



HEALTHY FAMILIES AMERICA PROGRAM

RFP# 2026HFAP1

Issue Date: Friday, April 3, 2026

No.	RFP Section	Page No.	Question / Request for Clarification
1	Section 2: Program Information	8	Based on the initial cost is there a possibility for pre-award payment? It is not expected to have a pre-award. Ideally, we are seeking established programs.
2	Section 2: Program Implementation	10–12	Can initial start up cost such as staffing, training, equipment, and space be allowable under the initial budget submission? The proposal is for established programs.
3	Section 2: Program Implementation	10–12	If referral volume is more than the initial projections, is there an avenue for budget revision to increase budget based on need? A budget modification is allowable.
4	Section 2: Program Implementation	10–12	Is there a minimum and maximum average or anticipated caseload per worker? That can be established within your program.
5	Section 2: Program Implementation	10–12	Is there a referral acceptance timeframe once referral is received? It is expected to be immediate or within 48-72 hours.
6	Section 2.3 Service Area Description	10	Is there an anticipated number of referrals per month for each county in Mississippi? There is not an anticipated number at this time.
7	Section 2: Program Implementation	10–12	How will referrals and cases be referred to services and will the provider be able to waitlist clients? Referrals will be sent from our Community Response Unit (CR), and as there may be an immediate need for services, we do not expect a waitlist.
8	Section 2: Program Implementation	10–12	Is there a timeframe for referral acceptance and assignment to a worker? Our CR staff will have 5 days in which to find a Provider, then close their case.
9	Section 2: Program Information	8	Is there a specific criteria eligibility for families to participate in the program? There is a assessment to determine eligibility and need.
10	Section 2: Program Information	8	Are families court ordered to participate or is this a voluntary program? Under this type program, families can be voluntary admitted or court-ordered.
11	Section 2.3 Service Area Description	10	Will there be multiple providers awarded the contract and if so will there be a clear delineation between service areas



			for each provider? At this time, we will award based on the number of Proposers and the coverage areas.
12	Section 2: Program Information	8	How does MDCPS define a “completed family episode” vs. “successful outcome”? It will be determined based on successfully discharging and stable.
13	Section 2: Program Information	8	How are outcomes measured? Functioning of the family unit that has improved in the areas of parenting, supports, etc.
14	Section 2: Program Implementation	10–12	What is the minimum service dosage required per family to count as “served”? Services provided to enhance the concerns that brought families to the service.
15	Section 2: Program Information	8	How are partial engagements or early dropouts counted in performance reporting? They will be counted as referrals with minimal contact.
16	Section 2: Program Implementation	10–12	How is compensation based? Do you bill based on per visit, daily per diem, or per family enrollment? It will be reimbursed based on per diem cost.
17	Section 2: Program Implementation	10–12	If families drop out of the program can the provider bill for the services already rendered? Yes, as time is allowed for your contacts with a family.
18	Section 2: Program Implementation	10–12	How long is the lag time between service delivery and reimbursement ? Reimbursements are required to be sent monthly for payment.
19	Section 2: Program Implementation	10–12	Are payments contingent on completion of program, or based upon weekly participation? It is per diem.
20	Section 2: Program Implementation	10–12	What are the rules for reimbursement for unsuccessful or failed attempts to contact or meet with family? It is included in your monthly reimbursements of families referred and serviced.
21	Section 2: Program Standards	8	What are the staffing ratio requirements including home visitor to client and supervisor to home visitor ratios? Your proposal will have the requirements based on your program.
22	Section 2: Program Standards	8	Once awarded the contract, how long does the provider have to be accredited by HFA? The requirements are initial.
23	Section 2: Program Implementation	10–12	Will funds be provided for initial HFA training and supervision requirements? Or can that cost be added into initial budget cost? It should be in the budget cost.



24	Section 2: Program Implementation	10–12	How long do staff have post award of contract and/or hire date to become credentialed? As soon as possible to provide services promptly.
25	Section 4.3 Proposal Format	23	What data system/platform must be used for reporting (state system vs. provider system)? Currently, Smartsheets are used, and our new Pathways system will have a portal for Providers.
26	Section 2: Program Implementation	10–12	How frequently must data entry occur (real-time, weekly, monthly)? Bi-weekly within Smartsheet and Monthly with the reimbursement requests.
27	Section 2: Program Information	8	Will MDCPS provide data definitions and scoring rubrics for outcomes? It is not expected.
28	Section 2: Program Implementation	10–12	Are providers required to conduct independent evaluation or only state reporting? HFA has requirements for evaluations and we require state reporting.
29	Section 2: Program Standards	8	Will MDCPS conduct audits or fidelity reviews, and how often? Yes, audits will be conducted, and the time frame is determined with the Auditors.
30	Section 4.7 Award	30–31	Will the contract allow for an extension of service area once a foundation is laid in an area? The plan is to have the service statewide.
31	Section 4.7 Award	30–31	Can providers request modifications to service delivery after the contract is awarded? Yes.
32	Section 2: Program Implementation	10–12	Is there a required a specific start up checklist that must be completed and signed off prior to services being delivered to the families? None.
33	Section 2.3 Service Area Description	10	Are providers expected to have a physical office in each service delivery area? It is not required as long as the services are provided in those areas.
34	Section 2: Program Information	8	Are there any additional evidence-based programs (EBPs) identified in the RFP for consideration beyond those already listed? Those mentioned in the proposal are the only programs that is identified.
35	Section 1.7 Additional Information	6-7	Is startup funding allowed for evidence-based programs (EBPs), and will funding be made available to cover ongoing licensing costs associated with those EBPs? The proposal is requesting established agencies.