referral source into Home Visiting
Agencies that your program refers to in order to help families being served in Home Visiting

Organization Name	Contact Person	Address	Phone	Comments